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## NEW CHANGES, NEW CHALLENGES



Needless to say that looking back, 2008 was a year of unprecedented change. On a national scale, we need only look to the presidential primaries and historic general election to witness the upending of longstanding beliefs about the limitations of race and gender in national politics. It all culminated in the election of the nation's first African American president, Barack Obama.

The nation is also confronted with numerous challenges with the ongoing economic crisis being the foremost in people's minds. While a lot of emphasis in the media has been placed on failed banks, forgotten in these reports are the stories of those most vulnerable to economic strife — the homeless, with homeless youth being particularly exposed to risk. CYF member, Norweeta Milburn, PhD, and her colleagues have authored a series of articles on the issues affecting homeless and runaway adolescents within varying contexts and what the research recommends for practice and public policy (pgs. 2-9).

APA's Committee on Children, Youth, and Families (CYF) saw its own set of changes last year. In Spring 2008, Scott Nolen, PhD, accepted the wonderful opportunity of serving as a 2008-2009 APA Congressional Fellow in the office of Sen. Olympia Snowe (R-ME). CYF appreciates Dr. Nolen's dedication to advocating for change in national public policy by taking on this new role.

Stephen Shirk, PhD, accepted CYF's request to serve out the remainder of Dr. Nolen's term. Dr. Shirk is Director of the Child Study Center at the University of Denver. CYF is also pleased to welcome its two newest members; J. Manuel Casas, PhD, and Monica Mitchell, PhD. Dr. Casas is a professor at the University of California, Santa Barbara and researches resiliency in Hispanic families. Dr. Mitchell is an Associate Professor at the Cincinnati Children's Hospital Medical Center and researches quality of life for children with sickle cell. Amani Chatman is CYFO's new Administrative Coordinator. Additional background information on these new CYF members and Ms. Chatman is provided on pg. 11.

CYFO in conjunction with the Healthy Lesbian, Gay, and Bisexual Students Project has produced a brief article on resilience in LGBTQ African American adolescents on pg. 12.

Finally, an overview of the accomplishments of the Task Force on Evidence-Based Practice with Children and Adolescents; the Task Force on Resilience and Strength in Black Children and Adolescents; and the Presidential Task Force on PTSD and Trauma in Children and Adolescents is provided on pg. 15.



## HOMELESS YOUTH: CONTEXT AND CONNECTIONS



Alex Lee, BA

Norweeta G. Milburn, PhD

Homeless youth have been characters in popular American culture since at least the late nineteenth century with Twain's *Adventures of Huckleberry Finn*, and sociologists examined issues of youthful homelessness as early as the 1920s (Anderson, 1923), yet rigorous social scientific research on adolescents and other homeless children has only gained real momentum in the past two decades (Adams et al., 1985; Kipke et al., 1995; Rafferty & Shinn, 1991; Robertson & Toro, 1999; Whitbeck & Hoyt, 1999; Rotheram-Borus et al., 1991; Ringwalt et al., 1998).

Contributions from a number of researchers from then to now suggest that we need to view homeless youth through multiple lenses to more fully contextualize their behavior to develop appropriate prevention and intervention strategies for this population (Haber & Toro, 2004; Halcón & Lifson, 2004; Kipke et al., 1997; Rosenthal & Rotheram-Borus, 2005; Whitbeck & Hoyt, 1999). We know that homeless youth are a diverse population. They have varied statuses (e.g. race, class, gender, sexuality and age); can be found in different geographic settings; and have varied relationships with peers, families, and social institutions such as schools and the service sector (Haber & Toro, 2004; Whitbeck & Hoyt, 1999; Thompson et al., 2000;). Consequently, we cannot examine the behavior of homeless youth through a single lens to determine how to prevent homelessness or intervene to deter chronic homelessness among youth. For example, statuses such as age, sexual orientation and immigration history can alter the trajectories of homeless youth (Cauce et al., 2000; Ennet et al., 1999; Milburn et al., 2006; Milburn et al., 2007; Slesnick & Prestopnik, 2005; Tyler et al., 2004; Zenger et al., 2008). Youth who are lesbian, gay, bisexual or transgendered can experience family conflict upon disclosing their sexual orientation leading to being kicked out of home (Milburn et al., 2006; Whitbeck & Hoyt, 1999). The

geographic setting of homeless youth can place them at the epicenter of multiple services in some urban areas or in rural areas with no or limited services (Anderson & Gittler, 2005; Witkin et al., 2005). Relationships with peers and family can be a predictor of negative and positive physical health, mental health and other behavioral outcomes (Ennet et al., 1999; Kipke et al., 1997; Milburn et al., 2005b; McMorris et al., 2002; Rice et al., 2005; Rice et al., 2008; Tyler et al., 2000).

