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Building Resiliency in Youth in the Juvenile Justice System

Background

Resilience is an essential part in the positive development of youth. In our Issue Brief on Trauma, we discussed the effects of toxic environments and traumatic experiences on a child's brain and the relevance and importance of good mental health. Public institutions and service systems intended to provide support to individuals are often themselves trauma inducing by not being trauma informed. The use of coercive practices such as seclusion and restraints in the behavioral health and juvenile justice systems; the abrupt removal of a child from an abusing family to the child welfare system; the use of invasive procedures in the medical system; the harsh disciplinary practices in educational/school systems; and intimidating practices in the juvenile justice system can be re-traumatizing for individuals who enter these systems already experiencing significant trauma. These program or system practices and policies often interfere with achieving desired outcomes and inhibits positive youth development.

Yet, among these negative impacts, some youth are resilient enough to overcome adversity. Resiliency involves behaviors, thoughts and actions that can be learned; however, the "road to resilience" can be extremely difficult. [1]

What Is Resilience?

The word resilience comes from the word resile, which means to "bounce back or rebound after being stressed". The challenge with this simple interpretation is the misconception that children can automatically resume positive functioning after a stressful situation. "Some traumatic events can overwhelm children's capacity to adapt to them, which affects their ability to recover". [2]

A wealth of research has shown that stress and hardship in childhood can alter the brain's architecture in a developing child. Those physiological changes raise the risk of cognitive and developmental delays, physical health problems such as diabetes and heart disease, and behavioral and mental health problems such as substance abuse and depression. However, resilience can turn potentially toxic stress into tolerable stress and is therefore, "rooted in both the physiology of adaptation and the experiences we provide for children that either promote or limit its development". [3]

Resilience
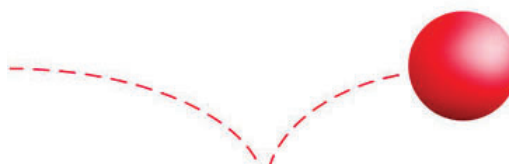
While there are many definitions of resilience, there are two common components that emerge in the research: a risk factor and some type of

counteracting or protective factor that reduces the negative impact of the risk. When protective factors are operating effectively, they "stack the scale" with positive weight and optimize resilience. These counterbalancing factors include:

- Facilitating supportive adult-child relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities; and
- Mobilizing sources of faith, hope, and cultural traditions. [4]

Ideally, when protective factors outweigh risk factors, a child's "scale" tips toward positive outcomes. "Understanding all of the influences that might tip the scale in the positive direction is critical to devising more effective strategies for promoting healthy development in the face of significant disadvantage". [5]

One additional term worth defining is that of "at-risk youth". The term "at risk" has been over-used, "often being applied to urban youth as a descriptor even though the term actually applies to the conditions of their lives". [6] Decades of personalizing "at-riskness," embedding it in youth, their families, and their cultures has led to stereotyping, lowering expectations, prejudice and discrimination. [7] "When overcoming the odds is erroneously viewed as simply a matter of individual motivation or grit, the failure to succeed is perceived as the fault of the individual, and 'blaming the victim' becomes the most frequent response". [8] In fact, traumatic experiences are the key contributor most likely to put a youth "at risk" for drug use, educational failure, homelessness, and other negative circumstances.

Referring to a youth as at-risk, means that they belong to a group that is more likely than others in the general population to develop the problem. [9] An often-used example is children living in poverty and their perceived risk for academic failure. "The poverty itself does not explain why an increased risk exists; rather, it serves as a marker for a host of conditions that commonly accompany poverty, such as fewer financial resources, lower quality schools, more dangerous neighborhoods, and fewer social supports". Risk factors rarely occur in isolation and the negative outcomes associated with multiple accumulated risk factors are dramatic. The conditions of risk also denotes the likelihood of a future situation reoccurring, or that the problem will be "created, maintained, or exacerbated" given certain conditions. [10]

Looking at children and families through only this at-risk lens obscures a recognition of the individual and unique set of capacities and strengths. "The starting point for building on students' capacities is the belief by all adults in their lives, particularly in their school, that every youth has innate resilience". [11]

Research Defining Resilience

Although research on resilience began in the medical field, around 1970, it expanded into behavioral sciences. Researchers have long endeavored to understand why positive outcomes could occur for some children despite their traumatic circumstances but not others. The difficulty in doing research on resilience is the same challenge as developing resilience itself. The process occurs over a long period and would need to capture what protective or promotive factors were available at critical points throughout a youth's life in order to counteract risks and vulnerabilities. We now know some resilience factors are drawn from within, through abilities such as problem solving, self-control, emotion regulation, motivation to succeed and self-efficacy. There are many external factors contributing to resiliency too.

The National Center for Homeless Education Resilience completed a 2013 Research Summary - Resilience and At-risk Children and Youth (https://nche.ed.gov/ibt/sps_resilience.php), to explore common themes in research on resilience as it relates to counteracting risk in at-risk

children and youth. Their studies began by focusing on an individual's strengths and available resources, the common promotive and protective factors that influence adaptation. These include positive relationships with caring adults, effective parenting, intelligence and problem-solving skills, perceived efficacy, achievement motivation, persistence, self-regulation skills, effective stress management, positive friends, faith, hope, spirituality, religion, cultural systems, beliefs that life has meaning, and effective teachers and schools". [12]

Next researchers explored why some promotive and protective factors influence adaptation. They discovered the role that developmental systems play which led to a next step emphasizing the role of relationships and systems beyond the family. [13] They designed and tested changes in developmental pathways and their role in improving resilience. Finally, their research began as part of a larger movement in all sciences related to genes, brain function, and development. [14]

Developing Resilience

Both individual strengths and environmental resources provide the necessary protective factors to build coping skills that enable a youth to deal with adversity in order to overcome threats to healthy development. When we then consider the role of biology, specifically brain development, we realize it is again the interaction of each component that results in resiliency.

