

Youth Relationship Education and Vulnerable Youth: A Practitioner's Perspective

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This paper was prepared for the It's My Community Initiative



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Relationship Education. Why would relationship education be important for vulnerable youth, or any youth for that matter? This is a question asked all too many times of practitioners in the fields of education, treatment, and therapy. Perhaps a better, more appropriate question should be, “Why wouldn’t we provide relationship education to vulnerable youth as well as all youth?” In this day of cyber bullying, sexting, and sexual behaviors/activities starting earlier and earlier—not to mention our young people airing their friends’ and their own personal business on Facebook, Tumblr, etc.—the need for relationship education appears to be more and more obvious. Following is a practitioners’ perspective of the who, the when, the where, the how and the why of the importance of providing relationship education to vulnerable youth, as well as any other youth. Currently, there are relationship education curricula that have been developed and those that are being developed, as well as other curricula that contain elements of relationship education. However, few curricula have been researched and other curricula have only had research conducted on certain aspects. Thus, moving forward it appears that practitioners should be included in the design, development, and implementation of not only the curricula but also the research, as practitioners often have deep insight and experience in the delivery and efficacy of relationship curricula.

While it appears somewhat obvious that all youth would benefit from relationship education, for the purpose of this paper vulnerable or at-risk youth will be the main focus. Vulnerable or at-risk youth are youth that have either spent time in foster care, residential treatment, juvenile delinquency/corrections, or all three systems of care. Those youth that have spent time in the foster care and juvenile corrections systems of care are commonly referred to as “cross-over youth.” Foster care is intended to be a temporary safety net for children who are abused or neglected. Ideally, children leave foster care for a safe, permanent family—either by reunifying with a birth parent, living with a guardian, or through adoption. Slightly over three-quarters(78%) of all children who left foster care in 2010 were discharged to one of these three

options.¹ Remaining are children who may end up being emancipated from foster care at the age of 18 or older (also known as “aging out”) without a safe, permanent family (DeVooght Malm, Vandivere & McCoy-Roth, 2011). Additionally, there is a large overrepresentation of minority and underprivileged youth among these vulnerable, at-risk youth. A high percentage of these at-risk youth have experienced physical and/or sexual abuse and neglect. Many vulnerable youth have also experienced either acute traumatic incidents or chronic and complex traumatic environments at early stages of development that have adversely influenced the development of their personality and/or their ability to attach/engage with others in significant, romantic intimate relationships. Many vulnerable youth struggle in initiating and maintaining responsible, supportive, pro-social friendships.

Most importantly in addressing the who is the inclusion of tools in the curriculum for the youth to discover who they are. A curriculum that the writer has worked with in the past, Love Notes, does a good job of initiating and substantiating throughout the curriculum the importance of knowing one’s self. The premise is, “If you don’t know yourself, how can you start to know someone else?” Knowing one’s self is also a key component in couples therapy, as often the self was never discovered, or the self has become inculcated with the other or the relationship as a whole. Thus, identifying the who to be instructed in relationship education is equally as important as teaching vulnerable youth to know themselves.

At the time this writer entered the field of juvenile corrections and child welfare over 19 years ago—after the initial shock of realizing that by their behaviors the youth meant to stun, divert and overwhelm the adult caretakers and professionals—it became apparent that the identified youth had little to no social or relationship skills. They were operating far below their chronological age and consistent with the emotional ages in the early stages of development. As mentioned previously, 78% of these youth will go on to some other form of permanent family arrangement, and it has been estimated that 68% of youth involved in the juvenile delinquency system will not go on to become part of the adult criminal population. Thus, it would appear that the opportunity to provide some form of relationship education along the way to offset at least

¹ Data based on federal data from 1998 to 2010 from the U.S. Department of Health and Human Services, Adoption and Foster Care Analysis Reporting System (AFCARS). Annual AFCARS reports accessed at: http://www.acf.hhs.gov/programs/cb/stats_research/.

some of the negative influences and environmental impacts would make good sound common social and clinical sense. It is assumed that a very high percentage of vulnerable, at-risk youth will go on to marry, procreate, and parent children.

