PEEPS: A Relational Framework for Incorporating Resilience Into Community-Based Programming for Youth

Christine E. Leistner
California State University, Chico
cleistner@csuchico.edu

Shelley R. Hart
California State University, Chico, and Johns Hopkins University Bloomberg School of Public Health
srhart@csuchico.edu

Abstract
Youth in communities across the world are exposed to adversity and trauma at high levels. In this article, we describe a research-informed, resilience-promoting framework that can be incorporated into a variety of touch points for youth (e.g., school, family, community, extra-curricular activities). The PEEPS Framework is relational in nature and includes the following five interconnected components: (a) positive adult relationships, (b) esteem, (c) empathy, (d) peer relationships, and (e) strengths-based approach. We outline the research that supports each component, describe how we are currently implementing the PEEPS framework in the form of a volunteer training, and offer research-based suggestions for implementation and tools that other professionals can utilize.

Key words: youth, resilience, community, program, training

Introduction
Research shows that children across the world are exposed to adversity at the individual, family, community, and societal levels (Felitti et al., 1998; Finkelhor et al., 2015; World Health Organization [WHO], 2020). A recent report indicated that 75% of children ages 2 to 4 years old (300 million) experience physical and/or psychological violence perpetrated regularly by a caregiver (WHO, 2020). Recent data from the United States and eight Eastern European countries prior to the COVID-19 pandemic indicates that approximately half of all children have at least one adverse childhood experience (ACE; Bellis et al., 2014; Bethell et al., 2014).
ACEs refer to traumatic or household difficulties individuals experience before their 18th birthday (Felitti et al., 1998). These include abuse (physical, emotional, sexual); neglect (emotional, physical); and household dysfunction (e.g., witnessing violence among caregivers). In the last several decades, ACEs have been strongly correlated with negative health and mental health outcomes, such as adoption of risky behaviors, disability, chronic illnesses, and early death (Felitti et al., 1998; Hughes et al., 2017). As the number of ACEs increases, the risk for these negative health outcomes continues to increase and the accumulation of these experiences may have profound consequences for an individual’s health over time (Anda et al., 2006; Hughes et al., 2017).

Given these challenges, we outline a research-informed framework with strategies to promote resilience among youth that can be used by a variety of individuals, organizations and communities working to improve youth well-being. We also describe our current implementation of the PEEPS framework in community service programming and tools/resources that complement our framework.

**Adversity and Health Among Individuals, Families and Communities**

With the advent of challenges related to COVID-19, it may be expected that exposure to adversity has increased. Disruptions to family functioning are likely to impact children and youth within a developmental cascade, as disruptions for caregivers (e.g., job loss, health issues, social isolation) increase stress, limit social support, and strain relationships (Prime et al., 2020). A recent study indicated that parent job loss during the pandemic was associated with increased child maltreatment within the same time period (Lawson et al., 2020).

For families who struggled prior to the pandemic with issues such as substance abuse, domestic violence, and mental illness, to be quarantined together and isolated from others who might buffer against the influence of these factors, the risks are even greater (Pereda & Díaz-Faes, 2020). It may be that the current circumstances also create ongoing challenges for families, resulting in long-term poverty and financial instability (Anser et al., 2020) which may have significant consequences for youth. In a recent review, Singh and colleagues (2020) reported that regardless of age, parents cited increases in children’s irritability, inattention, and clinging behaviors during the COVID-19 pandemic. Parents indicated that their children were feeling uncertain, fearful, and isolated and exhibiting disturbed sleep, nightmares, poor appetite, agitation, and separation-related anxiety.

Prior to the pandemic, in 2019, 36.7% of youth in the United States reported feeling sad or hopeless (almost every day for 2 or more weeks) and 8.9% reported attempting suicide.
(Centers for Disease Control and Prevention, 2019). Of particular concern is that many youth rely on mental health treatment that occurs in the school context (Duong et al., 2020). While many schools have moved to telehealth to provide care, studies are beginning to elucidate challenges with this mode of service delivery, including difficulties with engagement and retention (Bagley et al., 2020).