While much has been accomplished in research on homeless youth, there is still a level of disconnect between research, practice, service and policy because it is challenging to integrate these multiple lenses into programs and policy to move youth out of homelessness (Milburn et al., 2005a; Rew, 2002). In part, this is because "the fundamental problem in addressing homelessness is the difficult task of actually defining it" (Minnery & Greenhalgh, 2007, p. 643). To avoid being overwhelmed by how to define homelessness, research can help connect practice, service and policy by continuing to contextualize the behavior of homeless adolescents and by sharing our findings in practice and policy arenas and building alliances with the practitioners and policy-makers (Berscheid, 1999; Haber & Toro, 2004; Robertson & Toro, 1999; Whitbeck & Hoyt, 1999). For example, Toro (2007) has documented that much can be gained in understanding the behavior of homeless youth by having multiple perspectives.

The research that is highlighted in this newsletter seeks to strengthen practice and policy for homeless youth by sharing recent work on the positive social relationships of homeless adolescents and how to capitalize upon these relationships to develop age appropriate interventions; a broadening of how we define homeless youth for practice and policy to include rural youth, and perspectives on how to improve practice and services from both youth and practitioners.

We would like to acknowledge the assistance of Mr. Simon Costello (Program Manager, Jeff Griffith Youth Center, Los Angeles, CA), Ms. Arlene Ferandelli (Executive Director, Angel's Flight, Los Angeles, CA), and Ms. Shirley Abrams (Homeless Education Consultant, Los Angeles County Office of Education) in preparing this article.

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## RURAL RUNAWAY AND HOMELESS YOUTH



Elizabeth M. Arnold, PhD

Despite the national attention in recent years to the plight of runaway and homeless youth, the focus has virtually excluded one sub-population – youth in rural areas. Twenty-five percent of Americans live in rural areas (New Freedom Commission on Mental Health, 2004) yet virtually all of the research on runaway and homeless youth has been conducted in large cities. Thus, very little is known about the lives and challenges of rural runaway and homeless youth. The research base on rural homelessness is typically limited to descriptive studies or informal data collection, and there is limited information about the nature of evidence-based practices for rural homeless people, including homeless youth (Robertson et al., 2007). However, one recent study suggests that there are comparable rates of runaway behavior among metropolitan vs. non-metropolitan youth (Robbins et al., 2008). Policy makers and funders tend to operate from an urban perspective and may misunderstand the unique needs of those living in rural areas and assume that one solution fits all for homelessness policy development (Sawyer, Gale & Lambert, 2006).

Part of the problem in preventing youth homelessness is being able to define what it means to be “homeless” in smaller towns and cities. Federal definitions of homelessness are not as applicable to rural areas where there are few shelters and individuals may not meet the technical definition of being “homeless” as in urban areas (National Coalition for the Homeless, 2007). Compared to those in non-rural areas, rural homeless individuals are less likely to have been in a shelter or on the streets the

previous night (Robertson et al., 2007). Hence, those youth who are marginally housed or on the run may not be counted in national statistics.

It is commonly but erroneously assumed that youth in smaller communities do not face the same problems that lead to running away nor the same risks when they leave home. However, some have asserted that rural youth may be at higher risk than youth in suburban and urban areas for health risk behaviors, such as substance use and sexual activity (Atav & Spencer, 2002). Data from the Youth Risk Behavior Survey indicate among African-American youth, those in rural areas, particularly females, engage in more risky sexual behaviors that can lead to HIV infection as compared to those in non-rural areas (Milhausen et al., 2003).

The risk for negative outcomes is present in both rural and urban areas, but the settings where these youth are found are quite different. Runaway youth in rural areas may not be “on the streets” like youth in urban areas since there are typically no settings where these youth congregate or “hang out.” By contrast, rural youth may be on the run and staying with friends or sleeping outdoors (e.g., in the woods or a park). Even when there are shelters, few provide services to adolescents, and thus, these youth must be more resourceful in identifying places to stay. Many go back home not because they want to return to their families but simply because there are few options for housing. Without appropriate intervention, the problems that lead to them running away remain unaddressed and increase the likelihood of leaving home in the future.

For youth in rural areas who want help before they decide to leave home or after running away, the service options may be limited. Simply living in a rural area adds an additional and substantial barrier for adolescents seeking help for mental health problems for adolescents, and interventions are

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needed that help these youth overcome these obstacles (Francis et al., 2006). It is possible that because many rural youth who are struggling with stressors, such as abuse in the home, do not receive community based services, they end up utilizing inpatient psychiatric services when a crisis occurs to help keep them safe and connect with other services (Anderson & Estle, 2001). For youth in rural areas with mental health problems, there may be additional barriers to seeking help not present in urban areas, such as lack of anonymity in a small community, stigma, an emphasis on self-reliance, and little knowledge of available services (Boyd et al., 2007, Francis et al., 2006).

