Risk and Resilience: Beating the Odds for Youth Sexual Offenders

NOJOS



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Goals for This Presentation

- Develop an understanding of trends in all risky behavior in youth 12-25 years of age with a focus on sexual offenders.
- Develop an appreciation of the Seven Instincts that make us human.
- Develop an understanding of protective factors in the lives of youth.
- Develop an appreciation of the trends in mental health assessment from one sided risk focused to a holistic strength/risk focused model.
- Begin a discussion about improving the lives of all youth including those with the riskiest behavior and history.





The purpose of life is to prepare the next generation for their future.

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Survival of the Species

- Salmon and snakes are born with sufficient instincts to survive.
- Bear cubs require at least one or two years with their
- mother to insure survival.Higher primates require three or four years.
- Humans require at least ten years.





We have perpetuated the nineteenth century perception that raising children is a process by which information is dumped into a **black box** lying mysteriously within the human brain.

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We have also assumed a Stepford Wives model that all black boxes are identical.

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The experience of growing up absent success for some youth steals away opportunities to develop a resilient mindset.



Youth Sexual Offenders

- (1) those with underlying sexual deviation.
- (2) those with a general antisocial orientation.
- (3) those with traits that indicate more general psychopathology.
 Although numerous theories regarding the etiology of sexual offending in adults have been proposed, there is no generally accepted theory regarding the cause of sexual offending in youth.
- Several etiologic factors have received empirical and clinical interest, including a history of maltreatment, especially sexual abuse; exposure to pornography; and exposure to aggressive role models.

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I Believe

- Sexual offense by youth results from a combination of individual characteristics, including a lack of social skills, a history of nonsexual deviance, family variables, and social-environmental variables, such as social isolation and antisocial behavior.
- I also think that a history of poor impulse control as in ADHD and social pragmatic challenges as in ASD contribute as well.

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Youth Sexual Offenders

- After their first sex offenses, the current literature suggests youth may pursue 3 possible paths.
- (1) a dead end, in which there are no further crimes. (
- 2) a delinquency path, in which the juvenile engages in continued sexual offending and in general nonsexual offenses and deviant behaviors.
- (3) a sexual interest path, in which the juvenile continues to commit sexual offenses and may develop a paraphilia.

Teen and Young Adult Risk Taking Behavior

US Department of Health and Human Services Meta Analysis

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Teen and Young Adult Risk Taking Behavior

- The most serious threats to the health and safety of adolescents and young adults are preventable. They result from such risk-taking behaviors as fighting, substance abuse, suicide, and sexual activity rather than from illnesses. These behaviors have harmful, even deadly, consequences.
- Changes in teen participation in specific risk behaviors have been well documented. What is less well known, and of growing concern, is how overall teen risk-taking has changed. In addition, information is lacking about the nuances in the behavior of adolescents who engage in more than one of these risks at a time. Teens who participate in multiple risks increase the chance of damaging their health.

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Teen and Young Adult Risk Taking Behavior

- Three different surveys measure relevant health risk behaviors in teens. Together, the Youth Risk Behavior Surveys, the National Survey of Adolescent Males, and the National Longitudinal Study of Adolescent Health.
- The complex picture that emerges alleviates some traditional concerns, while raising new ones: Teens' overall involvement in risk-taking has declined during the past two decades (except among Hispanics), with fewer teens engaging in multiple risk behaviors. But multiple-risk teens remain an important group, responsible for most adolescent risk-taking. However, almost all risk-takers also engage in positive behaviors; they participate in desirable family, school, and community activities. These positive connections offer untapped opportunities to help teens lead healthier lives.

Teen and Young Adult Risk Taking Behavior

- The Youth Risk Behavior Surveys (YRBS). Conducted by the Centers for Disease Control and Prevention, YRBS assesses the behaviors deemed most responsible for influencing health among the nation's high school students. In 1991, 1993, 1995, and 1997, surveys were given to a nationally representative sample of students in grades 9 through 12. Students completed self-administered questionnaires in the classroom during a regular class period. We will look at the 2017 data as well.
- Overall response rates in 1991, 1993, 1995, and 1997 were 68 percent, 70
 percent, 60 percent, and 69 percent, respectively; the sample sizes were
 12,272 students, 16,296 students, 10,904 students, and 16,262 students,
 respectively. More information about YRBS and access to data is available
 at www.cdc.gov/nccdphp/dash.

