IN THIS ISSUE

While early childhood and adolescence receive considerable attention in research and practice, and in the media, middle childhood is sometimes overlooked. Yet the years between ages 5-13 are critically important in children's long-term development. Middle childhood was the focus of the 2004 Children's Summit held as part of the President's Initiative on Children, Youth and Families, and it is the focus of this issue of Consortium Connections.

The overview on page 1 was written in preparation for the 2004 Summit.

This issue also marks a significant change in format. In it, you will find more space devoted to content. Sources and/or citations and additional resources for most articles will appear only on the web version, as will the calendar and the "On-Line" section. The web version can be found at: www.cyfc.umn.edu. We welcome your feedback on these changes.

Middle Childhood And Early Adolescence: Growth And Change

Middle childhood and early adolescence correspond to the elementary and middle school years (ages 5-13). As a group, children of these ages receive less attention than children in infancy, early childhood, or adolescence. Yet researchers, practitioners, and policy makers increasingly believe that long-term pathways of behavior and adjustment are established during this age period.

Important Changes During Middle Childhood

- Most children advance rapidly in their abilities for mastering knowledge, reasoning and problem-solving, and organizing tasks more maturely and independently. Brain growth continues at a rapid rate between the ages of 5-13, and plays an important role in these changes. Adult-guided participation and collaboration with peers to solve problems and build skills are influential as well.

- Most children's abilities to control their actions and avoid problem behaviors increase during elementary and middle school. Key components of these abilities are mastering anger and aggression and coping with challenging and sometimes frightening situations.

- Children typically spend half as much time with their parents during these years as they did before the age of 5. They spend more time outside the home, and more time alone or with other children, rather than with adults.

- Children encounter other children more than in earlier years. For many children these larger networks are important sources of learning and social support. Nine to 13 year olds typically value relationships more than 5-8 year olds do, and seek them out more readily and use them more effectively.

- Between the ages of 5-13, children increase their ability to recognize their strengths and weaknesses in the areas of life they know best: school, relationships with friends, physical skills, and so forth. In addition, comparisons between self and others first become common in the early years of middle childhood. These social comparisons gradually become one of the main sources of information children use to form their self-concepts, the basis for their self-esteem.

Challenges from Growth and Change In Middle Childhood

- Differences among children in school achievement grow wider between kindergarten and grade six. One reason is that many children who performed well at the time they entered school, often with the help of early-childhood programs, fall behind academically once they are on their own in school.

- Despite general improvement in children's self-control, those with behavioral and conduct problems before middle childhood typically become less and less likely to shift to more positive behavior between the ages of 5 and 13.

- Recent studies show the incidence of violent crime by juveniles is increasing more rapidly among 5-13 year olds than among older adolescents. Alcohol and drug use is rising more quickly in this age group than in any other age group.

- Less time in face-to-face contact means that parents face additional challenges in monitoring children's behavior and experiences "from a distance." Research shows parental monitoring helps to protect children from negative influences, but many parents of 5-13 year olds today find it difficult to stay informed.

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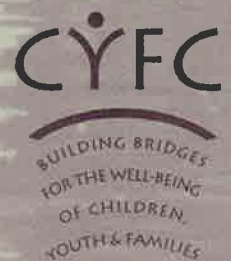
UNIVERSITY OF MINNESOTA

What is Your Middle Childhood Information Quotient?

The questions below are a sampling of a "quiz" used as a discussion starter for the 2004 Children's Summit on Middle Childhood. All questions pertain specifically to Minnesota. The full quiz can be found in the on-line version of this newsletter.

1) True or False: Among homeless parents whose children lived with them, 25% had at least one school-age child with learning difficulties or other school-related problems.

   A: False. 38% of the parents had at least one school-age child with learning difficulties or other school-related problems. 23% said that at least one of their children had an emotional or behavioral problem, about four times the rate for the overall population.
   Source: Wilder Research Center (2004). "Homeless in Minnesota 2003: Key facts from the survey of Minnesotans without permanent housing."
   http://www.wilder.org/research

2) True or False. Twenty-five percent of Minnesota children ages 10-12 are home alone after school.

