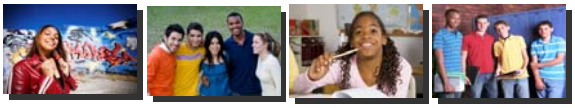
EMPOWERMENT THEORY AND ADOLESCENT RESILIENCE

APPLICATIONS FOR PREVENTION



Marc A. Zimmerman
University of Michigan
School of Public Health

National Initiative to Improve Adolescent Health webinar
Eliminating Health Disparities and Achieving Equity: Empowering Youth
April 29, 2009

1

THREE GOALS

Theory

Research

Practice

2

3

Empowerment Theory

1. Underlying Assumptions
2. Processes
3. Outcomes

4

Empowerment Theory

Underlying Assumptions

5

Empowerment Theory

Focus on
Assets
vs.
Risks

6

Empowerment Theory

Enhance Strengths

vs.

Fix Problems

7

Empowerment Theory

Promote Health

vs.

Prevent Disease

8

Empowerment Theory

Ecological Context

vs.

Victim Blaming

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Empowerment Theory

With
vs.
For
Relationships

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Empowerment Theory

Processes

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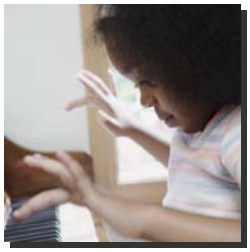
Empowerment Theory

Opportunities to
develop and
practice skills



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Empowerment Theory

Creation of settings for involvement

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Empowerment Theory

Empowerment Theory

Three Components of Psychological Empowerment

Intrapersonal
Interactional
Behavioral

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Empowerment Theory

Intrapersonal Component

Perceived control
Confidence
Self efficacy

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Empowerment Theory

Interactional Component

Critical thinking
Ecological awareness
Social capital

Empowerment Theory

Behavioral Component

Taking action
Participation
Skill application

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Empowerment Theory

The 3 C's

CONTROL → Feeling

CRITICAL THINKING → Thinking

COLLECTIVE ACTION → Doing

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Empowerment Theory

1. Underlying Assumptions
2. Models

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Resiliency Theory

Underlying Assumptions

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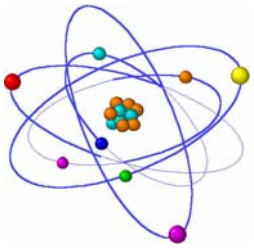
Resiliency Theory

Relative

vs.

Absolute



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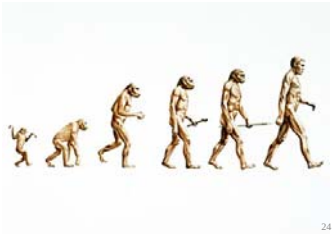
Resiliency Theory

Developmental

(changes over time)



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Resiliency Theory

Context
Specific

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Resiliency Theory

Taking Action
vs.
Personality
Trait

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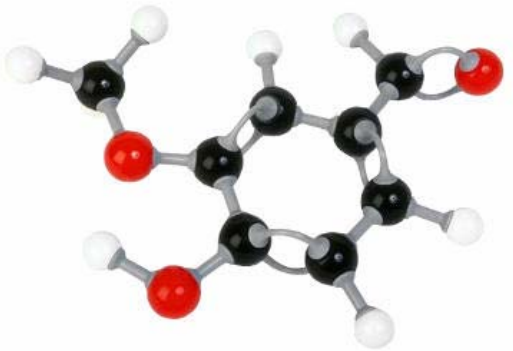
Resiliency Theory

Assets
&
Resources

27



Three Models

Resiliency Theory

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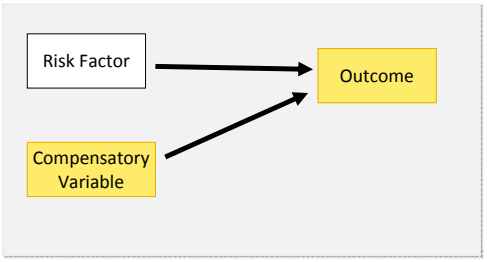
Compensatory Model



Resiliency Theory

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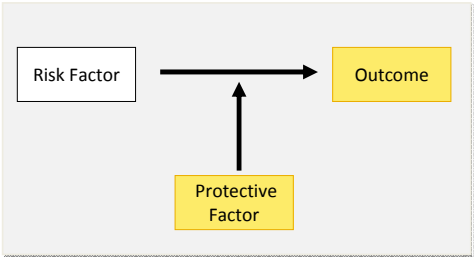
Risk-Protective Factor Model