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Teen and Young Adult Risk Taking Behavior

- The National Longitudinal Study of Adolescent Health. Add Health is a school-based study of the health-related behaviors of adolescents in the United States. Interviews were conducted in two stages. In the first stage, students in grades 7 through 12 attending 145 schools answered brief questionnaires in their classrooms. In the second stage, in-home interviews were conducted with a subset of students between April and December of 1995.
- Data for this study came from the 12,105 students participating in both stages of the survey who are representative of adolescents in grades 7 through 12 during the 1994–95 school year. More information about Add Health and access to data is available at <u>www.cpc.unc.edu/addhealth.</u>

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Teen and Young Adult Risk Taking Behavior

- The 1995 National Survey of Adolescent Males (NSAM). NSAM is a household survey of a nationally representative sample of 1,729 boys ages 15 through 19. It was designed primarily to examine behavorial aspects of young men's sexual and reproductive behaviors and includes extensive measures of nonsexual risk-taking.
- The sample is nationally representative of both students and nonstudents. Face-to-face interviews were conducted by trained interviewers in the respondents' homes. The response rate was 75 percent. More information about NSAM and access to data is available at <u>www.socio.com</u>.

Teen and Young Adult Risk Taking Behavior

- Overall risk-taking among high school students declined during the 1990s. Between 1991 and 1997, there was a sizable increase in the share of students who did not participate in any of the 10 risk behaviors and a sizable decrease in the proportion of students who engaged in multiple risk behaviors. Despite this, the share of highest-risk students those participating in five or more risk behaviors-remained stable. Of note, Hispanic students did not report the same shift toward less risk-taking.
- Most risks are taken by multiple-risk students. The overall prevalence of a specific risk behavior among teenagers is due primarily to the behavior of multiple-risk students, since the majority of students involved in any given behavior also were engaging in other risk behaviors. For example, among the 12 percent of students reporting regular tobacco use, 85 percent were multiple risk-takers.

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Teen and Young Adult Risk Taking Behavior

- Nearly all teens, even those engaging in multiple risk behaviors, participate in
 positive behaviors. Ninety-two percent of students engage in at least one
 positive behavior, such as earning good grades, participating in extracurricular
 activities, spending time with parents, or being involved in a religious institution.
 Most out-of-school boys also were involved in appropriate positive behaviors,
 although less so than their in-school peers. While multiple-risk teens engage in
 positive behaviors, participation in positive behaviors declines with increased
 risk-taking.
 Multiple-risk dedicements have a supersonable and the second second
- Multiple-risk adolescents have many points of contact beyond home and the classroom. The assumption that risk-taking teens are socially disconnected is challenged by new findings that map their participation in a wide range of settings, such as faith-based institutions, the workplace, health care, and the criminal justice system. Their involvement in settings beyond the home and the classroom, especially for out-of-school adolescents, offers opportunities for health intervention to reduce risk-taking



THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Were threatened or injured with a weapon at school	7.8	7.7	7.4	6.9	6.0	6.0	
Did not go to school because of safety concerns	5.5	5.0	5.9	7.1	5.6	6.7	\diamond
Were electronically bullied	NA	NA	16.2	14.8	15.5	14.9	\diamondsuit
Were bullied at school	NA	19.9	20.1	19.6	20.2	19.0	\diamondsuit
Were forced to have sex	7.8	7.4	8.0	7.3	6.7	7.4	\diamondsuit
Experienced physical dating violence [†]	NA	NA	NA	10.3	9.6	8.0	
Experienced sexual dating violence [†]	NA	NA	NA	10.4	10.6	6.9	



THE PERCENTAGE OF HIGH School students who:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28.5	26.1	28.5	29.9	29.9	31.5	
Seriously considered attempting suicide	14.5	13.8	15.8	17.0	17.7	17.2	
Made a suicide plan	11.3	10.9	12.8	13.6	14.6	13.6	
Attempted suicide	6.9	6.3	7.8	8.0	8.6	7.4	\diamond
Were injured in a suicide attempt	2.0	1.9	2.4	2.7	2.8	2.4	