   A: False. 42%, Minnesota has one the highest percentages in the nation.
   Source: National Survey of American Families. (1999).

3) True or False: Fifteen percent more white 9th graders participate in after school sport teams than their African American and American Indian peers.

   A: True.
   Source: The Urban Coalition. (2001). "Warning: Disparities Begin Here. The Health and Well Being of Youth in Minnesota."

4) Choose one: (30,000   35,000   45,000) families with children under 18 have one or more grandparents living with them.

   A: 45,000. 45,217 families with children under 18 have one or more grandparents living with them. Of those families, 39% consider the grandparent to be the primary caregiver for the children.
   Source: U.S. Census Bureau. (2000). "Census 2000, Summary File 3."
   http://www.census.gov/main/www/cen2000.html

5) Choose One: From 6th to 9th grade there is at least a (15%   20%   30%) decline in the number of students (both girls and boys), who feel their family understands them "quite a bit" or "very much."

   A: 20%. There is a 26% decline in the number of female students who respond that they feel their family understands them "quite a bit" or "very much." (6th grade - 67%; 9th grade - 41%). For male students, there is a 21% decline in the number who feel their family understands them "quite a bit" or "very much." (6th grade - 67%; 9th grade - 46%)
   Source: 2001 Minnesota Student Survey. Coordinated School Health.
   http://www.mnschoolhealth.com/resources.html?ac=data

6) Choose one: What percent of 6th graders in rural Minnesota (towns less than 2,500) feel they live in a neighborhood that cares about them? (40%   55%   70%)

   A: 55%. Compared to: Small-Mid City (population 2.5K-50K) = 53%; Urban Youth (population over 250K) = 52%
   Source: Profiles of Student Life: Attitudes and Behaviors Questionnaire. (1999-2000). Search Institute. (Minnesota data only)

Middle Childhood And...— *continued from cover*

- Many 5-13 year olds require after-school programs. For children in self-care, more time at home alone raises issues of exposure to undesirable content from the Internet and daytime television. Safety concerns may also mean that children in self-care after school have few opportunities for unstructured outdoor play. Many observers believe that large amounts of time indoors is one reason children between the ages of 5-13 have become increasingly sedentary and problems of obesity have increased over previous decades.

- Stable, supportive families during middle childhood and early adolescence appear to be as important for children's later life success as family environments in early childhood or adolescence. Some research findings provide convincing evidence that familial experiences during the 5-13 age period may play an even larger role in later development than earlier or later familial experiences. An especially important role for families in this period is to buffer detrimental experiences outside of the family (for example, at school, in the neighborhood, or in relationships with other children).

Prepared for the 2003 Children's Summit by W. Andrew Collins, Ph.D., Institute of Child Development, University of Minnesota and 2003 Summit Chair

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Meeting Family
in Schools to Pre
Substance Abus

"To reach high risk families, and rec
years, interventions must be embed
at multiple levels within the overall
by Dr. Thomas Dishion, founder an
Child and Family Center, as he sha
clinical practice on the importance
based mental health intervention ef
Children's Mental Health's ongoing
event drew over 150 mental health
learn about the principles underlyin
program developed by Dr. Dishion
and designations from organizations
Prevention, Strengthening America
and the Office of Juvenile Justice ar

ATP builds on the premise that to p
children engaged in their schools an
family-centered and school-based, b
when children are 11 to 13 years ol
behaviors and substance abuse beco
behavior patterns. The program hig
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interventions are in place that build
depending on the nature and severi
families in a school benefit from an
adolescent substance abuse, health
widely disseminated to arrest the de
at this level include home visits to in
on effective parenting skills, a healt
assessment tools, and opportunities
with school staff.

The next tier, the "selective" level, i
professional referrals for families wl
developing behavioral or substance
"indicated" level, include direct con
various parent-driven options such
management.