Resiliency Theory

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Resiliency Theory

Challenge Model

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empowerment + resiliency

Comparison of Empowerment & Resiliency

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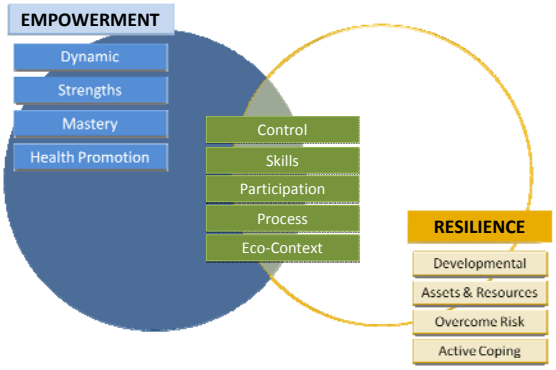

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empowerment +resiliency

EMPIRICAL EVIDENCE

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empowerment +resiliency

BALTIMORE YOUTH STUDY

- **2- Year** interview study
- 270 - **18-20** year olds
- All **African American** males
- 70% **left school** before graduation

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empowerment +resiliency

Intrapersonal Component

Sociopolitical Control (SPC) and Mental Health

Risk: Helplessness

Protective Factor: SPC

Outcome: Distress

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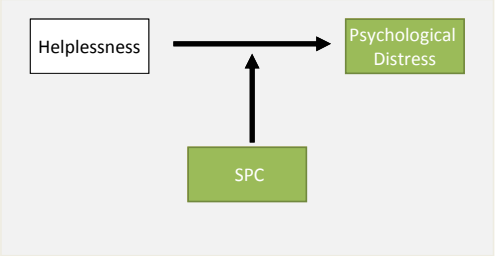
empowerment + resiliency

Intrapersonal Component

Sociopolitical Control (SPC) and Mental Health

Zimmerman, et al, 1999



Risk-Protective Factor Model

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empowerment + resiliency

FLINT ADOLESCENT STUDY

- **8-year** study (HS +4)
- 850 -9th graders
- 80 % **African-American** & 50% **female**
- **3.0** or lower GPA

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empowerment +resiliency

Interactional Component

Natural mentors and school

Zimmerman, et al., 2002

Risk: Negative Peer Influences

Protective Factor: Mentor

Outcome: School Attitudes

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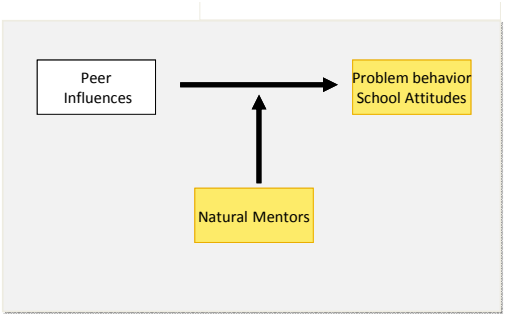
empowerment + resiliency

Interactional Component

Natural Mentors and School



Risk-Protective Factor Model

empowerment +resiliency

Interactional Component

Suicide Ideation and Father Support

Tarver et al., 2004

Risk: Substance use
Protective Factor: Father support
Outcome: Suicide Ideation

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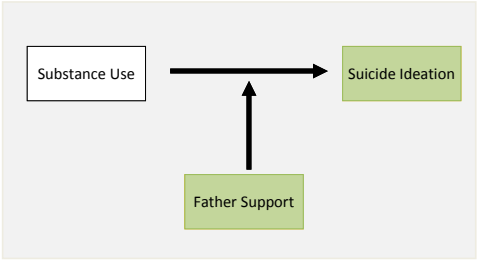
empowerment + resiliency

Interactional Component

Suicide Ideation and Father Support



Risk-Protective Factor Model

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empowerment + resiliency

Behavioral Component

Extracurricular Activities and Violent Behavior

Protective Factor: Activities

Outcome: Violent Behavior

Longitudinal Analyses (growth curves)

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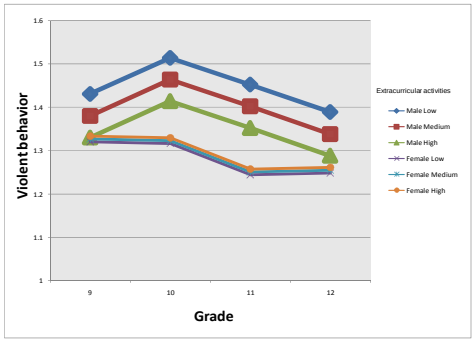
empowerment + resiliency