In addition to the current adversity related to the COVID-19 pandemic, ACEs research has also recognized additional adverse experiences at the community level including community violence, gender and social inequality, racism, poverty, and high levels of unemployment (Cronholm et al., 2015; Finkelhor et al., 2015; WHO, 2020). Currently, public health researchers in the United States posit that COVID-19, and the economic and traumatic results of the pandemic as it continues to unfold, will likely impact children in poverty and the African American community more severely than children in other populations (Kuller et al., 2020; Masonbrink & Hurley, 2020).

**Youth Health and Development in Context**

In recent years, two articles have been published synthesizing the literature on the ways that individual, interpersonal, environmental, and biological contexts influence human development (see Cantor et al., 2019; Osher et al., 2020a). One of the key points of this work is to highlight that children grow and develop in “microsystem contexts” that include communities, schools, and families and “macrosystem contexts” that include societal structures such as poverty and racism that are likely interconnected and can either promote or discourage healthy development (Osher et al., 2020a).

As research examining ACEs has evolved over the past few decades, more comprehensive ways of thinking about adversity have been added to the original 10 items that made up the ACEs questionnaire (Cronholm et al., 2015). These additional items encompass more macrosystem contexts such as racism and living in foster care (Cronholm et al., 2015). Given the current U.S. social climate regarding police brutality and the Black Lives Matter movement, there may be additional adversities that African American youth face in a variety of settings. Further, Asian American youth may be experiencing additional bullying or discrimination due to misinformation related to the COVID-19 pandemic (Beers et al., 2021). The list continues in terms of the relationship between structural inequalities (due to race/ethnicity, sexual orientation, gender, ability/disability, religion, etc.) and additional barriers to thriving for youth (Osher et al., 2020b). With these structural challenges, it is important to consider the ways in which we can promote resilience for youth broadly and in our own communities (Osher et al., 2020b).
**Impact of Positive Relationships**

Research on positive childhood experiences (PCEs) supports the power of positive relationships to counteract the effects of maltreatment and adversity. PCEs are identified by asking individuals about how often (prior to age 18) they experienced feeling supported, safe, and protected, in addition to having a sense of belonging and access to someone they could confide in when needed. Evidence is mounting that those positive experiences may help individuals to overcome or neutralize the deleterious effects of adverse experiences on health and well-being (Bethell et al., 2019; Crouch et al., 2020).

One of the longest cohort studies conducted in human history, the Harvard Study of Adult Development, reports that healthy human relationships are a key predictor of happiness, physical health, and mental well-being in later adulthood (Mineo, 2017). Therefore, developing positive relationships and relational skills may have a long-lasting impact across the lifespan for youth. This positive association with healthy relationships and lifelong well-being was similar across individuals of various socio-economic backgrounds (Mineo, 2017), which indicates a possible role in promoting health equity as a framework for interventions (Osher et al., 2020b).

For youth, relational quality in school can have a significant influence on academic, interpersonal, and mental health outcomes (Osher et al., 2020a). In a recent synthesis of literature examining how relationships influence child and human development, Osher and colleagues (2020a) report that relationships with caregivers, schoolteachers, peers, and others in the community can shape youth’s learning environments, appraisals of those environments, perceptions about learning and perceptions about themselves. In a conceptual equation of youth thriving, Osher and colleagues (2020b) describe relationships and experiences as the “multiplier” between youth development and equity. In this model, the authors suggest that relationships with caregivers and others in the community are an essential component of youth well-being and acknowledge that community organizations have been charged with filling this role.

**Current Interventions Promoting Resilience**

These important relationships with caregivers and others are embedded into the many definitions of resilience. While no singular definition exists for resilience, generally, researchers agree that an individual demonstrates resilience by being able to adapt to stress (“bounce-back”) and the level of resilience is viewed on a continuum from low (e.g., poor “bounce-back” ability) to high (“thriving”; Joyce et al., 2018). While it may be conceptualized by some as a characteristic within an individual, others view it more explicitly as the result of dynamic interactions between an individual and their environments (Liu et al., 2020).
As no life is free of stress and many youth are exposed to chronic stress and adversity, how we cultivate and promote resilience has been the focus of much research. A recent meta-analysis of resilience-based interventions highlighted the positive influence of cognitive-behavioral therapy (CBT) and mindfulness-based interventions (Liu et al., 2020). These types of interventions appear to align with the idea of resilience as characteristics within an individual. Likewise, through a recent review of systematic reviews, researchers reported that the majority of ACE interventions consist of psychological interventions that focus on intra-individual changes (Lorenc et al., 2020).