Because there are few formal services accessible, youth may turn to others in their lives who are not professionals but are people who they trust. These informal sources can be sources of help and support and may actually be preferable in terms of acceptability for youth in rural areas (Francis et al., 2006). The problem can be, however, that by the time a youth in a rural area leaves home, the issues may be so challenging that professional intervention is warranted. For instance, youth in rural areas who run away tend to remain in homes longer before leaving an abusive home than youth from urban areas (Thrane et al., 2006).

While urban areas may have larger numbers of homeless youth, running away from home is problem of concern outside of metropolitan areas. Six years ago a panel of scientists and officials from NIDA recommended that future research on runaway and homeless youth include multi-site studies that look at differences among this population and specifically mentioned rural/urban differences (NIDA, 2002). Nonetheless, today we are no closer to understanding the unique needs of this group of under-studied and under-served youth.

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## PRO-SOCIAL PEERS AND PROTECTIVE INFLUENCES IN THE SOCIAL NETWORKS OF HOMELESS YOUTH



Eric Rice, PhD

Over the past decade researchers have become increasingly concerned with the role of social networks in the lives of homeless youth, especially with respect to the impact these networks have on youth's health and risk behaviors. The usual depiction of homeless youth begins with the

acknowledgment that many youth come from dysfunctional, often abusive families, where substance use and abuse is prevalent. Once these youth leave home, street life propels them into social networks filled with peers who come from equally problematic backgrounds who reinforce one another's risk taking behaviors (e.g. Whitbeck & Hoyt, 1999). There has been a large body of work which has supported this point of view (e.g. Whitbeck & Hoyt, 1999; Tyler et al., 2000; Johnson et al., 1996; Ennett, Federman, Bailey et al., 1999), particularly with respect to the influence of street-based social networks on the drug-taking and sexual risk behaviors of homeless youth (e.g. Rice, Milburn, Rotheram-Borus et al., 2005; Tyler et al., 2000). Although many researchers have recognized that the networks of homeless youth can provide important emotional support and training in street survival skills (Ennett et al., 1999; Hagan & McCarthy, 1997; Johnson et al., 1996), the great majority of this research has focused on the negative impact of peer affiliations.

Very recently, a handful of studies have been published that call into question the ubiquitous negative influence of peers in the life of homeless youth. These studies have shown that homeless youth often continue to have attachments to peers outside of street life (Johnson et al., 2005; Rice, Milburn, & Rotheram-Borus, 2007), including family members (Milburn et al., 2005; Tyler, 2008). More importantly, many youth continue to be engaged with peers who can be characterized as pro-social and engagement with these pro-social network ties reduces their engagement in drug taking and HIV-related risk behaviors (Rice et al., 2007; Rice, Stein, & Milburn, 2008).

For homeless youth, pro-social peers are social network members who continue to be engaged in normative adolescent trajectories and institutions (Rice et al., 2007; Rice et al., 2008). For example, peers who are still in school or who continue to



maintain positive relationships with their families can be considered pro-social. Peers of this nature are more prevalent than previously thought, especially among newly homeless youth (i.e. youth who have been away from home more than 2 days but less than six months). For example, in Los Angeles, only 10% of newly homeless youth reported that none of their friends were attending school and 43% reported all of their friends were in school. Likewise, among these same youth, only 8% reported having no friends who had positive relationships with their families and 31% claimed that all of their friends continued to have positive family relationships (Rice et al., 2007). More importantly, pro-social peers have an influence in the lives of these newly homeless youth. Over two years, youth who were embedded in networks with friends attending school and/or had more positive family relationships were less likely to engage in unprotected sex, cocaine, heroin, and methamphetamine use (Rice et al., 2007). These findings were echoed in cross-sectional data collected on chronically homeless youth (i.e. homeless for more than 6 months). For chronically homeless youth, having pro-social peers also reduced HIV-related sexual and drug-taking risk behaviors (Rice et al., 2008).

There are several important determinants that impact a youth's propensity to engage with pro-social network ties (Rice et al., 2008). First, the longer a youth has been homeless, the less likely that youth is to have pro-social peers in his or her social network. Street life is indeed full of opportunities to interact with risk-taking peers and the longer youth are homeless the greater their likelihood of involvement with risk-taking peers. Second, older youth are less likely to have pro-social peers and more likely to have peers who are involved in sex and drug risk behaviors, independent of their time on the streets. Third, lesbian, gay, bisexual, and transgender youth tend to report fewer pro-social peers and more peers engaged in HIV-related risk taking. It is possible that

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the discrimination which non-heterosexual youth encounter in street life (e.g. Milburn, Ayala, Rice et al., 2006) may encourage these youth to form social networks comprised primarily of other youth like themselves, who relative to heterosexual youth, are engaged in more sexual risk behaviors and who subsequently reinforce this risk taking. Finally, youth who are involved with service agencies are more likely to have pro-social peers. Agencies and shelters provide basic services, such as food, clothing, and shelter, which may relieve some of the need for youth to associate with other street youth for survival. Moreover, at these agencies, staff tend to be actively engaged in supporting the pro-social behaviors of their clients, such as returning to school and maintaining positive family ties.