Engaging families – particularly tho
often viewed as a beneficial but mu
outcomes for children and adolesce
and longitudinal studies conducted
support for the viability and cost-ef
programs for families within school

CECMH was pleased to work with
Children's Mental Health Collabora
valuable information to practitioner
the following links describing Dr. D
http://cfc.uoregon.edu/atp.htm
http://cfc.uoregon.edu/scientists/dis

A copy of Dr. Dishion's MN power
can also be found on the Center of
http://cmh.umn.edu/calendar/docu

Those interested in implementing t
communities are encouraged to rea
(DATE) book, *Intervening in Adole*
Approach which outlines the resear
philosophy, and includes materials a

*By Yvonne Godber, Coordinator
The Center of Excellence in Childre*

CENTER OF EXCELLENCE IN CHILDREN'S MENTAL HEALTH

WWW.CMH.UMN.EDU

Meeting Family Needs in Schools to Prevent Behavior and Substance Abuse Problems

"To reach high risk families, and reduce problem behaviors during the middle school years, interventions must be embedded within schools to keep families actively involved at multiple levels within the overall school culture." This was the key message delivered by Dr. Thomas Dishion, founder and Director of Research at the University of Oregon Child and Family Center, as he shared findings based on over 15 years of research and clinical practice on the importance of reaching and engaging families through school-based mental health intervention efforts. As part of the Center of Excellence in Children's Mental Health's ongoing community seminar series, the September 30th event drew over 150 mental health professionals working with, and within, schools to learn about the principles underlying the Adolescent Transition Project (ATP). ATP is a program developed by Dr. Dishion and colleagues that has received national attention and designations from organizations such as the Center for Substance Abuse Prevention, Strengthening America's Families, the National Institute on Drug Abuse, and the Office of Juvenile Justice and Delinquency Prevention.

ATP builds on the premise that to prevent problems from occurring and to keep children engaged in their schools and communities, interventions must not only be family-centered and school-based, but should also target the critical transition phase when children are 11 to 13 years old, before the path leading towards antisocial behaviors and substance abuse becomes engrained and leads to even more severe behavior patterns. The program highlights how preventing and reducing problems early on with this age group and their families requires a "multi-tiered approach," where interventions are in place that build on previous efforts to support families and children, depending on the nature and severity of their needs. At the "universal" level, all families in a school benefit from and use a Family Resource Center, where materials on adolescent substance abuse, health promotion, and general parenting strategies are widely disseminated to arrest the development of early drug and alcohol use. Strategies at this level include home visits to increase parent participation in schools, videotapes on effective parenting skills, a health curriculum for families, screening and self-assessment tools, and opportunities for developing home-school monitoring systems with school staff.

The next tier, the "selective" level, includes more comprehensive assessments and professional referrals for families whose children have been identified as at-risk for developing behavioral or substance abuse problems. The most intense services, at the "indicated" level, include direct contact with mental health professionals through various parent-driven options such as family therapy, parenting groups, and case management.

Engaging families – particularly those with higher needs - in prevention programs is often viewed as a beneficial but much too costly method for promoting successful outcomes for children and adolescents. Results from rigorous, controlled intervention and longitudinal studies conducted by Dishion and colleagues are building necessary support for the viability and cost-effectiveness of basing prevention and intervention programs for families within school settings.

CECMH was pleased to work with co-sponsors Wilder Foundation, Ramsey County Children's Mental Health Collaborative, and the St. Paul Public Schools in bringing this valuable information to practitioners in Minnesota. For more information, please visit the following links describing Dr. Dishion's research and the ATP:
http://cfc.uoregon.edu/atp.htm
http://cfc.uoregon.edu/scientists/dishion.htm

A copy of Dr. Dishion's MN power point presentation, "School-Based Mental Health," can also be found on the Center of Excellence web site:
http://cmh.umn.edu/calendar/documents/schoolbased.pdf

Those interested in implementing the intervention in their own schools and communities are encouraged to read Dr. Dishion's and colleague Dr. Kate Kavanagh's (DATE) book, *Intervening in Adolescent Problem Behavior: A Family-Centered Approach* which outlines the research and rationale underlying the program and philosophy, and includes materials and fully reproducible handouts and forms.