While arguably much less frequently, when embracing the idea of resilience as a dynamic interplay between a person and their environments, ACE-related interventions tend to focus on either the home (e.g., caregiver education, increasing caregiver social supports) or pediatric (e.g., pediatrician education about ACEs, pediatricians screening for ACEs; Marie–Mitchell et al., 2019) context. Other frameworks, such as positive youth development (youth.gov, n. d.), focus on engaging and empowering youth by enhancing relationships and building leadership skills.

While these targets for intervention are vital, what is missing typically from interventions focused on combating ACEs, or increasing PCEs/resilience, is attention to the rich landscape of community-level interventions. Additionally, the majority of these interventions are focused on certain professionals with advanced training (e.g., psychologists), yet we know that contact with caring and competent adults, regardless of their professional training, can help to buffer the effects of ACEs (e.g., Boat et al., 2021; Suzuki et al., 2008; Zolkoski & Bullock, 2012).

We believe that harnessing the power of naturally occurring individuals in youths’ lives (e.g., mentors, coaches, community leaders) is an important preventive intervention. However, in the United States, nearly one third of youth report not having a supportive mentor outside of family members (Bruce & Bridgeland, 2014). In a recent national survey, almost half a million youth participated in mentoring programs (Garringer et al., 2017). The vast majority of those youth were served through nonprofit organizations (79% of all programs) with program goals such as life and social skills, youth development, academic enrichment, career exploration, leadership development, and college access. Interestingly, less than half (44%) of the 1,271 programs surveyed indicated that “providing a caring adult relationship” was one of their top four priorities; surprising as prior research indicated that 77% to 100% of programs had endorsed that goal over the past 2 decades (Changing Our World, Inc., 2011; Sipe & Roder, 1999).
It is clear that children in the United States are exposed to various adversities. These experiences put children at risk for a multitude of negative consequences. Positive relationships can buffer against the impact of these experiences, yet the majority of resilience-based interventions focus only on intrapersonal factors, rather than including interpersonal relationships as a component.

**Current Paper**

There is a large and growing body of research on relational factors impacting human resilience. However, there are few contributions that provide practical ways that practitioners working with youth in the community can promote this resilience. Therefore, the aim of the current paper is to provide a practical, research-informed framework for promoting relational resilience among youth in community settings.

**Framework Development Methods**

**Procedures**

First, a practical literature review was conducted that focused on searching for relational practices that promote resilience among youth in a community setting. The goal was to identify studies (a) with specific components of programming or community practices that promote resilience and (b) that offer important strategies, parameters or considerations that would be helpful for practitioners. The search engines used were Google Scholar, PubMed, Psychinfo and Google. Keywords included: “community” or “program” or “intervention” AND “resilience” or “positive” AND “youth” or “children” or “adolescents.” The reference list of each identified manuscript was also reviewed for additional research to include. Through Google searches, we identified organizations conducting relevant programming and research.

**Analysis**

We read the abstract of each academic article and read the website of organizations conducting this work (e.g., the Search Institute) that fit the criteria of our search (studies with specific components of programming or community practices that promote resilience and that offer important strategies, parameters or considerations that would be helpful for practitioners). Next, we began to record patterns of programming that focused on youth resilience through relationships. We made notes of the components of these research studies and then included the articles that also offer specific components that would be helpful to practitioners. After reviewing all of the themes identified in the literature search, we developed a framework for promoting relational resilience in community settings. The goal was to distill the literature
PEEPS review down into an accessible framework that would be easy for community-based organization members to remember and implement.

