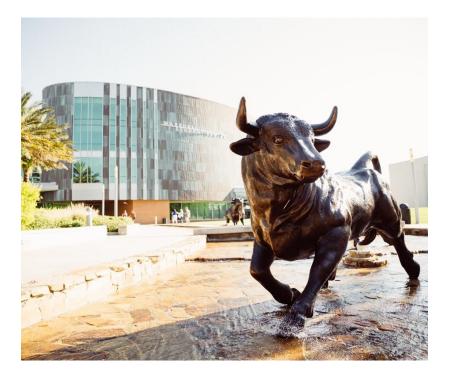
An Evaluation of Positive Youth Development Theory (PYD) Constructs within the CINS/FINS Outpatient Counseling Program: Building on the Strengths of At-Risk Youth

Claire Lipton, BA; Lindsey Noland, BS; Sarah Shahady, BS; Sarah Sheffield, MA; Bruce Lubotsky Levin, DrPH, MPH, University of South Florida, Tampa, FL; Jeannie Willsie, PhD, LMHC, Hillsborough County Department of Children's Services, Tampa, FL



Overview of Service-Learning Project



- This project is in collaboration with our community partner, Hillsborough County Children's Services, and the Children in Need of Services/Families in Need of Services (CINS/FINS) program
- The purpose of this project is to identify constructs of PYD in current CINS/FINS programing and to understand staff perceptions regarding the implementation of an evidence-based framework
 - Could PYD serve as an adoptable framework for the CINS/FINS program?

At-Risk Youth in Hillsborough County

- Hillsborough County Children's Services serves youth ages 7-17 in Hillsborough County
- Population served by HCCS is primarily families of low SES
- Common presenting problems for at-risk youth include:
 - Truancy

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- Divorce/parental conflict/families in crisis
- Mental health issues
- Tobacco, alcohol, and drug use

CINS/FINS Program



Hillsborough County **Florida**

Program aims: Statewide program in Florida that provides services to support and strengthen at-risk children and families.

Program structure: Outpatient counseling program, residential respite program

Services

- •Individual, group, and family counseling
- •Case management services
- •Psychosocial assessment
- •Respite care

Program Cost: All services and referral services are provided free of charge

Positive Youth Development Theory (PYD)

- Strengths-based approach to youth programming
- Considers how external factors support or hinder youth development
- Aims to better understand youth experience and how settings and youth interact and influence each other
- Emphasizes a supportive and engaging approach instead of a correctional one

Research suggests...

- Increase protective factors
- Successfully transition to adulthood
- Improve social and emotional outcomes
- Greater likelihood of contributing to communities
- Decrease depression

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Positive Youth Development Theory- 5 C's



Confidence



Competence



Connection

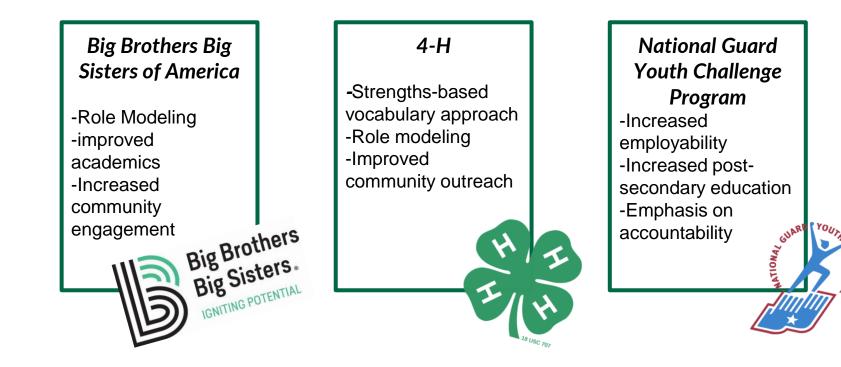


Caring



Character

National Programming Utilizing PYD



Why PYD for the CINS/FINS Program?