By Yvonne Godber, Coordinator
The Center of Excellence in Children's Mental Health

The Center of Excellence in Children's Mental Health is currently looking for both co-sponsors and topic suggestions for our ongoing children's mental health seminar series. If you have ideas for future events or would like to become a co-sponsor, please send an email to cmh@umn.edu

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Children's Mental Health Resource and Networking Database

In December 2004, the Center of Excellence in Children's Mental Health will be launching a user-friendly, online searchable Resource Database on our website designed to facilitate information sharing with stakeholders statewide. The database, which has been part of an ongoing plan to promote networking and information sharing of the vast children's mental health resources and expertise across Minnesota will include three main types of resources:

1) Information on specific individuals from both the community and university with expertise in children's mental health,
2) Information on organizations or agencies with expertise in a specific area of children's mental health, and
3) Additional children's mental health resources (published articles, presented materials, validated internet resources, etc.).

This database will only be as valuable as the information entered by our partners. If you or your organization/agency have staff, knowledge, skills or other resources that may benefit Minnesota stakeholders, please consider entering in the database once it is online. *Thank you in advance for your assistance!*

The Long-term Impact of Pare

Children's experiences with their parents amid the physical, mental, and social changes of middle childhood affect not only their current well-being, but also carry significant implications for later life. As researchers and practitioners accumulate and systematize information about the long-term role of families, at least two questions frequently recur.

One is the question of whether optimal parenting during middle childhood differs in important ways from parenting in other age periods. It is clear that the particular forms of parental behavior and parent-child interaction vary considerably from one family to another in every period. However, certain issues arise in virtually all families of 5- to 12-year-olds in industrialized societies. For example, most families encounter challenges in maintaining some degree of control and influence over children's behavior, while at the same time helping children to become more self-controlled. Furthermore, maintaining positive parent-child bonds while encouraging children to develop appropriate independence and self-confidence and providing the groundwork for effective relationships and experiences outside of the family often seems like walking a tightrope. In fact, these issues are integral to parent-child relationships not only in middle childhood, but from birth and even into early adulthood.

The distinctiveness of parenting 5- to 12-year-olds largely arises

from several issues that are specific to this age period. Middle childhood is a time of intensifying transitions in where and with whom children spend their time, in the expectations they face for appropriate behavior and achievement, and in the roles they are asked to assume in school and in the community. Many of these transitions require parents who wish to help their children succeed to become involved with a variety of others, including teachers, peers, and other families. Moreover, they must find ways of monitoring the child's behavior "at a distance," because of the greater amount of time that parents and children are apart at these ages. At the same time, parents much adjust to the fact that children typically behave differently toward their parents because of the extensive cognitive, emotional, and social changes of middle childhood. Consequently, parents face new challenges both in the scope of the issues that affect their children and the methods available for addressing them.

The bulk of research findings shows that the most effective parental responses to changes in children's behavior combine child-centered flexibility and adherence to core values and expectations for behavior. This combination may be more complex in middle childhood than in other periods, and the balance between assuring a certain amount of supportive continuity in children's experiences while also adapting to child-driven change may be more difficult to maintain than in early

Children as Consumers

Children become consumers at a very early age. Most children begin by the age of three to remember and request brand names and other information they hear in advertising. By the time they enter the middle childhood years, children are avid consumers, directly spending a whopping $25 billion dollars a year and influencing over $200 billion more in family spending between the ages of 4 and 12. It is no wonder marketing so heavily targets children!

Research on children as consumers is of particular interest to Deborah Roedder John, the Curtis L. Carlson Chair and Professor of Marketing at the University of Minnesota's Carlson School of Management. Dr. John is particularly interested in what children learn about consumerism and when they learn it. Dr. John identifies three stages of consumerism in children that are roughly concurrent with cognitive and social developmental stages in child development theory.

(Note: the ages cited are averages)
Perceptual Stage (3-7)
Children's consumer habits are focused on the concrete – what they see, hear and touch. They are very literal in their understanding of advertising, and they perceive it to always be true. Children know brands well, but don't understand why some are better than others. They can usually distinguish television advertising from programming, mostly because the ads are shorter. Their decision-making about product choices is normally based on one particularly appealing attribute – color, size or proportion (i.e. a bigger cookie is better than a smaller one), or a brand they've heard about over and over. This age group is very ego-centric, and their decisions are based on what they want, not someone else's opinion or values.