**PEEPS Framework**

After analyzing the literature for themes, we developed the PEEPS framework for promoting relational resilience in a community setting. The PEEPS framework is an acronym for the following interconnected components:

1. **Positive adult relationships**
2. **Empathy**
3. **Esteem**
4. **Peer relationships that are positive**
5. **Strengths-based approach**

**Description of the Framework Components and Supporting Research**

PEEPS is a tool that can be used for anyone working with children and youth in a community setting. Table 1 provides an easily accessible overview of each component of PEEPS along with considerations for programming. Research indicates that children with histories of trauma exhibit more resilience if they have certain experiences or circumstances that help to promote their well-being throughout childhood (Belsky et al., 2007; Suzuki et al., 2008; Zolkoski & Bullock, 2012). Many of these experiences or circumstances are relational in nature and can be facilitated by a variety of touch points in a child’s life including family, school, neighborhood, and community programming (Karcher, 2005a; Karcher, 2005b; Leventhal et al., 2015; Malti et al., 2016). The PEEPS framework was developed by synthesizing this literature into key components that can be used to design new interventions, inform current programming, inform best practices for professionals working with youth, and provide concrete outcomes to measure in program evaluation efforts. The PEEPS framework can also be used in a variety of community programs including those providing mentorship (e.g., Big Brothers Big Sisters), after-school programs (e.g., Boys and Girls club), curricular (school curriculum) or extracurricular programs (e.g., sports, dance, theatre), parent-focused programs (e.g., home visitation, parent education), and other youth-focused programs (e.g., camps).
Table 1. PEEPS Framework for Promoting Relational Resilience

| Positive adult relationships | Description | Considerations for programming |
|-----------------------------|-------------|---------------------------------|
|                             | Positive adult relationships include respectful relationships in which the adult provides | • Require time minimum for mentorship roles (1 year). |
|                             | • Consistency, stability, responsivity, & warmth | • Conduct ongoing trainings for volunteers or staff that focus on PEEPS framework. |
|                             | • Commitment | • Train adults and/or caregivers in emotional coaching. |
|                             | • Emotional coaching | • Embrace trauma-informed approaches. |
|                             | • Support and encouragement | |
|                             | • New experiences/perspectives | |
|                             | • Realistic expectations | |
|                             | • Boundaries | |

| Empathy | Promoting empathy for youth teaches them how to | |
|---------|--------------------------------------------------|--------------------------------------------------|
|         | • Recognize others’ perspectives, emotions, and needs. | • Provide opportunities for youth to practice empathy. |
|         | • Help others in a positive way. | • Provide opportunities for civic engagement. |
|         | • Navigate peer situations. | • Train adults and/or caregivers in emotional coaching. |
|         | • Understand the feelings associated with being treated unfairly. | • Educate youth to name and discuss their emotions. |
|         | • Develop awareness of differences in values and experiences that teach youth to empathize with those that may be different from them. | • Educate youth about current social issues and challenges. |
|         | | • Embrace trauma-informed approaches. |

| Esteem | Promoting esteem for youth teaches them how to | |
|--------|-------------------------------------------------|-------------------------------------------------|
|        | • Respect others. | • Create an organizational environment of respect. |
|        | • Use appropriate social skills. | • Embrace trauma-informed approaches. |
|        | • Respect themselves. | • Utilize CliftonStrengths or other assets-based assessments. |
|        | • See themselves in a positive way. | • Teach social skills. |
|        | • Make good choices. | • Provide opportunities for goal setting and reflection. |
|        | • Feel empowered to make their own choices. | • Utilize positive reinforcement strategies. |
Table 1. (continued)

| Peer relationships | Description | Considerations for programming |
|--------------------|-------------|---------------------------------|
| Promoting peer relationships for youth teaches them how to | • Utilize healthy social skills.  
• Engage with peers appropriately.  
• Develop healthy and supportive friendships.  
• Empathize with others.  
• Identify strengths in others.  
• Respect others. | • Train youth in emotional coaching.  
• Utilize CliftonStrengths or other assets-based assessments.  
• Provide youth with collaborative projects and/or activities. |

| Strengths | Description | Considerations for programming |
|----------|-------------|---------------------------------|
| Promoting strengths for youth teaches them how to | • Identify strengths that they possess.  
• Utilize their strengths in positive ways.  
• Identify strengths of their communities.  
• Identify strengths of their cultures.  
• Develop healthy sense of identity. | • Utilize CliftonStrengths or other assets-based assessments.  
• Engage youth in community strength assessments.  
• Engage youth in cultural strength assessments.  
• Develop culturally specific programs or programming components. |
Positive Adult Relationships