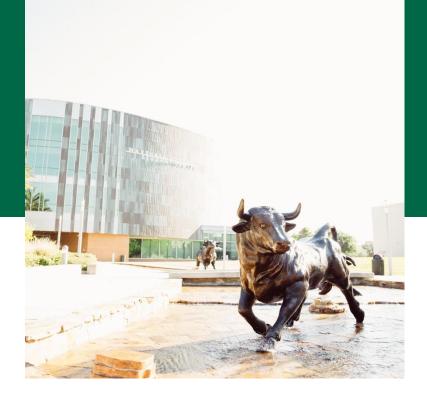
- The PYD framework aligns with the program aims of CINS/FINS
 - Focus on at-risk youth

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- Increasing protective factors
- Assisting in a successful transition to adulthood
- Increasing interpersonal relationships and involvement in the community
- The theory utilizes a strengths-based approach, which is appropriate for the youth in the program who have often been exposed to many negative circumstances in their life
- PYD interventions at the national level have been successful when applied to an at-risk or vulnerable youth population

Research Questions

- To assess the degree in which constructs of the Positive Youth Development Theory (PYD) are currently being developed within the CINS/FINS residential and outpatient counseling program
- 2. To assess the degree to which PYD may be an appropriate framework for the CINS/FINS program
- 3. To understand the perceptions of Hillsborough County CINS/FINS therapists and staff regarding the implementation of PYD concepts into their current programming



Study Methods

Selection of Participants

- Participants were identified based on their employment with Hillsborough County Children's Services and involvement with the CINS/FINS program
 - Treatment counselors, clinical supervisors and clinical director
- Recruited via email to take part in an individual interview, either inperson or via telephone
- Eligibility criteria included staff who were english speakers and were actively involved in the CINS/FINS program
 - Residential

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Outpatient

Data Collection & Data Analysis

• October 2019 - February 2020

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- 10 interviews conducted by researchers with CINS/FINS employee's
 - Our sample consisted of 7 treatment counselors, 2 clinical supervisors, and 1 clinical director
- 10 interviews were transcribed
- All 10 interviews coded independently using a universal codebook to assess common themes

Interview Protocol

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What's your perception of youths levels of confidence upon entering the CINS/FINS outpatient program? (*Confidence*)

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How important do you feel goal setting is when working with youth and families during counseling sessions? (*Competence*)

How would you describe the type of relationships that the youth have with others such as their peers and family members? (*Connection*)

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Do you notice a change in relationships after completion of the CINS/FINS program? What is your perception of the youths ability to empathize with others? (*Caring/Compassion*)



Do you feel youth entering the program are able to determine right from wrong in regard to cultural or societal norms? (*Character*)

Results -

Study Findings

• Treatment populations and Demographics

- Primarily consists of families of low SES
 - "So sometimes, you know we have a lot of low-income families. So sometimes moms or dads are working two jobs."
- Children and adolescents ages 6-17 that live in Hillsborough County

Common Presenting Problems

- Truancy
- Divorce, parental conflict, families in crisis
- Mental health issues
 - Most commonly noted: Anxiety, depression, ADHD, substance use

Study Findings

- The analysis resulted in 9 themes
- These themes revealed key concepts of PYD in current CINS/FINS programming
- The themes found in staff interviews are defined as:
 - The 5 C's of PYD
 - Confidence, Competence, Caring/Empathy, Character, Connection
 - Development of characteristics and traits in youth
 - Parental involvement and parenting skills
 - Barriers to treatment

Confidence - positive sense of self-worth and self-efficacy.

- Low levels of youth confidence upon entrance
 - "[Confidence levels] are low to very low in terms of how they perceive themselves and how they believe that they're doing in the world."
 - "Poor with some of them. Very poor especially with the ones with social anxiety."
- Confidence levels may vary
- Youth pretend they are confident even though they are not
 - "There's a lot of pseudo confidence."
 - "I think there's some fake bravado sometimes, but I think generally, they would have pretty poor self-esteem or self-worth leading to some low confidence."

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Competence - Goal Setting

- General consensus among therapists- goal setting is important
 - "Goal-setting is very important because it gives you a road map and it gives them a road map."
 - Some residential therapists felt goal setting was not a main focus of their clients due to the time constraints
 - "I have seen that a lot of the kids that come into our program don't have any goals as far as like therapy goals that they want to work on. All they do is mostly discharge focus, so their goal is to get out of here in the least amount of days as possible"
- Goals give direction and focus to the therapist and to the child
 - One therapist described goal setting as a "road map" for treatment



Connection - Positive interpersonal relationships & parental involvement

- Mistrust immediate family
 - "They don't trust their parents, their guardians, a lot of times their siblings"
 - "Just a lot of built up anger, resentment, and distrust towards their families often."
 - They perceive that their friends are more loyal than their family is"
- Lack of meaningful family relationships
 - "Lack of positive parenting models, or positive parenting effectiveness"
 - "They're certainly not getting their needs met with the relationships they have"
 - "Connection is somewhat kind of like lost and more if like the parent also are single parents and they are working a lot."
- Parenting Skills
 - "The majority in my opinion, the issues start at home. The majority of parents, we see, have very poor parenting skills."
 - "Not sure how to make good parenting choices, how to be involved with their children... which leads obviously into a decrease in functioning in a variety of settings."