It appears to be generally accepted that it is appropriate to provide relationship education to adolescent at-risk youth. However, from a clinical perspective it appears that relationship education is starting as early as kindergarten and first grade with school counselors and school social workers providing individual and group sessions to children that are struggling to make friends and keep friends. This writer was unaware of these groups until the parent of a client informed him that the parent's youngest son is participating in "Friendship" sessions. Apparently, these group and individual sessions are quite popular and the premise is that if the schools address relationship and friendship making issues early on, there will be less bullying and problem behavior later on in the child's elementary and secondary education experience.

While it is probably the case that vulnerable youth could access these "Friendship Groups" through their participation in the public school system at an early age, it is also likely that due to moving from one foster home to another, the opportunity to complete a "Friendship Group" would be almost as likely as actually being included in a "Friendship Group" to begin with. Additionally, it is unknown to this author how many of these "Friendship Group" programs actually exist in the United States at this time. Thus, a more structured approach as to when to provide relationship education to vulnerable youth should be more fully developed, rather than leaving it to chance. It appears that relationship education needs to start as early as possible, at around four to six years of age. Obviously, attention has to be paid to the developmental stages, parental and ethnic sensitivities, current social norms, and sexual and gender identities. Included in the early stage curricula should be a strong emphasis on boundary setting and maintenance, e.g., good touch versus bad touch, as well as anti-violence messaging.

Early adolescence has always been seen as the time to start health education classes in either middle school or high school and it appears that the majority of relationship education has been relegated to this developmental stage. However, the research indicates that teens in foster care may face additional challenges in making decisions about sexual behaviors because they are living in temporary settings and often lack permanent caring adults or mentors in their lives

(Manlove, et al., 2011). Prior research indicates that teens in foster care engage in riskier sexual behaviors such as having sex for the first time at a young age and using contraceptives inconsistently more than youth outside the foster care system, which puts them at greater risk for early pregnancy and childbearing (Manlove, et al., 2011). Therefore, it would seem that an additional stage of relationship education should be implemented during the pre-teen, or “Tween,” developmental stage. This stage may prove to be a critical juncture in the “when” to provide relationship education, as well as education about reproduction, birth control and sexually transmitted infections (STIs). However, it would appear that at least some of these topics are taboo in our society; high schools still have strict policies related to the distribution of condoms on school property and parents refuse to allow their sons and daughters to participate in sex education classes. In fact, some high schools in the metropolitan area in which this author practices have eliminated health/sex education classes altogether, in the name of budgetary constraint.

The reality is that our pre-teens are physically developing and moving in to puberty at much earlier ages, with the majority of girls starting their first menstrual period between the ages of 7



and 9. Thus, it would appear that while our youth have been maturing physiologically at an earlier age, our society lacks preparedness to teach not only the basics of sexual health and responsibility, but also the basics of relationship education.

Additionally, late adolescence or early adulthood should be considered the third stage of developmental importance in teaching relationship education. The age at which vulnerable youth age out of the foster care and/or delinquency systems is a critical time to both re-educate youth about sexual health and responsibility and further educate them about relationship topics related to commitment, intimacy, financial responsibility, marriage, family planning, domestic violence, parenting, and co-parenting. It is also the time to teach them about relationship dissolution or divorce, since the divorce rate is still hovering around 50% of those legally married.

Within this particular age group, the topics listed above should be considered due to the trend of serial monogamy, or most recently the trend of not identifying one's relational status, but still participating in sexual behaviors as a committed couple would. Young adults appear to move from one serious and/or sexual relationship to the next without figuring out what went wrong in the previous relationship. In fact, most young people have already begun a relationship with a new partner, before the previous relationship has ended. Finally, no matter when or at what developmental age at-risk youth receive relationship education, a strong emphasis on instilling the tools and skills related to knowing one's self—and the tools and skills related to knowing the person of relational interest—is a critical element in the development of any relationship curriculum.