The PEEPS framework posits that positive adult relationships are a key factor in promoting resilience for youth. Positive adult relationships are relationships youth have with adults that foster connection and support through consistency and mutual respect (Search Institute, 2020). Research indicates that positive relationships with adults foster multiple positive outcomes in youth including better school performance (Karcher, 2005b), higher self-esteem (Karcher, 2005b), higher mental well-being (King et al., 2002), better emotional regulation (Gottman et al., 1996), and higher quality relational skills (Lopez et al., 2003).

Youth report valuing the companionship and authenticity within these relationships that fosters empathy and collaboration (Spencer, 2006). These role models may include parents or caregivers, school educators and counselors, adults in the neighborhood or community, extracurricular activity supervisors (e.g., after-school program staff, coaches), religious leaders, mental health care providers, case workers, and foster parents (Strolin-Goltzman et al., 2016; Zolkoski & Bullock, 2012).

The Search Institute (2020) has developed a framework for promoting positive relationships called the Developmental Relationships Framework. This framework offers ways that influential adults can engage with youth to promote positive relationships through warmth, dependability, praise, accountability, expectations and boundaries, listening, supporting, and broadening the youth’s horizons (Boat et al., 2021). When implemented in a school setting, this framework is associated with youth having higher GPA, more academic motivation and more positive overall perceptions of school climate and teaching quality (Scales et al., 2020; Sethi & Scales, 2020). In schools, youth report that they have stronger relationships with teachers and/or program staff when they are able to be their authentic selves and not just another student (Boat et al., 2021).

There are specific characteristics for optimizing the effectiveness of positive adult relationships as a tool for buffering against negative outcomes for children with a history of adversity. These characteristics include

- focus on relationship quality (listening, respect, healthy boundaries),
- emotional coaching (teaching youth to name and discuss their emotions),
- safe relational environment through warmth and support, and
- stability and consistency (duration and commitment).

Focus on relationship quality. One way the framework suggests to focus on positive adult relationships is through relationship quality. Research shows that programming focused on
relationship building and quality between youth and adults is widely successful in comparison to programs without this relational context or structure (Karcher, 2005a; Karcher, 2005b; Karcher et al., 2006). These relationally driven programs should focus on relationship quality between the child and adult and on building the child’s self-esteem and relationship skills (Karcher, 2005b; Karcher et al., 2006).

Programming that focuses on relationship quality tends to embed this component in several ways (e.g., Isobel et al., 2016; Karcher, 2005a; Leventhal et al, 2015). These strategies provide a focus on relationships that is key to many successful programs and positive outcomes for the youth participating and include: incorporating mentorship, focusing on parent support, promoting positive peer interactions, training youth about relationship skills. The Developmental Relationships Framework developed by the Search Institute (2020) suggests that these relationships should have “shared power” in which the youth are respected and empowered to make decisions and collaborate with adults.

**Emotional coaching.** In order for programs to implement positive adult relationships, there is a need for adults involved with youth to have emotion-focused knowledge and skills. For example, building an environment of emotional skills and support provides youth with important knowledge and competence to regulate their emotions. When trusted adults engage in emotional coaching or helping the child identify feelings (especially feelings of fear, sadness, or anger), children tend to improve their emotional regulation abilities (Gottman et al., 1996). According to Gottman and colleagues (1996), emotion coaching has five pieces that involve parents or active adults having an awareness of emotions experienced by themselves and the children; growth-based attitudes toward negative emotions; and engagement in emotional validation, teaching, and problem solving with children.

One important aspect of this model is that adults in the child’s life have an awareness of and comfort with their own emotions so that they can self-regulate their mood, have healthy coping strategies, and help to identify emotions the children are experiencing (Gottman et al., 1996). This emotional awareness for the adult helps to improve interactions with the child and decrease distress for the adult (Gottman et al., 1996; Isobel et al., 2016). Isobel and colleagues (2016) conducted an intervention in which they provided psycho-educational training for parents with mental illness that focused on emotional awareness. By becoming aware of their own emotions, parents could also place more focus on and empathize with their children’s emotions. Participants in the program reported that this emotional awareness training helped to
improve communication and promote more positive interactions with their child (Isobel et al., 2016).