The prevalence of pro-social peers and the protective impact these associations have on the risk taking behaviors of homeless youth opens up exciting avenues for intervention program design. Social network-based programs to combat sex and drug risk behaviors become a viable possibility in the face of this research. Encouraging youth to form networks with pro-social others is likely to enhance their well-being, provide social support, and promote healthy behaviors. Moreover, social networking technologies, such as websites like MySpace and FaceBook, may be useful tools in interventions to link homeless youth to their pro-social network ties outside of street life. Some of the pro-social ties of homeless youth are with other youth who are still in school and living at home (Johnson et al., 2005; Rice et al., 2008). Engaging home-based youth through the internet may be an effective way of increasing their positive impact in the lives of their homeless friend without exposing them to the dangers and negative influences of street life. There is much work to be done, but homeless youth and their peers are an incredibly resilient and surprisingly pro-social population whom researchers and program designers must engage with novel and empowering

interventions which build on the strengths to be found in their social networks.

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## HOW TO PREVENT YOUTH FROM RUNNING AWAY FROM HOME: YOUTH AND SERVICE PROVIDERS PERSPECTIVES

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Since 1974, the National Runaway Switchboard (NRS) has served as the national communication system for runaway and homeless youth across the country. In order to improve their prevention-related efforts, NRS partnered with researchers and educators from DePaul University to develop an intervention that would focus on preventing youth from running away from home. As part of the development process, a community needs assessment was conducted to collect data regarding what runaway/homeless youth service providers and youth felt should be included in such a program. The data presented in this article are from this needs assessment.

The community needs assessment included 1) semi-structured phone interviews, 2) a national web-based survey, and 3) focus groups with youth and adult youth service providers in urban, suburban, and rural Illinois. Eighteen providers representing a variety of agencies and organizations nationwide participated in phone interviews and shared ideas regarding the design, content, and implementation of a runaway prevention curriculum. A web-based survey was then created from the phone interview results, promoted nationwide, and completed by more than 280 service providers. These service providers represented the fields of social services, health, religion, law enforcement, and education.

A series of 6 focus groups were then conducted with an ethnically diverse sample of 26 adult service providers and 27 youth in urban, suburban and rural settings throughout Illinois to discuss the findings from the web-based survey and gather recommendations for the development of runaway prevention programs. The adult service providers were selected based on their experience working with youth who had run away from home or were at risk for running. The youth were recruited through social service agencies with programs for youth who were either at risk for running or who had run away from

home. Following is a summary of the main findings with both youth and adult service providers.

### The Voices of Youth

Youth participants in the focus groups argued that in some cases running away from home may be the best alternative; this was typically discussed within the context of abusive parental relationships. Therefore, the youth felt that service providers should work to identify the roots of the problem and identify why a young person would not want to be at home in the first place. In the cases where running away may be a viable alternative, they felt that service providers should provide emotional and material support and guidance for youth. In such situations, the youth felt that what young people need is assistance in talking about being abused or raped, understanding regarding their unique life circumstances, and information about shelters and other services.

Youth also recognized that there are times when young people face difficult situations at home that can be resolved. In those cases they suggested providing counseling and advising services to youth, and providing communication and negotiation skills to both parents and youth. They recommended that access to such services should be made easier and streamlined, and suggested that family negotiation skills be incorporated into the school curriculum so it is mandatory for all youth. They remarked, though, that the solution to the problems which lead youth to run away from home involves the participation of all family members. According to the youth, taking someone out of the family for an intervention is not going to solve anything. Rather, interventions should focus on strengthening family ties, providing counseling and support for the whole family, and creating a space where the family can safely “get back on their feet.”

## HOW TO PREVENT YOUTH FROM RUNNING AWAY FROM HOME: YOUTH AND SERVICE PROVIDERS PERSPECTIVES

In order to prevent youth from running away from home, the youth felt that programs should work on improving the parents' parenting skills and abilities, including issues related to effective discipline strategies. One youth stated that "parents need to be supportive, be role models, and be engaged." Youth felt that parents need to listen to their children's point of view, be involved in their life, and directly address the issues that cause problems. Youth also recognized that parents need support especially young parents who are not yet "adults" when they assume the role of "parent."

Participants also stated that some youth may run away from home because they do not understand the reality of being out of the home and on their own. They felt that those youth need "reality checks" and should be encouraged to think about where they are going to go and what they are going to do once they run. Youth also recommended using volunteers who were former homeless or runaway youth to talk to other young people and help them understand what goes on in the "real world."

In addition, youth expressed a need for specific types of support services, including job skills training, employment assistance, transitional housing, and emotional support. They talked about a desire for more physical places where young people can go to socialize and "hang out," as well as community support for increased programs and activities for youth, such as after-school programs. In addition to new services, youth also expressed the need to improve some existing services which have long waiting lists, slow processes, and very strict background checks and eligibility criteria. Some youth also noted that there are more social services for youth who are "in trouble" and feel that current services "punish youth who do the right thing." One example cited was the availability of services for female youth who are pregnant, without parallel services for non-pregnant youth.