Analytical Stage (7-11)
Children are able to make some consumer judgments. They

understand concepts like brand advertising, and are often aware that they're being "sold to" and that ads are not always exactly true or accurate. They begin to understand that brands have "value," and that some are cooler than others! Around the middle of this stage, there is a big shift in children's ability to understand advertising concepts, and they tend to become real skeptics. As they move beyond their egocentricity, children begin to have some understanding of what the decisionmakers (parents) value, and learn how to bargain and negotiate to get what they want ("Will you buy it for me if I'm good?" "What if I pay for part of it?").

Reflective Stage (11-18)
Knowledge becomes much more complex, and children have an understanding that there is not necessarily one truth, and that some ads might even be intentionally deceptive. They can readily identify biases and exaggerations. Purchasing decisions tend to be more focused on social meaning and value. For instance, they may know that one brand of jeans doesn't look as good on them as another brand and are more expensive, but they will choose it anyway because it is more popular. Possessions become a way of defining themselves. They become very skilled and strategic at influencing their parents based on what they perceive their parents value, and can adapt quickly during discussions about purchases.

Dr. John's consumer research supports that teaching children about the meaning of money and money management needs to begin at a young age. Dr. Sharon Danes, professor and Extension specialist with the University of Minnesota's Family Social Science Department and the University of Minnesota Extension Service, has researched and written on the topic of children and money for many years. Her "Children and Money" series is linked on the web version of this newsletter.

It is clear that children are an important focus in the consumer

nting during Middle Childhood

childhood. In general, though, effective parenting at every age requires these challenging adjustments to the needs and characteristics of the child.

The second recurring question is whether the impact of parenting on individual development during middle childhood uniquely shapes development in later periods. This question has been difficult to answer because parenting of a given child in one age period is likely to be fairly similar to parenting of that same child in other age periods. To find a meaningful answer, researchers need to consider possible key influences in earlier life and adolescence, as well as in middle childhood. Though this task is difficult, researchers have documented some key connections between middle childhood parenting and children's competence both in and after middle childhood.

The most frequently reported finding is that parenting styles marked by authoritativeness toward children, but clearly person-centered attitudes and concerns, is correlated with a variety of positive outcomes in middle childhood and in later life. In middle childhood and adolescence, these include peer acceptance, school success, and competence in self-care. In adolescence and, especially, early adulthood, positive outcomes linked to middle childhood parenting include career aspirations and competence in occupational roles. Even forming healthy relationships with

romantic partners in early adulthood appears to be linked to the quality of parenting and parent-child relationships in middle childhood, even when influences from early life and from adolescence are taken into account. It is important to note that relationships with fathers, as well as with mothers, contribute significantly to these outcomes.

Equally well established is the finding that parenting behavior and attitudes dominated by parental concerns, rather than the child's characteristics and needs, are associated with less positive outcomes on all of these variables.

Researchers still have much to learn about whether experiencing negative conditions for the first time in middle childhood affects later development differently in either kind or degree than experiencing parenting problems over a longer period. Nevertheless, the existing evidence of unfortunate consequences of these negative conditions for 5 to 12 year olds leaves little doubt that effective parenting powerfully affects development both during and after middle childhood.

By W. Andrew Collins, Morse-Alumni Distinguished Teaching Professor, Institute of Child Development

Social Skills Play A Part in Middle Childhood Bullying

Being popular and having many friends are significant factors in whether or not children are bullied during late elementary and middle school. Children who have a strong group of friendships and are popular with their peers are much less likely to be victims of bullying than those with few friends and limited popularity.

Because middle childhood is a time when children are developing independence and trying to position themselves with their peers, a quest for status may motivate many, especially boys, to become aggressive. Children typically engage in bullying first with peers of the same gender, possibly to show superiority and establish their leadership. Later, bullying can be used as a tactic by boys to impress girls as they begin to develop early romantic relationships.

Although much of the prevention efforts and research on bullying have focused on physical aggression, the type of bullying most often use by boys, research on relational aggression, or bullying through relationships, has indicated that this type of aggression is equally destructive to children. Relational aggression is the style of bullying often used by girls. *(For more detail on relational aggression, and research by University of Minnesota professor Nicki Crick, see the web version of this newsletter).*

Several studies have shown that bullying decreases over the years in elementary school, but increases again during the transition to middle school. After the transition, it continues to decline. An exception to this trend is when the transition to middle school does not require a change of school or peer group. In that case, there isn't a need for children to re-negotiate friendships and bullying continues to decline.