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever had sex	47.8	46.0	47.4	46.8	41.2	39.5	
Had four or more lifetime sexual partners	14.9	13.8	15.3	15.0	11.5	9.7	
Were currently sexually active	35.0	34.2	33.7	34.0	30.1	28.7	
Used a condom during last sexual intercourse [†]	61.5	61.1	60.2	59.1	56.9	53.8	
Used effective hormonal birth control ⁺	NA	NA	NA	25.3	26.8	29.4	
Used a condom and effective hormonal birth control†	NA	NA	NA	8.8	8.8	8.8	\diamond

THE PERCENTAGE OF HIGH School students who:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever used select illicit drugs	22.6	20.0	22.5	17.3	15.4	14.0	
Ever injected illegal drugs	2.0	2.1	2.3	1.7	1.8	1.5	
Ever misused prescription opioids*	NA	NA	NA	NA	NA	14.0	NA

The Complexity of Risks: e.g. Delinquency

- No single risk factor leads a young person to delinquency.
- Risk factors "do not operate in isolation and typically are cumulative: the more risk factors that [youth] are exposed to, the greater likelihood that they will experience negative outcomes, including delinquency."
- When the risk factors a youth is exposed to cross multiple domains, the likelihood of delinquency increases at an even greater rate.
- Different risk factors may also be more likely to influence youth at different points in their development. For example, peer risk factors typically occur later in a youth's development than individual and family factors.

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While youth may face a number of risk factors it is important to remember that everyone has strengths and is capable of resilient behavior:

"All children and families have individual strengths that can be identified, built on, and employed" to prevent future delinquency and justice system involvement. In recent years, studies of juvenile delinquency and justice system involvement have increasingly examined the impact of these strengths (protective factors) on youth's ability to overcome challenges and thrive (Kendziora & Osher, 2004)



Biology is not destiny but it does effect probability. In every risk group there are those who manage to transition successfully into adult life despite their adversities.





Resilience

- A process leading to good outcome despite high risk
- The ability to function competently under stress
- The ability to recover from trauma and adversity



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"I'm not afraid about my girlfriends and myself, we'll squeeze through somehow, though I'm not too certain about my math."

Anne Frank June 21, l942



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"I have lots of courage, I feel so strong and as if I can bear a great deal,I feel so free and so young! I was glad when I first realized it, because I don't think I shall easily bow down before the blows that inevitably come to everyone."

Anne Frank July 15, 1944



Defining key concepts (cont.)

Webster's defines resilient (adjective) as:

- (of a substance or object) able to recoil or spring back into shape after bending, stretching or being compressed
- (of a person or animal) able to withstand or recover quickly from difficult conditions



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Defining key concepts (cont.)

Resilience is a pattern of positive adaptation in the context of past or present adversity.



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The idea of resilience has different meanings for different people, many of which are vague and contradictory.

Howard Kaplan

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Alternatively it might be argued that the concept of resilience is useful, precisely because it instigates so many conceptual or theoretical issues.

Howard Kaplan

Does resilience refer to characteristics and outcomes of individuals, or does it refer to characteristics and outcomes of more inclusive variables, such as gender, intellect, etc.?

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Is resilience isomorphic to, partially overlapping, or orthogonal to a variety of other terms that appear to be functionally equivalent to that term?



Is resilience defined in terms of the nature of the outcomes in response to stress or in terms of the factors that interact with stress to produce the outcomes?

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What is the relationship between resilience and the experience of distressful life events?

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Is resilience reflected in the ability to bounce back from or function with adversity, or is it caused by adversity?

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Should resiliency be defined in terms of some overall criterion or in terms of particular context-specific outcomes?

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How does resilience determine the nature of the factors that place an individual or system at risk?

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Four Waves of Resilience Research

1. Identifying person and variable-focused factors that make a difference.

2. Identifying and understanding the operation of these factors within systems with a process focus.

3. Intervening individually to foster resilience.

4. Creating community-wide programs.

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Though good studies are available, much of the evidence is based on retrospective, cross-sectional or short-term longitudinal studies with relatively small samples absent controls.

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Resilience is inferred based on the measurement of risk and coping.