"Resilience requires relationships, not rugged individualism. There is no "resilience gene" that determines the life course of an individual irrespective of the experiences that shape genetic expression. The capacity to adapt and thrive despite adversity develops through the interaction of supportive relationships, gene expression, and adaptive biological systems." [15]

A child interacts with friends, family, and community every day. The relationships established in each play a huge role in their capacity to overcome adversity. In the classroom, teachers should be prepared to respond calmly when they observe a child having behavioral difficulties. They can model for students how to make meaning from challenging experiences, and help them to recognize and overcome their own internalized thinking-- such as they are not good enough or smart enough— which inhibits students from developing innate resilience. [17] "In every wounded child, there is a beautiful chord waiting to be played. We need to create "home" in our schools." [18]

Adults must be aware of their own avoid potentially retraumatizing retraumatizing the children we accumulative effect of multiple adults need to be informed on the better informed we are, the more trauma when we see it.[19] We also and maintaining self-esteem people in our care, and open up them. [20] In doing so, we assist with manageable threats to their which is critical for the develop- cope with manageable threats to is critical for the development of ive relationships and opportu-

stresses and triggers in order to the children they care for. To avoid work with and contributing to the traumas they may be experiencing, signs and symptoms of trauma. The capable we will be at recognizing must be proactive in establishing and self-efficacy within the young opportunities and resources for young people in learning to cope physical and social well-being, ment of resilience. [21] Learning to their physical and social well-being resilience [22] and requires support- nities for skill building.

The American Psychological   Association's Resilience Guide for Parents and Teachers provides 10 tips for building resilience in children and teens through behaviors, thoughts and actions that can be learned over time.

- Make connections.
- Avoid seeing crises as insurmountable problems.
- Accept that change is a part of living.
- Move toward your goals.
- Take decisive actions.

- Look for opportunities for self-discovery.
- Nurture a positive view of yourself.
- Keep things in perspective.
- Maintain a hopeful outlook.
- Take care of yourself.

Additional ways of strengthening resilience may be helpful. For example, some people write about their deepest thoughts and feelings related to trauma or other stressful events in their life. Meditation and spiritual practices help some people build connections and restore hope. [23]

The Need for System Improvement

There is no quick fix to develop resilience. "We have become experts at predicting who will fail and what kinds of programs will compensate for the deficits. [24] However, to design effective interventions, an understanding of promotive and protective factors that influence adaptation is critical. Creating a list of protective systems offers a checklist of places to intervene to support a child in their development of resilience [25] and where system resources, services and supports are available.

> Fifty-seven percent of those involved in the JJ system experienced four or more potentially traumatic experiences, and 77% in JJ experience behavior problems both at home and in their communities. [26]
>
> After the first year of receiving services in their systems of care, one-third of children and youth in the child welfare system and nearly 40% involved in the JJ system showed significant improvements on measures of emotional and behavioral symptoms and strengths.

Many economic, education, health, and social policies that address the effects of adversity in individuals do little to create the conditions that are known to build greater resilience. "A better understanding of why some children do well despite early adversity is important because it can help us design policies and programs that help more children reach their full potential". [27]

A shift toward looking at resilience from a systems perspective provides the opportunity to draw on resources from multiple systems that can best grow resilience. In the Center on the Developing Child at Harvard University's Working Paper 15, they provide examples that "illustrate the extent to which many public policies do not yet reflect the scientific understanding of how the capacities that support resilience develop".

- When child welfare policies focus solely on removal of a child from an environment that is physically unsafe, they miss the opportunity to restore the relationships and build the capacities that underlie resilience.
- When poverty-reduction policies require parents to work without assuring access to affordable, high-quality childcare, they miss the opportunity to promote both adult economic self-sufficiency and developmentally supportive experiences for their children.
- When programs use "character education" models in contexts for which they were not designed, they miss the power of creating supportive, growth-promoting environments that build skills that generalize across contexts. [28]

By focusing on prevention and building resilience among youth, the science-policy gap can be closed and costs to the health care, justice, child protection and social assistance systems can be minimized in the future. [29]

When you view resilience as a developmental process to be supported, then strategies for change can be directed toward practices, policies, and attitudes across systems. "Within every young person is a delicate balance during those critical life events between the protective processes and risk factors that originate both internally and externally". [30]

Conclusion

The science-policy gap is closing. Advances in the science of human development are now being used to inform new innovative strategies for building capabilities that help children thrive regardless of economic and social disadvantage. This is especially critical for youth involved in the juvenile justice system. Promising new approaches include both public and private sec¬tor actions that can strengthen the foundations of resilience. Making a point to ensure promotive and protective factors are in place is crucial to help children whose needs are not being addressed adequately by existing services. The move toward developing a trauma-informed juvenile justice system has led to new frameworks for integrating policies and programs across sectors that collectively re¬duce adversity and build capacity.

A path that addresses underlying needs, improves behavioral functioning, reduces recidivism, and saves taxpayer dollars, may be best realized by diverting children exhibiting low-level offenses, and those with mental health needs, from the juvenile justice system. Instead linking them to alternative services and supports including behavioral health treatment can help them develop resilience.

> "I am not what happened to me, I am what I choose to become."
> ~Carl Gustav Jung

Footnotes

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The Tow Youth Justice Institute is a university, state and private partnership established to lead the way in juvenile justice reform through collaborative planning, training, research and advocacy.

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