Where to provide relationship education to vulnerable youth is a somewhat difficult topic to address, as it appears that most of the curricula have been developed as stand-alone programming, divided into multiple interrelated sessions requiring some kind of group or classroom setting. While this is a very traditional methodology of providing all kinds of education, at the **Putting Youth Relationship Education on the Child Welfare Agenda** meeting held at the **PEW Charitable Trust in July of 2012**, practitioners, administrators, curriculum developers and policy makers all agreed that the “where” needed to be more flexible and diverse.



The consensus of participants in the **Putting Youth Relationship Education on the Child Welfare Agenda** meeting was that relationship education and accompanying curricula need to be as dynamic as possible. Relationship education is best delivered in a variety of ways including in a group setting; in an individual setting; in a foster family setting; in an institution/facility setting; and in a school setting. It is best delivered when

and wherever the opportunity presents itself. Relationships of any kind do not occur in a vacuum, and thus all attempts to model and support positive, effective relationship behaviors should be exploited.

Research on modeling has indicated that youth start learning by mirroring parent and/or adult behaviors; in fact, there are specific neurons (mirror neurons) in the brain devoted directly to this type of learning. What do we do when we interact? We use our bodies to communicate our intentions and our feelings. The gestures, facial expressions, and body postures we make are social signals—ways of communicating with one another. Mirror neurons are the only brain cells we know of that seem specialized to code the actions of other people and ourselves. They are essential brain cells for social interactions. Without them, we would likely be blind to the actions, intentions, and emotions of other people. The way mirror neurons likely let us understand others is by providing some kind of inner imitation of the actions of other people, which in turn leads us to “simulate” the intentions and emotions associated with those actions. When I see you smiling, my mirror neurons for smiling fire up too, initiating a cascade of neural activity that evokes the feeling we typically associate with a smile. I don’t need to make any inference about what you are feeling, I experience immediately and effortlessly (in a milder form, of course) what you are experiencing (Jacobani, 2008. *The Mirror Neuron Revolution: Explaining What Makes Humans Social*. Scientific American)

While the research on mirror neurons was not specifically developed for relationship education, it is applicable to the topic. Youth are, for the most part, very social, with limited boundaries and biases. They constantly watch and mimic adult behavior of all kinds, meaning that they are very

aware of and sensitive to adult relational behavior in particular. Parents and adults are responsible for youth well-being and safety; parent and adult relationship behavior often determines where youth will sleep, what and when they will eat, etc. For instance, if a child or youth witnesses his or her mother experiencing domestic violence as a means of having a place for the family to eat, sleep, etc., the components of that negative relational behavior are stored as memories and later may be mimicked in an adolescent dating violence scenario. It may also be demonstrated between a son and mother, where the son bullies or intimidates his mother into getting what he wants. Additionally, a daughter who witnesses domestic violence may establish a negative pattern of self-identification and self-esteem which later result in her mimicking her mother's relationship behaviors in her quest for survival. This cycle reiterates the need for relationship education initiation at an earlier age.

Consequently, how to provide relationship education to at risk youth becomes as difficult a proposition as where to provide relationship education. Again, the consensus of the participants at the **Putting Youth Relationship Education on the Child Welfare Agenda** meeting held at the **PEW Charitable Trust in July of 2012**, was that how to provide relationship education and the accompanying curricula need to be as dynamic as possible. Additionally, those who are involved with youth need to be trained in relationship education, including professionals, foster parents, program/support staff, teachers, social workers, probation officers, parole officers, and judges.

Ideally, a relationship education curriculum needs to be easily understood, flexible/dynamic, and cover as many relational dynamics as possible, with the tools, examples, advice, etc., so that a wide range of people working in the field of foster care and delinquency could and would utilize the product. Thus, it seems fair that the curriculum should be as independently operational as possible and not require every individual working with vulnerable youth to participate in a lengthy training process. Perhaps this would include an online training curriculum with regularly updated information, a blog, a chat room, and training modules that count as CLEs; it may include an application (App) for smart phones, tablets, laptops and desktop computers. Again, the need for in-the-moment and situational education is imperative; as noted earlier, relationships don't occur in a vacuum. The point is not to negate the effectiveness of curricula that utilize a

traditional group-learning situation, but also to incorporate the tools to support the “teaching moment.”