The negative effects of bullying on children and adolescents are well-documented. So what is the solution to this persistent social problem?

Changing bullying behavior is very difficult. One barrier to effectively addressing and reducing bullying is that it is not

necessarily regarded as a negative by a bully's peers, and even, in some cases, adults. One citation indicates that half of adults don't consider bullying a problem. A "kids will be kids" attitude can hinder victims from reporting being bullied. When certain types of peers are bullied, others often don't see anything wrong with it. Aggressive boys and girls are often popular with their peers, especially in adolescence. In addition, the more impersonal environment and lack of community in middle/junior high schools and the increase in competition between peers at this age make the jockeying for dominance and status all the more important.

There is considerable public attention to the issue of bullying currently. Minnesota legislators are poised to introduce legislation requiring schools to have anti-bullying policies in place. Many schools already have these policies. Safe Schools initiatives have been developed with the guidance of the U.S. Department of Education. Among the recommendations from USDE are that peers be encouraged and supported in sharing their concerns about being bullied, and that victims should be encouraged to seek help from a trusted adult in the school. Adults, including teachers and administrators, need to take the problem of bullying seriously.

Since a major risk factor in becoming a victim of bullying is isolation and lack of acceptance, teaching children social skills and how to make and relate with friends beginning very early may be an effective strategy. Parents and schools can help children learn skills such as communication, empathy, building positive relationships, patience, and anger management.

As is the case with many social problems, bullying will only be reduced through the commitment and coordinated efforts of communities, schools, parents, and policymakers.

Source:
Anthony D. Pellegrini, Department of Educational Psychology, University of Minnesota

When They're Out of School….
Middle Childhood and Non-School Hours

"What do you call a regularly recurring block of time full of discretionary opportunity, choice and flexibility? For young people, it's out of school time – time away from school – and it occurs on weekends, school holidays, evenings, early mornings, late afternoons and in the summertime. It's a time when youth can be constructively engaged and learning or struggling with trouble or simply bored. It is a series of time periods around which communities and adults need to become more intentional."[1]

Prior to starting school, most children spend their days with parents, childcare providers or other caregivers. Their world revolves around those caregivers, and that's where most of their early learning takes place. The pre-school environment is critical to children's development.

Their world widens considerably when they start school. Every domain of their development – personal/social, approaches to learning, language/communication, creativity, cognitive and physical - expands as they enter the middle childhood years. How children use their out of school time has significant influence on their development in these domains.

Out of school time captures the essence of what we think of as childhood – time filled with make believe, reading a great story, playing with friends, being with parents and other important adults, solving problems, exploring, discovering and investigating.[2] Structured out of school time experiences become an increasingly important part of their development, particularly as they grow beyond the first years in school. Young people increasingly need access to experiences through which they can learn the values, skills and attributes necessary for a successful transition to adulthood. But children and youth vary considerably in their opportunities to participate meaningfully in these activities.

A few statistics illustrate the importance of out of school time for this age group:[3]

- Although many children at the younger end of this age group are still in after school child care settings, as they get older they are often home alone after school. One study indicated that 42% of Minnesota children age 10-12 are home alone after school. This is nearly twice the national average.

- How youth spend their free time was found to be a more powerful predictor of risk than demographic variables like race or family resources, according to a national longitudinal study of adolescent health.

- Participation in after-school programs has been linked to better school attendance, better grades and test scores, more positive attitudes toward school work, higher aspirations for college, better work habits, better interpersonal skills, and reduced drop-out rates.

- Minnesota has one of the highest percentages of working parents of school-aged children in the nation, according to the 2001 Bureau of Labor Statistics.

Studies by Reed Larson of the University of Illinois, and corroborated by many other researchers, categorize the use of time during waking hours into three general areas: school-related time such as classroom learning, homework and extra curricular activities; maintenance, such as grooming, eating, and chores; and leisure/discretionary time, when they do whatever they choose, presumably in consultation with parents. Longitudinal research confirms that choices in the leisure/discretionary category impact immediate and long-term youth outcomes.