### The Voices of Adult Service Providers

When asked about how to prevent youth from running away from home, adult service providers suggested addressing power issues between adults and youth, especially related to issues of ageism and the impact of generational difference in family dynamics. They felt that programs need to empower youth to recognize their own "power" and the potential they have to take care of themselves. Providers also suggested providing more support for families in several arenas, including financial support, systemic support to end abuse, and early crisis support to increase stability at home.



Like the youth, adult service providers also suggested strengthening parent-child relationships by improving parents' parenting skills. Some of the skill areas they felt needed to be addressed included improving parent-child communication and addressing family crises (both during and after the crisis event). Parenting skills needed for addressing sensitive topics, such as having a sexually active child, should also be included, according to adult service providers. Providers also felt that parents need to recognize the importance of consistently enforced house rules and be aware of the extra difficulties associated with family changes. Service providers suggested that parents need to learn how to be more proactive in their relationship with youth and address issues before they escalate to the level of a crisis. If situations arise where mental health or other services are needed, parents need to be educated about the range of social services that are available. For those who access services, providers felt that parents often need assistance in dealing with the stigma associated with receiving mental health or other social services.

Service providers suggested that families need more support and programs in their home communities, and more visible and accessible services for youth. Additionally, they felt that prevention efforts should involve the schools and that schools should identify potential problems early on. Once a youth has been identified as being at risk for running away, they felt that interventions should incorporate "a team effort with service providers, social service agencies, law enforcement" and other appropriate entities. Service providers also suggested building on the strengths of the youth by conducting peer education programs, developing peer leadership initiatives, and helping youth develop their natural talents and interests. They felt that such services should be provided in non-judgmental and non-directive ways.

## HOW TO PREVENT YOUTH FROM RUNNING AWAY FROM HOME: YOUTH AND SERVICE PROVIDERS PERSPECTIVES

Finally, service providers commented on the need to change the welfare system, so that services are offered in a more proactive manner. According to the participants, youth and families do not have access to needed services unless they are in a serious crisis. For example, a family with teenagers where the parents work for the minimum wage may not be able to afford housing, transportation, and food. However, if they are unemployed or reduce their income they may become eligible for public support in the form of subsidized housing, bus passes and food stamps.

### Conclusions

These data demonstrate that there are multiple systemic factors that may lead a young person to run away from home. Both youth and service providers agreed that the family system plays a paramount role in this process, and emphasized the importance of providing skills and services to both youth and families in order to prevent youth from running away from home. Such programs should include specific training for parents on how to be more effective parents, as well as skills training for both youth and parents on effective communication and conflict resolution. Family violence was highlighted by both youth and providers as another salient issue to address in programs as well. Mental health concerns were noted as critical factors to address when attempting to prevent youth from running away from

home—both for youth and their family members. Youth participants further expressed a need for increased access to positive socializing venues and programs that will facilitate their healthy growth and development—both for youth who have special challenges and for those who do not.

Both youth and provider participants emphasized the need to involve youth in the development of prevention programs, and discussed the perceived benefits of incorporating peer-led elements to such programs. Service providers further emphasized the need to provide runaway prevention programs through multiple community venues, especially schools. Youth participants highlighted the need to help youth become aware of the realities of running away from home, since they felt that many youth possessed unrealistic expectations of what happens once a young person is “on the streets.” Concerns were also raised about the function and focus of current social service agencies and government assistance programs which could potentially addressing factors that are critical to preventing youth from running away from home. Unfortunately, these services were primarily seen as having too heavy of a focus on “severe” or “critical” situations, and failing to provide proactive care to youth and families who could benefit from services prior to a crisis.

## UPCOMING EVENTS

### SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT BIENNIAL MEETING

**Date:** April 2-4, 2009

**Location:** Hyatt Regency & Convention Center—Denver, Colorado

**Website:** [www.srkd.org/meeting/schedule/2009](http://www.srkd.org/meeting/schedule/2009)

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### AMERICAN PSYCHOLOGICAL ASSOCIATION 117TH ANNUAL CONVENTION

**Date:** August 6-9, 2009

**Location:** Metro Toronto Convention Center

**Website:** [www.apa.org/convention09](http://www.apa.org/convention09)

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### 14TH INTERNATIONAL CONFERENCE ON VIOLENCE, ABUSE AND TRAUMA

**Promoting Peace in the Home, Your Community, and the World:  
Linking Practice, Research, and Policy Across the Lifespan**

**Date:** September 21 - 26, 2009

**Location:** Town and Country Resort & Convention Center -San Diego, CA

**Website:** [www.IVATCenters.org](http://www.IVATCenters.org)

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## WELCOME ONBOARD

CYF is happy to welcome onboard its three new members.