Recently, this writer was delivering a relationship-based curriculum to a group of young people in a secured detention facility. Working with the writer was a young facility employee who appeared to be in her late twenties. As advised by the writer, the young woman had read the curriculum, was prepared, and followed the outline during the group process. Everything went as planned with few glitches. At the end of the group, the young woman approached this writer and said, “You know I should really learn all this stuff. I wish I had learned it at the age these kids are being educated. I could have saved myself a lot of pain, drama, and trouble in my own personal life.”



Scenarios like this one support the “Why” for relationship education. Many of the reasons youth become classified as vulnerable or at-risk are due to a lack of relationship skills on the part of their biological parents. Therefore, it makes sense to address the need for relationship education with

the individuals most affected. As mentioned above, research supports the presence of mirror neurons in the brain that enable babies, toddlers, children and adolescents to learn by watching and then mimic the behaviors of their parents, other adults, and peers in their environment. Additionally, social research has established that fundamentally, humans are social creatures who are “hardwired to connect,” as some researchers have put it (Brazelton et al., 2003). As a result, positive social relationships are essential to well-being across the life span. The importance of attachment during infancy is widely recognized. In infancy, the quality, sensitivity, and responsiveness of parents creates an internal working model of relationships that

strongly influences various aspects of child and adolescent development over time, especially social and emotional well-being (Bowlby, 1969; Bridges, 2003; Shonkoff and Phillips, 2000).

From a practitioner's perspective, this writer has worked with several thousand young people, most of which are, or were, identified as vulnerable or at-risk youth. Most either are, or were, at some point struggling with relationship issues either with their parents, foster parents, adoptive parents, friendships, and boyfriends or girlfriends. What they want to talk about first and foremost in every session is their relationships, whether they are going well, or not so well. They want answers to questions; they want to learn skills to handle their situations; they want someone to listen and to understand what they are experiencing; they want validation; they want to make better decisions; and they want to have successful, lasting, fulfilling relationships. Youth do not want to make the same mistakes that their parents made. The levels of clinically significant anxiety and depression related to relationship issues are profound; often it is the relationship issues that are the cause of their emotional and/or psychological disturbance(s), and at the very least, relationship issues exacerbate their already existing emotional and/or psychological disturbances. All things held constant, it makes good sound clinical sense to provide relationship education, whether in an individual and/or group setting, to vulnerable youth as a means of arming them with skills to help alleviate one aspect of their emotional and/or psychological discomfort.

Finally, if we hope to address our overarching goal of interrupting the cycle of families continuously represented in the child welfare system, and the addition of still new families into the child welfare system, we must ultimately reduce the number of vulnerable youth entering the foster care and/or delinquency systems. It seems relatively apparent that addressing inadequate relationship skills development, one of the significant reasons these youth are involved in the system, makes sense from both clinical and social perspectives.

Thus, the question should be, "Why wouldn't we provide relationship education to vulnerable youth?"



After identifying the who, the when, the where, the how and the why, the conclusion seems quite clear. Research, clinical experience, and statistics all culminate in overwhelming evidence that vulnerable youth should receive relationship education in a dynamic environment that takes advantage of every opportunity to reinforce their need for support, guidance, education, and validation. Additionally, the need is for all parties involved in developing, implementing, researching, and providing relationship education, to work together to identify, adapt, or develop a multi-tiered approach to relationship education. This approach needs to address relationship skills development as early as five years of age and continue at key developmental ages, culminating in the late teens or early twenties. Relationship education—combined with child welfare, mental health, and delinquency prevention services—addresses the full spectrum of needs that most vulnerable, at-risk youth require to become well-adjusted, healthy, contributing members of our diverse society. At the same time, it addresses the overarching goal of reducing the overrepresentation of generationally systemic family involvement.

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