Another important component of emotional coaching is that the adult helps the child name their emotions so the child has language to describe their feelings and can begin to cope with these emotions in a healthy way (Gottman et al., 1996). This emotional awareness and focus from the adult, helps the child to be able to calm down when feeling sad or angry (Gottman et al., 1996). As the child grows into adolescence, the ability to manage emotions is linked to more positive relationships with others (Lopez et al., 2003). The Gottman Institute has resources that focus on emotional coaching in the context of parenting and a variety of other adult roles. Please see Promoting Positive Adult Relationships in the Appendix for specific resources.

*Safe relational environment through warmth and support.* In addition to promoting emotional health for children, the PEEPS framework suggests that expressions of warmth and affection help to build resilience for children. Belsky and colleagues (2007) describe warmth in terms of the following components: (a) sensitivity and supportiveness of the child’s goals and/or wishes, (b) affection and positive regard, (c) timely and appropriate responsivity, and (d) emotional supportiveness.

When parents or other trusted adults express warmth, youth well-being is buffered against the negative consequences of adversity (Belsky et al., 2007). Encouraging warmth may be accomplished directly by explicitly discussing warmth or providing training that promotes warmth; however, programming can also indirectly promote warmth through developing a programmatic environment that values and focuses on relationships.

The Developmental Relationships Framework developed by the Search Institute (2020) suggests that support is an important component of positive adult relationships. Adults can demonstrate support by helping youth navigate challenges and set healthy boundaries and by advocating and empowering youth. This support and warmth provided by adults likely helps youth feel secure so that they can learn, grow, and “cultivate abilities to shape their own lives” (Search Institute, 2020). Based on this literature, we believe that this warmth and support from adults begins to promote resilience when it is consistent across time within a relationship with one mentor and/or consistent across an organization the child is engaged with regularly. Therefore, this consistency of warmth and support helps to build a safe relational environment.
**Stability and consistency.** Another important aspect of promoting positive adult relationships is through offering stability and consistency (Search Institute, 2020). When children have experienced significant adversity, they may have issues with trust and an insecure attachment to caregivers (Corcoran & McNulty, 2018; Gobin & Freyd, 2014). Therefore, building relationships with adults that are stable, consistent, and have a longer duration in their lives provides an opportunity for healing and positive growth (Rhodes & DuBois, 2006). Relationship consistency and duration are key components of any relationally focused programming (Rhodes & DuBois, 2006).

In examining results from the “Big Brothers Big Sisters” program in the United States, Grossman and Rhodes (2002) reported that programming encouraging positive adult relationships for a year or longer had the most benefits for the child, and mentoring relationships that lasted less than 6 months had negative consequences for the child. This research speaks to the importance of duration and consistency when designing relationship-based programming for youth and supports the duration of at least 1 year to promote resilience. This level of consistency and duration may provide the platform and time for adults and youth to build the other elements of successful relationally driven programming such as empathy, self-esteem, and focus on strengths. This level of time with a trusted and supportive adult may also help the youth to develop the skills they need to foster positive peer relationships as well. Please see Promoting Positive Adult Relationships in the Appendix for specific resources.