**Stephen R. Shirk, PhD**, is the Director of the Child Study Center at the University of Denver, where he has successfully implemented evidence-based treatments for families in their clinic. Dr. Shirk received his doctorate in clinical psychology from the New School for Social Research in New York City. As a researcher, his recent work has focused on issues pertaining to treatment

engagement in real world clinical settings. In addition, as a member of the board of Division 53 (clinical child and adolescent psychology), his efforts have focused on furthering evidence-based practice with children, adolescents, and families by supporting collaborations between researchers and public sector practitioners. He has done this by contributing criteria for evaluating clinical child psychology training programs, and by advocating for evidence based treatment guidelines for children. As a CYF member, he would like to contribute to psychology's understanding of barriers to implementation of evidence-based practices in public sector settings.



**J. Manuel Casas, PhD**, received his doctorate from Stanford University with a specialization in counseling psychology. Currently, he is a professor in the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara. He has published extensively (over 140 publications) and has served on numerous editorial boards. He is the co-author of the *Handbook of Racial/Ethnic Minority Counseling*

*Research* (Charles C. Thomas, 1991) and is one of the editors of the three editions of the *Handbook of Multicultural Counseling* (Sage, 1995, 2001, 2009). His most recent research and publication endeavors have focused on Hispanic families and children who are at risk for experiencing educational and psychosocial problems, including drug and alcohol abuse. His research in this area gives special attention to the resiliency factors that can help Hispanic families avoid or overcome such problems.

His expertise and that of his colleagues in this area have brought numerous research grants to the campus and the community. He also serves as a consultant to various private and governmental agencies and organizations both within and outside the US.



**Monica J. Mitchell, PhD**, is an Associate Professor at Cincinnati Children's Hospital Medical Center (CCHMC). Dr. Mitchell also holds joint appointments in the Child Policy Center at CCHMC and in Department of Psychology at the University of Cincinnati. Dr. Mitchell received her doctorate in clinical psychology from Vanderbilt University. At CCHMC, Dr. Mitchell is the co-director of INNOVATIONS in Community Research and

Program Evaluation, a program that consults with schools and other non-profit community agencies to improve behavioral and health outcomes in underserved and at-risk youth. Dr. Mitchell is a Co-Director of the University's Clinical and Translational Science Award (CTSA) and is also the principal investigator on an NIH-funded study to promote adherence and quality of life in children with sickle cell disease and their parents/caregivers. Dr. Mitchell has served on the Journal of Pediatric Psychology's Editorial Board since 2005.



The Children, Youth, and Families Office is also happy to welcome **Amani Chatman** as its new Administrative Coordinator.

In her previous position, Ms. Chatman was an Administrator for the American Academy of Physician Assistants where she managed all administrative operations in the Physician Assistant Foundation. She worked closely with donors, PAs and PA students in processing donations, facilitating student scholarships and administering grants for domestic and international projects for the underserved. As an Administrative Assistant II with the Association of American Medical Colleges, she provided administrative support for meetings/conferences, responded to constituent requests, coordinated calendars and prepared minutes for conference calls and committee meetings.

## RESILIENCE IN LGBTQ AFRICAN AMERICAN ADOLESCENTS

### Authors:

Efua Andoh— Manager, CYFO Programs  
James Bogden, MPH—Director, Healthy Lesbian,  
Gay, and Bisexual Students Project

Recent research indicates that African American adolescents who are gay, lesbian, bisexual, or transgendered, or questioning their sexual orientation (LGBTQ youth) experience significant disparities in mental and physical health: high rates of depression, suicidal ideation, substance abuse, and risk for STD and HIV infection (Consolacion, Russell and Sue, 2004; Garofalo, Deleon, Osmer, Doll, and Harper, 2006; Millet, Peterson, Wolitski, and Stall, 2006; O'Donnell, L., O'Donnell, C., Wardlaw, and Stueve, 2004). APA has called for in-depth research on risk and protective factors influencing healthy growth and development in LGBTQ African American youth (APA, 2008). Current research disproportionately focuses on African American men who have sex with men often within the context of HIV or STD prevention. Inadequate research examines the diverse experiences of LGBTQ African American adolescents.