Behavioral Component



Compensatory Model

Implications for Prevention

Implications for Prevention

Youth Empowerment Solutions for Peaceful Communities (YES)

Funded by the US Centers for Disease Control & Prevention
(Grant#U49CE00348)

Implications for Prevention

Project Goals

Implications for Prevention

Middle School Youth Creating Change

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Implications for Prevention

Adult Training

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Implications for Prevention

Community Development

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Implications for Prevention

Activities

Implications for Prevention

Skills Workshops

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Implications for Prevention

Community Projects

Implications for Prevention

Ethnic Identity and Pride

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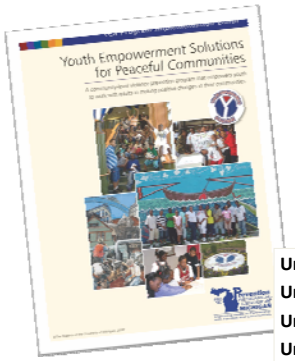
Implications for Prevention

Working with Adults

55

Implications for Prevention



Curriculum

Unit 1: Youth as Leaders
Unit 2: Community and Culture
Unit 3: Change
Unit 4: Preparation
Unit 5: Action and Reflection

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Eliminating Health Disparities and Achieving Equity: Empowering Youth

Youth Involvement in the System of Care: Successes and Challenges

Erica Monasterio, RNC, MN, FNP
University of California, San Francisco

Why Involve Youth in the System of Care ? Creation of Alternatives

- Alternative environments
- Alternative roles
- Alternative social networks
- Alternative activities
- Alternative futures

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Youth Involvement: From Being Perceived as Part of the Problem to Being Part of the Solution

- Youth empowerment
- Meaningful role
- Legitimacy of having “been there”
- Opportunities for both mentee and mentor role
- Adult skills building/attainment
- Groundwork for professional and vocational training

60

Challenges of Youth Involvement

- Recruitment from target population brings the issues and challenges of the target population

61

Need for intensive training and adult support

- Must formulate developmentally appropriate expectations
- Anticipate the loss of peer status for peer counselors/educators
- Build tiered opportunities within the program
- Focus on the future…what next?

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Adult Roles in Peer Programs

- Putting youth first
  - Making youth participation and engagement a priority
  - Validating, respecting and acknowledging youth
  - Recognizing the learning potential of both successes and failures

63

Messias, DeAnne K et al. "Adult roles in community-based youth empowerment programs: implications for best practices." Family and Community Health 28.4 (Oct-Dec 2005): 320(18).

Adult Roles in Peer Programs

- Raising the bar for youth performance
  - Setting and communicating high expectations
  - Providing opportunities for youth to develop and practice leadership skills

64 Messias, DeAnne K et al. "Adult roles in community-based youth empowerment programs: implications for best practices." Family and Community Health 28.4 (Oct-Dec 2005): 320(18).

Adult Roles in Peer Programs

- Creating a space and making things happen
  - Providing administrative and logistical support and structure
  - Making it (or allowing it to be) FUN
- Being available in relationships
  - Being open and available, and listening to youth
  - Role modeling
  - Nurturing, protecting and defending youth

65 Messias, DeAnne K et al. "Adult roles in community-based youth empowerment programs: implications for best practices." Family and Community Health 28.4 (Oct-Dec 2005): 320(18).

Adult Roles in Peer Programs

- Exerting influence, control and authority
  - Setting boundaries and monitoring behaviors
  - Keeping youth on task
  - Exerting influence and intervening to encourage youth interaction, enforce discipline, foster diversity, and increase youth potential

66 Messias, DeAnne K et al. "Adult roles in community-based youth empowerment programs: implications for best practices." Family and Community Health 28.4 (Oct-Dec 2005): 320(18).

Adult Roles in Peer Programs

- Communicating and connecting with the broader community
  - Creating communications and support networks
  - Mobilizing resources
  - Reaching out to the community

67 Messias, DeAnne K et al. "Adult roles in community-based youth empowerment programs: implications for best practices." Family and Community Health 28.4 (Oct-Dec 2005): 320(18).