RADOMAR

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The pathways that lead to positive adaptation despite high risk and adversity are complex and greatly influenced by context; therefore, it is not likely that we will discover a magic (generic) bullet.

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Resilient children are not simply born that way nor are they made from scratch by their experiences. Genetic and environmental experiences loom large as protectors against a variety of risks to healthy development ranging from resistance to bacteria and viruses to resilience to maltreatment and rejection.

Kirby Deater-Deckard



U.S. Large-scale Longitudinal Studies

- The Kauai Study (698 children born in 1955)
- Minnesota Parent-Child Project (190 children born in 1975)
- Project Competence (205 children in 3rd-6th grades, started in 1977)
- Virginia Study of Divorce and Remarriage (122 children in 1971)
- Rochester Study (180 children in 1970)
- Chicago Study (1,200+ children in 1983)

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Risk and Protective Factors: In the Individual

Protective

Willingness to please adults
Religious and club affiliations Positive physical development

Academic achievement

• High IQ Positive social skills

Risks

- Female gender
- Early puberty
- Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration
- Low self-esteem, perceived incompetence, negative explanatory and inferential style Anxiety
 Low-level depressive symptoms and dysthymia
- Insecure attachment
- Poor social skills: communication and problem-solving skills
 Extreme need for approval and social support
- Administration (2009). Risk and protective fact mental, emotional, and behavioral disorders a cycle. S
- http://dhss.alaska.gov/dbh/Documents/Prevention/p ms/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

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Risk and Protective Factors: In the Individual

Protective

Emotional self-regulation

Good coping skills and problem-solving skills

Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture

• High self-esteem

- Risks
- Low self-esteem
- Shyness
- · Emotional problems in childhood
- Conduct disorder · Favorable attitudes toward drugs
- Rebelliousness
- · Early substance use
- Antisocial behavior
- Head injury
- Marijuana use
- Childhood exposure to lead or mercury (neurotoxins)
- Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from: http://dhss.alaska.gov/dbh/Documents/Prevention/ /spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

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Risks Protective Inadequate or inappropriate child rearing practices, Home discord Participation in shared activities between youth and family (including siblings and parents) Providing the forum to discuss problems and issues with parents Maltreatment and abuse Large family size Parental antisocial history Availability of economic and other resources to expose youth to multiple experiences The presence of a positive adult (ally) in the family to mentor and be supportive Family provides structure, limits, rules, monitoring, and predictability Poverty · Exposure to repeated family violence Divorce Parental psychopathology Teenage parenthood A high level of parent-child conflict Supportive relationships with family members Clear expectations for behavior and values

Risk and Protective Factors: In the Family

- A low level of positive parental involvement
 Family dysfunction
 Poor parental supervision
 Sexual abuse

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from: http://dhss.alaska.gov/dbh/Documents/Prevention/programs /spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

Risk and Protective Factors: In Peers

Risks

- Spending time with peers who engage in delinquent or risky behavior
- Gang involvement
- · Less exposure to positive social opportunities because of bullying and rejection

Р	rotective
P	rotective

- · Positive and healthy friends to associate with • Engagement in healthy and safe
- activities with peers during leisure time (e.g., clubs, sports, other recreation

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from: http://dhss.alaska.gov/dbh/Documents/Pre g/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

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Risk and Protective Factors: School and Community

Risks

- Poor academic performance Enrollment in schools that are unsafe and fail to address the academic and social and emotional needs of children and youth
- Low commitment to school
- Low educational aspirations
- Poor motivation
- Living in an impoverished neighborhood
- Social disorganization in the community in which the youth lives
- High crime neighborhoods
- A community and neighborhood that promote and foster healthy activities for youth Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:

Protective Enrollment in schools that address not only the academic needs of youth but also their social and emotional needs and learning

Schools that provide a safe environment

http://dhss.alaska.gov/dbh/Documents/Prevention ams/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

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Can Outcome Be Modeled and Predicted?