Adolescence is an especially complex phase of development for sexual minority African American youth, dominated by the need to integrate multiple identities - race/ethnicity, gender, social class, religion, and sexual orientation - into a cohesive whole. This task is rendered more challenging when certain identities are stigmatized by larger society (Consolacion et al., 2004). Family, peer, school, and faith contexts are often unwelcoming to open expression of LGBTQ status; e.g., a 2007 nationwide survey of LGBTQ middle and high school students of color found they experienced disproportionate verbal harassment (48%), physical harassment (27%), and physical assault (15%) that year (GLSEN, 2008). Same-gender loving African American youth often suffer dual discrimination, i.e., racism within the gay community and homophobia within the African American community (Pittman, Wilson, Adams-Taylor, and Randolph, 1992; Ryan and Gruskin, 2006). Some feel pressure to choose between their ethnic and sexual identities (Dube and Savin-Williams, 1999). For African American males in particular, there can be a reluctance to self-identify as gay or bisexual (Rosario, Schrimshaw, and Hunter, 2004). In fact, many sexual minority youth engage in unprotected sex with members of the opposite sex and are twice as likely to cause



pregnancy or become pregnant (Massachusetts Department of Education, 2006). Profound shame can cause LGBTQ youth to retreat into isolation or stifle their desires, damaging their mental health long into adulthood, or engage in furtive casual sex while desperately searching for intimacy and acceptance (Fullwood and Robinson, 2003).

APA has proposed a portrait of resilience in African American youth consisting of **critical mindedness, active engagement, flexibility, and communalism** (APA, 2008). This theoretical structure is useful for framing discussion of resilience in LGBTQ African American youth.

*Critical mindedness* buffers against experiences of discrimination and empowers youth to critique existing social inequities. Research suggests that formative encounters with racial discrimination may also help develop coping skills for anti-gay stigma (Savin-Williams, 1996).

*Active engagement* in consists of agentic behavior by which resilient youth positively impact their environments and their own lives. For instance, increasing the collective capacity of same-gender loving African American youth to change peer norms by encouraging condom use shows promise as an HIV prevention intervention (Hart, Peterson, and the Community Intervention Trial for Youth Study Team, 2004).

*Flexibility* promotes adaptation to different situations and includes fluency across multiple cultural contexts. Research on identity development in gay African American men shows that fusion of ethnic and sexual identity into an integrated whole, coupled with social participation in both African-American and gay subcultures, improved overall psychosocial health (Crawford, Allison, Zamboni, and Soto, 2002).

## RESILIENCE IN LGBTQ AFRICAN AMERICAN ADOLESCENTS

*Communalism* consists of an appreciation of the importance of social bonds, social duties, and collective well-being. Peterson, Folkman, and Bakeman (1996) found that social support, as a psychosocial resource, critically mediates the relationship between stress and depressive mood in gay and bisexual African American men. O'Donnell et al. (2004) also found family support crucial for protecting African American youth from risk of suicidal ideation.

Further inquiry is needed on factors contributing to resilience among LGBTQ African American youth. In the meantime, it is clear that families, schools, health providers, and faith institutions must provide safe and nurturing environments for sexual minority youth to grow and express themselves without fear of harassment or assault. Interventions should be widely implemented that simultaneously address racism as well as homophobia, while providing safe and nurturing environments as these youth negotiate the complex developmental challenges of sexual orientation, gender identity, and race/ethnicity.

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## 2010 CALL FOR NOMINATIONS

The Committee on Children, Youth, and Families (CYF) is anticipating two vacancies in 2010. CYF welcomes nominations from individuals interested in linking research and policy for children and families within APA and the profession. The Committee is particularly interested in candidates with substantial expertise and demonstrated experience in applying psychological knowledge to the well being and optimal development of children,

youth, and families; and in issues advancing psychology as a science and profession in the area of promoting health and human welfare. Candidates are sought who have particular expertise in contemporary issues facing children, youth, and families in the context of their socioemotional and cognitive development and mental health. Candidates who have particular interest in culturally and linguistically diverse, understudied, underserved and diverse populations are particularly encouraged to apply.

Members are expected to participate in a targeted project directly related to CYF's work and mission and to APA as a whole. The project is to be completed during their three-year term on the Committee. Some examples of projects previously implemented by the Committee include immigrant children, youth, and families; school drop-out prevention; sexuality education; social practices that induce violence; psychological implications of disasters; early mental health interventions; violence against children in the family and community; training psychologists to work in the public sector; cultural competence; day care; testing; the mental health needs of children and adolescents in the juvenile justice system; bullying and violence in videogames and interactive media. Areas of interest to the Committee at present include rural children's mental health, mental health disparities, and cultural diversity.

Potential candidates are encouraged to visit the CYF website ([www.apa.org/pi/cyf/ccyf](http://www.apa.org/pi/cyf/ccyf)) to learn more about CYF's mission and prior initiatives.



The Committee places a priority on maintaining representation within the Committee's membership that reflects the diversity of psychology and society (e.g., ethnicity, culture, gender, age, disability, sexual orientation, geographic location, and those who are employed less than full time). The candidates selected to serve on the Committee will serve for three years and will be required to attend two Committee meetings a year in Washington,

DC, with expenses reimbursed by APA, and to participate in conference calls. The successful candidate is expected to attend, if possible, the informal CYF meeting held during the APA convention at the member's own expense. In addition, members are expected to work on projects and Committee business between meetings.

Each candidate is asked to submit:

- (1) a letter indicating his/her willingness to serve;
- (2) a brief statement describing the applicants expertise and interest in one or two contemporary issues facing children, adolescents and families that they would bring to the Committee; and
- (3) a current curriculum vita.