**Empathy**

The PEEPS framework suggests that empathy is an essential component of building relational resilience for youth. Empathy is the “ability to sense other people’s emotions, coupled with the ability to imagine what someone else might be thinking or feeling” (Harvard School of Education, 2021). Being able to empathize with others is a component of prosocial behavior for individuals of all ages (Caprara et al., 2014). A focus on empathy through a social justice lens encourages discussion and authenticity and promotes communication and respect (Hollingsworth et al., 2003). Programs focusing on empathy include curriculum that teaches youth how to recognize others’ perspectives, emotions, and needs; help others in a positive way; navigate peer situations; understand the feelings associated with being treated unfairly; and develop awareness of differences in values and provides experiences that teach youth to empathize with those that may be different from them (Caprara et al., 2014; Hollingsworth et al., 2003).
Programs designed to promote empathy have been proven to positively influence academic, emotional, social, and behavioral outcomes for youth (Caprara et al., 2014; Malti et al., 2016). Youth participating in these programs are more likely to be successful and have fewer conduct-related issues in school (Malti et al., 2016). They also have increased frequency of helping behaviors and decreased levels of physical and verbal aggression toward their peers (Caprara et al., 2014). In one study, this increase in helping behaviors was found to mediate the decrease in verbal aggression that was found due to the intervention (Caprara et al., 2014). Therefore, it seems as though when a young person participates in a program that promotes empathy, they are more likely to help their peers and therefore, less likely to make aggressive remarks. A recent review of programs promoting empathy (Schonert-Reichl, 2013) suggests programming should include (a) allowing youth to feel a wide range of emotions, (b) bringing attention to the experiences of others, (c) offering perspective-taking, (d) providing affection, and (e) providing empathetic role modeling. Please see Promoting Empathy in the Appendix for specific programs that promote empathy.

Esteem

The third component of the PEEPS framework is esteem, which is defined as respect and admiration for oneself or another person (Merriam Webster, 2021). We define esteem as promoting self-esteem for youth and respect for others. Self-esteem is associated with increased academic performance and decreased levels of depression for youth (Booth & Gerard, 2011; King et al., 2002). Programs that focus on self-esteem may directly or indirectly address self-esteem as a programming topic.

For example, one program (Cross Age Mentorship Program; CAMP) measuring self-esteem as an outcome of the program was designed to promote healthy relationship skills, self-esteem, goal setting and academic help through long-term mentoring with the same mentor over time and after-school and/or weekend activities for youth (Karcher, 2005a; Karcher, 2005b). These activities were thought to promote self-esteem by providing the youth with a stable, competent, caring, and consistent mentor to demonstrate that the youth was worthy of attention and support and to encourage academic success through tutoring (Karcher, 2005a; Karcher, 2005b).

However, other programs have been designed to target self-esteem more explicitly in the programming content. For example, a program implemented by King and colleagues (2002) was also a mentorship-style program in which mentors were given a booklet with activities designed to promote self-esteem and encouraged to engage in these activities with their mentee (King et al., 2002). This program trained mentors to promote self-esteem for adolescents through
increasing their “sense of connectedness, sense of power, sense of uniqueness, and sense of positive role models” more explicitly (King et al., 2002, pp. 295).

Regardless of the indirect or explicit focus on self-esteem, outcomes of these programs show that youth self-esteem increases significantly (Karcher, 2005b; King et al., 2002). Karcher (2005a; 2005b) suggests that the positive relational aspects built between adults and youth is the factor that drives this increase in self-esteem more than the specific program curriculum.

In addition to self-esteem, the PEEPS framework suggests that esteem for others should also be promoted. Having respect for others allows for youth to practice empathy and promotes positive peer relationships. When youth perceive that they are respected by their teacher, they feel closer to their teachers and are more academically motivated (Sethi & Scales, 2020). For marginalized youth, having an awareness of and respect for the unique assets of their culture provides resilience from the harmful effects of discrimination (Gaylord-Harden et al., 2012). This awareness may allow youth to develop respect for their communities and those around them and may even contribute to their own positive identity development (Osher et al., 2020a; Osher et al., 2020b). Please see Promoting Esteem in the Appendix for specific resources.

**Peer Relationships**

The PEEPS Framework includes peer relationships as a significant component for promoting relational resilience among youth. Friendship, peer support, and overall social support are factors that promote resilience in youth (Collishaw et al., 2007; Strolin-Goltzman et al., 2016). In a sample of adolescents with “severe” abuse experiences in childhood, peer relationships were associated with fewer mental health concerns in adolescence and at follow-up assessment for these individuals in adulthood (Collishaw et al., 2007). In a study focused on educational success, former foster youth reported that having positive peer relationships provided an opportunity to model after friends who were academically focused and successful (Strolin-Goltzman et al., 2016).