Quality in out of school programs is extremely important. Youth with opportunities to experience challenging, engaging out of school activities early in high school have a 71% higher probability of positive developmental outcomes as young adults.[4] Related research suggests that this positive effect may be even greater for young people living in under-resourced, high-risk communities.

While there is general agreement that expanding quality after-school programs can increase overall well-being, for youth, including improved school performance, and for communities, including decreasing crime and violence, they are currently not accessible to all youth who need them. Success in providing young people with these opportunities will depend on communities that value, support and involve young people, and are committed to investing in long-term solutions.

*By Ann Lochner, Coordinator
Minnesota Commission on
Out of School Time*

Re-framing How We Talk About Our Work : The Example of Youth Development

One of the hottest communications strategies in the human service/health world currently is the idea of "framing" – publicized largely through the work of Susan Nall Bales of the FrameWorks Institute.

For FrameWorks, framing refers to the subtle selection of certain aspects of an issue in order to cue a specific response. The FrameWorks Institute is renowned for its Strategic Frame Analysis[1], a process that uses communications research and analysis to examine how issues are being framed by opponents and media sources, and then recommends how best to communicate these issues based on their research and the application of communications theory.

Exploration of the FrameWorks website (www.frameworksinstitute.org) and investment in a FrameWorks Strategic Frame Analysis, for those who can, are well worth the effort. However, there are ways one can immediately apply these ideas to professional networking and communication, whether it's with others in the field; professionals in non-human service fields such as business, the media, or policymakers; parents; or other community constituencies.

All too often people in human service/health fields start their networking conversations or their professional communications by making a "problem statement" such as: "Adolescent pregnancy in some communities is reaching epidemic proportion ." Such statements can be highly polarizing. For example, the simple mention of adolescent pregnancy cues up well-entrenched frames that can't be debated or altered even with statistical evidence: "Teen pregnancy is because young people don't have the right values." It takes repeated exposure and clever "re-framing" to move people away from existing frames.

When it comes to communication and networking about human service related work, particularly work that involves young people such as those in middle childhood, there is a tendency to focus on problems, deficits and pathologies that need to be "fixed" rather than focusing on strengths that can be enhanced. This creates an immediate negative impression of young people by other professionals, parents, and unfortunately, the youth themselves. In response, youth may become angry, disenfranchised, resentful, disrespectful, volatile or withdrawn. Are these not the same characteristics attributed to youth in the dire predictions made about them as they transition into adolescence? Parents also pick up on the messages about youth that are so prevalent in our society. In turn, they may anticipate that their children will be "problems" in middle childhood and adolescence. Expecting the worst is not likely to produce the supportive, positive, and engaged parent-child relationship necessary for youth to demonstrate their best.

Fortunately, there has been a movement afoot in recent years to change this. One re-frame that has been used with considerable success is "healthy youth development." While this phrase has multiple applications it does offer an easy way to positively present or "frame" the work with children and youth. This frame allows the conversation to begin with a focus on a concern or value that most people share. Who doesn't share the desire for youth to develop in healthy ways?

The "healthy youth development" frame leads with and emphasizes what is good and positive. It delivers and reinforces the message that kids are valued and viewed as assets. At the same time it provides context for discussing problems or negative behaviors without allowing these issues to become the sole way in which youth are characterized.

Professionals who work in human service and health related fields have had a difficult time communicating effectively with those outside the field, especially when it comes to the value and effectiveness of the work. Applying the techniques of re-framing, based on research from FrameWorks and other sources about how audiences interpret what they see and hear, may result in communication content and style that has positive impact on the perceptions of others, including youth themselves. Eventually, the way our society talks about youth might shift to reflect recognition of the talents, contributions and passions of these young people, as well as appreciation for the challenges they face in our swiftly changing world and in their dramatically changing bodies.

By Glynis Shea, Communications Coordinator at the Division of General Pediatrics and Adolescent Health

BRIEFS...