Dilemmas for Adult "Helpers"

- Firm boundaries vs. Flexibility
- Supporting vs. Challenging youth's goals
- Youth choice/autonomy vs. Protection from risk
- Listening/empathy vs. Sharing own opinion
- When to let youth learn from mistakes

68 Larson. Positive youth development, willful adolescents, and mentoring. Journal of Community Psychology 2006;34(6)

Peer Provider of Reproductive Health Services to Teens

- Standardized, replicated and evaluated model
- 3 components
  - Peer provider intake session prior to visit with clinician
  - Peer initiated phone follow-up shortly after visit and on a quarterly basis
  - Group outreach in schools (mainstream and alternative)

69 Brindis C. et al.Evaluation of a peer provider reproductive health service model for adolescents. Perspectives on Sexual and Reproductive Health 2005 Jun;37(2):85-91.

Training and Support

- Basic Health Worker training certification
  - 3 months of training (didactic and "on-the-job"
    - Content on clinic operations, reproductive health, counseling skills, clinic procedures
    - Special emphasis on issues of confidentiality
  - Same as adult staff training for same position
  - Same title and compensation as adult staff

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Training and Support

- Close on-going supervision by a caring adult
  - Personal and career counseling
  - Referrals to counseling as appropriate for the peer worker

71

Evaluation of Peer Programs

- Evaluations have focused on impact/results for *clients* (youth utilizing the services)
- When evaluating the impact on the Peer Educators, the focus remains on the behaviors the peers are trying to intervene with

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Impact on peer educators Teen PEP New Jersey

- After participating as peer educators, youth were more likely to:
  - Communicate about sexual health issues with parents, friends and partners;
  - Wait longer to have sex;
  - Stop having sex;
  - Reduce the number of sex partners;
  - Access reproductive health care services more often;
  - Use birth control and condoms more often

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But Peer Programs create a problem…

- They focus on a specific age group (youth)
- You can't remain a peer forever (peers "age out")
- There isn't a clear trajectory for successful peer educators to move into the adult world of work

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The Typical Trajectory

- Higher (as in *graduate)* education with a goal of training in the health professions
  - Not everyone, even if they have the resources and access, can or wants to be a
    - Doctor
    - Nurse
    - Social Worker
    - Psychologist

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Other Possibilities

- "Lay" providers (case managers, etc.) are underpaid and often lack status, respect and job security
- Community outreach workers face similar obstacles
- Programs have not tapped into the broader world of work in the healthcare delivery system

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The Huckleberry Wellness Academy: The next step?

- Public/Private Non-profit partnership
- Based in a well established community-based free-standing youth clinic with a variety of support services delivered on-site (primary care, counseling, case management, and health education (peer based)

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The Huckleberry Wellness Academy: Another Peer Educator Program?

- The project recruits and trains youth from low income families and youth of color to become peer health educators (as many programs do)
- Youth recruited come from families with no previous access to post-secondary education (as some programs do)

78

The Huckleberry Wellness Academy: What's Different?

- *The Peer Educator role is consciously and explicitly framed as a step in pursuing a career in the health professions.*

79

The Huckleberry Wellness Academy

- Program builds on non-profit agency's extensive experience training Peer Health Educators.
- Designed as an intensive three-year health career pipeline program that fosters interest and engagement in health-related professions. It is primarily funded by a workforce development grant (City and County funds)

80

Program Components

- training in health education,
- internship placements in health care settings,
- academic preparation and tutoring,
- peer group support,
- exposure to health professions,
- case management, and
- assistance with college / vocational training applications.

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An end to planned obsolescence?

- 3 year trajectory
  - Start the program as juniors in high school
  - Continue during their senior year
  - Finish during first year of post-secondary education on track for careers within the health workforce (ranging from MDs and dentists to a variety of allied health professions, such as RNs, paramedics, laboratory and radiology technicians, community health workers, scientists, and LVNs).

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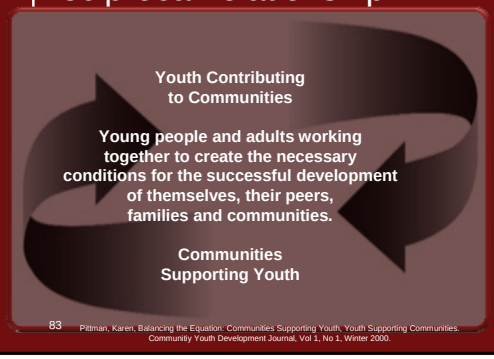
Youth Action Paradigm: a reciprocal relationship



83

Pittman, Karen. Balancing the Equation: Communities Supporting Youth, Youth Supporting Communities. Community Youth Development Journal, Vol 1, No 1, Winter 2000.