Nomination material including a letter from the candidate indicating a willingness to serve, issues statement, and a current CV must be received by **Monday, August 24, 2009**. Nomination material received after August 24 will be held for consideration the following year. Although it is not required, candidates are encouraged to have letters (not more than three) supporting their nomination submitted to the Committee. Material may be sent to CYF Nominations, c/o Amani Chatman, CYF Administrative Coordinator, Public Interest Directorate, American Psychological Association, 750 First Street, NE, Washington, DC, 20002-4242, by email [achatman@apa.org](mailto:achatman@apa.org) or fax (202) 336-6040.

**Nomination materials including a letter indicating a willingness to serve, an issues statement, and a current CV must be received by Monday, August 24, 2009.**

## GOVERNANCE GROUP UPDATES

In 2008, three governance groups assigned to the Children, Youth, and Families Office completed their missions and created a series of products. Summaries of each group's products are below:

### ***Task Force on Resilience and Strength in Black Children and Adolescents***

#### **Resilience in African American Children and Adolescents: A Vision for Optimal Development**

In this report, the Task Force on Resilience and Strength in Black Children and Adolescents encourages a paradigm shift from an emphasis on risk to exploring the complex interactive process of resilience in African American youth. The task force offers a bold new vision of thriving optimal development in African American youth in the contexts of their peers, families, schools, and communities within the following domains:

- ❖ *Identity development*
- ❖ *Emotional development*
- ❖ *Social development*
- ❖ *Cognitive development*
- ❖ *Physical health and development*

The report also offers recommendations to the field on how to transform its approach to African American children and youth in the areas of research, practice, education, and policy.

The report is available online at [www.apa.org/pi/cyf/resilience.html](http://www.apa.org/pi/cyf/resilience.html).



### ***Task Force on Evidence-Based Practice with Children and Adolescents***

#### **Disseminating Evidence-Based Practice for Children and Adolescents: A Systems Approach to Enhancing Care**

This report addresses the unique challenges for practitioners in developing, strengthening, and disseminating evidence-based practice (EBP) for children, adolescents, and their families. The report adheres to the 2005 APA policy statement on Evidence-Based Practice in Psychology, which calls for "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences."

The report covers:

- ❖ a brief history and the key assumptions of EBP
- ❖ developmental considerations for children and adolescents
- ❖ the critical issues affecting the dissemination and implementation of EBP
- ❖ an approach to practice that consists of observation, inquiry, and evaluation
- ❖ recommendations for research, education, practice, and policy

The report is available online at [www.apa.org/pi/cyf/evidence.html](http://www.apa.org/pi/cyf/evidence.html).



## GOVERNANCE GROUP UPDATES

The products of the Presidential Task Force on PTSD and Trauma in Children and Adolescents are available online at: [WWW.APA.ORG/PI/CYF/CHILD-TRAUMA](http://WWW.APA.ORG/PI/CYF/CHILD-TRAUMA)

### *Presidential Task Force on PTSD and Trauma in Children and Adolescents*

#### **Children and Trauma: Update for Mental Health Professionals**

This 16-page booklet provides a brief overview for mental health professionals on:

- ❖ What we know about PTSD and trauma in children and adolescents
- ❖ How you can help children, adolescents, and their families cope and recover from trauma
- ❖ What we still need to learn about the complexities of PTSD and trauma
- ❖ Additional resources for professionals



#### **Children and Trauma: Tips for Mental Health Professionals**

This tip sheet serves as a practical guide for professionals on:

- ❖ Basic information every mental health professional should know about PTSD and trauma in children and adolescents
- ❖ How to identify PTSD and/or trauma and provide care to children, adolescents, and their families
- ❖ Pitfalls to avoid when you encounter trauma and PTSD in children and adolescents



#### **Policy Briefing Sheet: Trauma and PTSD in Children and Adolescents**

This policy briefing sheet serves as a functional guide for policymakers on the following:

- ❖ Impact of exposure to trauma on children and adolescents
- ❖ Best approach to policymaking that will improve outcomes for youth exposed to trauma
- ❖ Recommendations in the areas of research, practice, education, and training



CYFO's most recent governance group, the ***Task Force on the Psychosocial Effects of War on Children and Families Who are Refugees from Armed Conflicts Residing in the United States***, is charged with:

- ❖ Reviewing the research on the psychosocial effects of war on children and families;
- ❖ Identifying areas of needed culturally and developmentally appropriate research; and
- ❖ Developing recommendations for culturally and developmentally appropriate practice and programs

The Task Force met in November 2008 and drafted a heavily annotated outline for a scholarly review document, a 2009 Convention symposium proposal, a set of recommendations for a public policy briefing sheet, and a list of experts to serve as external reviewers. The task force also made writing assignments and set project deadlines. The task force anticipates release of its products in 2010.