The Early Childhood Policy Certificate program was launched in August as a part of the President's Initiative on Children, Youth and Families. This certificate will develop individuals' capacity to apply research-informed knowledge of early development to federal and state policy affecting children up to age 8. The faculty includes instructors from a variety of perspectives, disciplines, and academic units. The Early Childhood and Public Policy course will form the cornerstone of the program, which will be filled out by electives and individualized learning experiences. The certificate is sponsored by the Center for Early Education and Development and the Institute of Child Development with the support of faculty and staff from the Children, Youth and Family Consortium, the Medical School, the Law School, the School of Public Health, the Humphrey Institute of Public Affairs, the College of Human Ecology and the College of Education and Human Development. More information is available on the website: http://education.umn.edu/SPS/programs/certificates/ECPolicy.html

Search Institute has recently released the findings of a new study highlighting the strengths and priorities of African American and Latino/Latina parents. Among their findings is that what parents want most is to be able to spend more time with their children. Though African American and Latino parents feel they are doing a good job raising their children, challenges such as job loss, negative societal values, and difficulty making connections with others in their community make it more problematic. However, the main thing these parents said they wanted was to spend more time with their children. In fact, 70 percent of African-American and 84 percent of Latino parents say spending more time with their kids would help them more than anything else they identified. The survey was conducted with the YMCA of the USA. More information is available on their websites: http://www.abundantassets.org or or http://www.search-institute.org/families

The President's Initiative on Healthy Foods, Healthy Lives, one of eight initiatives identified by President Robert Bruininks, was launched recently at a conference on campus. Drawing on strengths in food and health sciences, the Healthy Foods, Healthy Lives Initiative is taking aim at the rising tide of diabetes, obesity, osteoporosis, heart disease and other conditions linked to unhealthful diets and sedentary habits. Among other goals, the Initiative will seek to inform public policy on these issues.

Minnesota Children's Summit 2005
March 28, 2005

Convened by University of Minnesota President Robert H. Bruininks as part of the multi-year President's Initiative on Children, Youth and Families. This year's Summit focuses on how families build health and stability into their living, how families connect with the resources that enable them to thrive, and how agencies, supports and service providers can coordinate in order to provide integrated and comprehensive resources for families. This is an invitational event, but advance registration will open to the public in early March. Although space is limited, the Summit will be available for viewing via web-cast as well as broadcast to University of Minnesota coordinate campuses. See www.childrenssummit.umn.edu for more details or contact the University of Minnesota's Children, Youth and Family Consortium at cyfc@umn.edu, (612)625-7849

Who's The Consortium?

Deborah Roedder John is the Curtis L. Carlson Chair and Professor of Marketing at the University of Minnesota's Carlson School of Management. One of Dr. John's major areas of research is children's consumer behavior, particularly as it relates to developmental stages, and their socialization as consumers. She recently presented a lecture as part of the Carlson School Research Lecture Series on "Children's Consumer Socialization: Growing Up In A Material World."

Emmett Carson is the president and CEO of the Minneapolis Foundation, and serves as one of the commissioners for the Commission on Out of School Time. He has also been involved in the planning and leadership for the Children's Summits. Dr. Carson has given leadership to the Minneapolis Foundation's focus on and grantmaking for many issues important to children, youth and families. Among them are education, affordable housing, immigration, health and early childhood.

Mary Tambornino served as a County Commissioner for Hennepin County from 1994- 2002. During her tenure she championed public health issues, focusing especially on children's mental health. She also worked on issues of domestic violence, and the effect that exposure to violence has on children. Mary, who is a member of CYFC's Advisory Council, has been instrumental in the development of the Center of Excellence in Children's Mental Health. And serves on its steering committee.

Blong Xiong, assistant professor of social sciences in General College, joined the CYFC Advisory Council in the fall of 2004. Dr. Xiong, who received his M.A. and Ph.D. degrees in the Department of Family Social Science at the University of Minnesota, has been involved in research centered on parenting adolescent children in refugee and immigrant families, family education, and youth delinquency, and was one of the Developers of "Helping Youth Succeed," a bi-cultural parenting guide for Southeast Asian Families. He recently received the Ruth Hathaway Jewson Award for Distinguished Service To Families from the Minnesota Council on Family Relations.

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