Predicting young adults' health risk behavior. By Gibbons, Frederick X.,Gerrard, Meg Journal of Personality and Social Psychology, Vol 69(3), Sep 1995, 505-517

Abstract A prototype model of risk behavior is described and was tested in a longitudinal A prototype model of risk behavior is described and was tested in a longitudinal study of 670 college students, beginning at the start of their freshman year. Perceptions of the prototype associated with 4 health risk behaviors (smoking, drinking, reckless driving, and ineffective contraception) were assessed along with self-reports of the same behaviors. Results indicated that prototype perception was related to risk behavior in both a reactive and a prospective manner. That is, perceptions changed as a function of change in behavior, and perceptions predicted those behavior changes as well. This prospective relation was moderated by social comparison, as the link between perception and behavior change was stronger among persons who reported frequently engaing in social comparison. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Can Outcome Be Modeled and Predicted?

Binge Drinking Above and Below Twice the Adolescent Thresholds and Health-Risk Behaviors Ralph Waldo Hingson Wenxing Zha First published: 10 April 2018 https://doi.org/10.1111/acer.13627

In 2015, the Youth Risk Behavior Survey asked a national probability sample of 15,624 high school students grades 9 to 12 (response rate 60%) about their past-month of past-month of past-year health-risk behaviors. Logistic regressions with pairwise comparisons examined the association between different drinking levels and selected risk behaviors, adjusting for age, sex, race/ethnicity, and drinking frequency.

Seven percent binged 2twice and 9% <twice the age-/gender-specific thresholds, and 14% drank less than the binge thresholds. Significantly higher percentages of binge drinkers at 2twice versus <twice the thresholds versus other drinkers reported illegal drug and tobacco use, risky sexual and traffic behaviors, physical fights, suicide, less school-night sleep, and poorer school grades.

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Teen and Young Adult Risk Taking Behaviors Measured by RISE

• Suicide

- Sexual Behavior
- Eating/Sleeping
- Substance Abuse
- Bullying/AggressionDelinquency



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Teen and Young Adult Strength Behaviors

- Emotional Balance (e.g. control anger)
- Interpersonal Skill (e.g. solve a problem with a friend)
- Self Confidence (e.g. admit mistakes, make good choices)





Caregivers are the architects of the way in which experience influences genetically preprogrammed but experience dependent brain development.





When children transition into adult life their past mistakes, misbehavior or problems are of little interest to others.



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For thousands of generations, parents, relatives, and others raised and prepared children to become successful adults, to acquire knowledge and skills that were needed to meet the challenges of their time.



Until relatively recent times in human history there were no schools or organized institutions, nor were there self-help or parenting books.







Instincts

- In complex species instincts serve a critical role in shaping the developmental course through childhood into adulthood.
- Thousands of generations of children allowed for many genetic
- mutations, some of which were adaptive.
 Some of these increased the likelihood that babies would survive, even thrive throughout their childhood, and transition successfully into adult life.

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Instincts

- TENACITY is composed of seven instincts that I will introduce in today's webinar.
- We consider one of the most important to be intuitive optimism. This is the unspoken belief that if you just keep at a task your chances of success are greater.
- We would argue that when it comes to reaching developmental milestones continued effort nearly always leads to success as long as the task is within the capacities of the child to achieve.
- This instinct is clearly a vital component of self-discipline and a resilient mindset.

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Instincts

- Our children are in fact hard wired to learn if we are sufficiently knowledgeable to understand how their wiring interacts with the world around them and create environments in which they can grow and thrive.
- Every society places expectations upon its youth to acquire a certain level of knowledge and behavior in order to functionally transition into adulthood.
- No matter how simple the society, children must harness their instincts to acquire knowledge, develop self-discipline, cope well with adversity and persist even in the face of failure.
- The instincts comprising TENACITY provide the critical foundation for children in any culture or society to acquire necessary knowledge to move successfully into adult life.

Instincts

- In some species instincts are fixed patterns of behavior leading to a certain outcome such as a bird building a nest for the first time or a salmon returning upriver to its birthplace to spawn.
- We believe that in our species instincts represent an intuitive way of thinking and/or acting that increase the chances of survival and success.
- In viewing instincts in this way we appreciate that knowing what to do and doing what you know are not synonymous.
- Ultimately success very much dependent on experience.

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These instincts are:

- intrinsic motivation
- intuitive optimism
- simultaneous intelligence
- compassionate empathy
- virtuous responsibility
- genuine altruism
- measured fairness



Instinctual Optimism

- A belief driven by genes.
- A belief that a way will always be found.
- A belief that success will be obtained.
- The glass is half full!