Character: Respect for societal and cultural norms, Integrity

- Youth can determine right from wrong in terms of cultural/societal norms
 - "Yeah, they do know right from wrong. They still act out even though they know its wrong because they feel that parents are disinterested."
 - "So, like, they'll tell you that this is wrong, and they'll tell you what's right, but they're still not choosing to do it."
- Minimize negative behaviors
 - "Oh well, I was mad, and I couldn't help it."
 - "I have seen a good amount of children that kind of minimize the wrong behaviors of they justify it or don't see what the error really is."
- Lack of accountability
 - "I think that sometimes they just haven't been held accountable."
 - "They just don't take responsibility for their actions."

Ideal Characteristics To Be Developed

• Increased confidence

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"I really believe if they are confident and have high self esteem and they are aware of their abilities and talents and traits, they are able to flourish while a lot of them doubt a lot about themselves or not many people are pointing out the good things they possess."

• Emotional regulation

"That internal self-control so that even if they're going home to a situation where the parent doesn't have that, the kid has it. So, they know that, you know not necessarily that their living situation is going to change but they can change."

Willingness to ask for help

"Self-awareness, and that it is okay to ask for help...Making them more open to therapy."

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Barriers to Treatment

• Transportation

"Sometimes we have families that have no transportation or they're coming in from Ruskin, Wimauma, anywhere in Hillsborough County."

• Family availability

"Sometimes mom's or dad's are working two jobs. So, to get them to more services is difficult for them."

• Length of programming

"It's so hard because we have them for such a short time."

• Non-compliance

"Most of these people are chronic service users, and they see it as a break from their kids, a relief almost."

"They don't follow through with services because they don't think that they're effective."

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Clinical Models & Evidence-Based Practices

- Lack of emerging themes
 - Interventions and practices identified by staff in interviews varied
 - Interventions included: Cognitive Behavioral Therapies (CBT), Trauma-informed practices, Family therapy,
 Play therapy, Solution-focused Therapy, Mindfulness-based Stress Reduction

"I don't believe that there's a theory that guides the practice of the agency. However, even though it's all CBT-oriented."

"I think [the therapy type used] has to be tailored to the situation."

• Strengths-based approach

"We feel that strength-based interventions and tools are best suited for our families."

"Coming from a strengths-based place, I think that [it] just works best with any family."

Discussion



Discussion

Is Positive Youth Development theory a fit for CINS/FINS programming?

- Population
 - At-risk youth
 - Youth exhibiting low confidence (Confidence)

CINS/FINS Mission Statement

- Strengthen youth and defy risk factors
- Improve parental and peer relationships (Connection)
- Potential for more specific programming guidelines to increase measurable outcomes

• Goals

- Increased self-esteem (Confidence)
- Ability to express themselves appropriately (Competence)
- Identifying the need for help (Character)

Strengths & Limitations

- Suggested population for PYD fits CINS/FINS
- 4 of the 5 C's were recognized as significant to treatment outcomes in CINS/FINS
- Sample included all staff members directly serving CINS/FINS youth
- Qualitative interviews allowed unique staff
 perspective on programming

- Scheduling interviews can be time consuming
- Interventions not currently in CINS/FINS programming such as community outreach and skill-building activities that could not be measured
- More literature needed on implementing PYD programming in a therapy-based program

Implications for Further Research

- Increasing programming that is strengths-based can address both negative behaviors and encourage positive youth development
- Programs adapting to strength-based perspectives; PYD may serve as a framework
- Identifying programming that may adopt PYD as a framework may better serve future at-risk youth

- Further research may indicate how therapy-based programs may adopt PYD without compromising therapeutic outcomes
- Slow implementation PYD into CINS/FINS may encourage cohesive guidelines for treatment plans among CINS/FINS staff

Questions?