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Intrinsic Motivation

- Driven by internal reason and inspiration.
- Rewarded by the payoff to the mind.
- Guided by belief not environmental consequences.



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Practical Intelligence

- The ability to see all the parts of a problem simultaneously.
- A mental activity by which the child integrates stimuli into groups.
- Stimuli are seen as a whole.
- Each part is related to the others.



Compassionate Empathy

- Insight combined with:
- Sensitivity
- Tolerance
- Kindness



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Virtuous Responsibility

Responsible behavior guided by: Dignity Morality Respect for self and others Integrity



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Genuine Altruism

Giving of yourself (time and effort) guided by:

Sincerity Honesty

Truth Sensitivity

Honesty



Measured Fairness

- A concept developed in Game Theory.
- Being fair to yourself first than to others.
- Knowing when you must put yourself first.



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Research supports a need for a standardized measure of risk-taking and protective behaviors apparent in research on problems and disorders in youth:

- School dropout (Lansford, Dodge, Pettit & Bates, 2016)
 Elopement from home (Tucker, Edelen, Ellickson &
- Klein, 2011)
- Delinquency (Remschmidt & Walter, 2010)
- All show a predictive relationship between risky behavior and later life problems.
- Role of protective factors is also important (Masten, 2001).
- Understanding the interaction between risk and protective forces is essential to developing successful intervention programs.

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Five Strategies to Reduce Teen and Young Adult Risk Taking Behavior

- Support positive behaviors of non-risk-taking individuals. Declines in risk-taking mean that the share
 of students taking no risks has increased. These youth need support and expanded opportunities to
 continue making responsible and healthy decisions as they mature.
- Target efforts to reduce specific risk behaviors toward multiple-risk students. Recent public health
 and policy efforts to reduce the prevalence of key risk behaviors, such as smoking or violence, cannot
 address these behaviors in isolation from other risk-taking.
- Encourage positive behaviors of risk-taking youth, such as time spent on extracurricular or faithbased activities. These behaviors connect students to adults and social institutions and offer opportunities to prevent risk-taking among some students or reduce risk-taking among others.
- Expand efforts to reach multiple-risk youth in nontraditional settings. Teen participation in settings such as the workplace, the criminal justice system, and faith-based institutions offers innovative opportunities for health services and education programs and the development of personal relationships with positive adult role models that can reduce risk-taking.
- Take new steps to reduce risk-taking among Hispanic students. Further research is needed to better
 understand both risk-taking and development of this growing group of youth. Programs that are
 responsive and sensitive to the current ethnic and social diversity of Hispanic youth need to be
 developed and implemented.

Focus on Well Being!

- COMPETENCE in academic, social and vocational areas
- CONFIDENCE or a positive identity
- CONNECTIONS or healthy relations
- CHARACTER or positive values, integrity, and values
- CARING and compassion



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Stress Hardiness

- Committed to finding a meaningful purpose in life.
- A belief that you can influence your surroundings and outcome of events.
- A belief that you can learn and grow from both positive and negative life experiences.









Five Strategies To Foster a Resilient Mindset

- Teach empathy by practicing empathy.
- Teach responsibility by encouraging contributions.
- Teach decision making and problem solving skills that foster selfdiscipline.
- Offer encouragement and positive feedback.
- Help children deal with mistakes.

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The Mindset of a Resilient Youth

- Optimistic and hopeful.
- Feel special and appreciated in the eyes of others.
- Set realistic goals and expectations.
- View mistakes, hardships and obstacles as challenges.
- Solve problems and make decisions.
- Internal locus of control.
- Believe you can and set out to solve problems.
- Possess empathy.

General Conclusions

- An early history of developing competence, along with supportive, consistent care, serves as a powerful and enduring buffer throughout childhood and increases probability of resilience.
- · The pathways that lead to resilience are
- complex.
- There is a great need to map the interaction of personal and environmental factors.

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General Conclusions

- · Longitudinal research needs to be conducted on a large scale and gene-environment focused.
- We require a broader cross-cultural perspective.
- We need to know more about individual dispositions and temperament as well as sources of family support.











Emmy Werner