The Developmental Relationships Framework developed by the Search Institute has also been applied to peer relationships in practice (Boat et al., 2020). Youth participating in programs where this framework is implemented in the context of peers have more positive perceptions of school climate, more academic motivation, a higher GPA (Sethi & Scales, 2020) and report an overall sense of positive support from their peers (Boat et al., 2020). Interestingly, one recent study reported that this framework within peer relationships had a more positive association with GPA when compared to relationships with teachers or parents (Sethi & Scales, 2020).
Programming that includes content promoting quality friendships and social skills may allow youth to bond over developing these skills together. For example, a program focused on building resilience among teen girls included a module promoting quality friendships and skills to build and maintain friendships (Leventhal et al., 2015). The facilitators incorporated content about forgiveness, apologizing and self-esteem when discussing how to develop a good friendship. Girls participating in this program had higher levels of social and peer support and lower levels of psychological concerns in comparison to their peers who did not participate in the program (Leventhal et al., 2015). Please see Promoting Peer Relationships in the Appendix for specific resources.

**Strengths-Based Approach**

The final component of the PEEPS Framework includes a strengths-based approach. A wide range of research demonstrates that focusing on character strengths in youth programming has physical, psychological, and social benefits (Crooks et al., 2010; Leventhal et al., 2015; Madden et al., 2020). Programming that utilizes a strengths-based approach often situates the youth as a part of a larger system and helps to identify and utilize existing strengths to improve youth health outcomes (Crooks et al., 2010). Asset-based traits such as persistence and the ability to deal with difficult emotions such as anger or sadness have been associated with more positive psychological outcomes for young adults that have experienced childhood adversity (Cambell-Sills et al., 2006).

The ability to identify a strength within oneself is highly protective against negative mental health outcomes for youth (Leventhal et al., 2015; Madden et al., 2020). For example, a program focused on adolescent girls included a module that provided 24 types of character strengths and engaged the girls to (a) identify their most dominant strengths and (b) identify how they utilized their strengths in the past week (Leventhal et al., 2015). The program facilitators later incorporated strengths into other aspects of the curriculum focused on skill development. Girls who participated in this program had more emotional and social resilience and higher psychological well-being in comparison to the control group (Leventhal et al., 2015). Programming that helps youth to identify their strengths is associated with more hope and confidence to fulfill their goals (Madden et al., 2020). Much like the needed support to help them identify their feelings, youth need engagement from trusted adults and peers to identify and build awareness of their strengths and potential.
Additionally, there is evidence to suggest that an awareness of cultural assets among youth in under-represented groups may buffer against the negative experiences of racism and/or discrimination (Gaylord-Harden et al., 2012). This research speaks to the strengths of having a specific racial identity and learning that there are a number of assets that embody one’s identity. For example, Gaylord-Harden and colleagues (2012) suggest that racial socialization (the ways in which close adults frame the meaning of racial identity for their children) may contribute to higher levels of mental health outcomes and academic performance for African American youth.

In adolescence, youth begin to anchor their identities in relationship to the world around them (Osher et al., 2020b). This identity development may provide a foundation for future career aspirations, cultural beliefs, and values, how youth treat others, and how they understand themselves and their capabilities (Osher et al., 2020b). Providing programming that embraces strengths-based approaches can contribute to foundational identity formation and development among youth. In young adults, an understanding of one’s strengths in multiple domains (e.g., personal identity, internal assets, external assets) is associated with higher overall life satisfaction (Pashak et al., 2020). Please see Promoting Strengths-Based Approaches in the Appendix for specific resources.

**Current PEEPS Framework Implementation**

We have begun to use the PEEPS framework as a training tool for college student volunteers working with children on a regular basis. Students engaged in our university volunteer program are required to commit 1 semester of weekly (2 hours) service. Many of our students volunteer for the Boys and Girls club, local schools, and other entities serving youth in our community. These students are serving as mentors and tutors working with the same children on a weekly basis. The volunteer program at our university requires all student volunteers to engage in a training before beginning their service in the community.

We have designed and facilitate a workshop every semester for the university student volunteers as a stand-alone, 90-minute training that includes (a) information about ACEs and the effects of trauma on child development; (b) a description of each PEEPS framework element, specific examples outlining ways student volunteers could incorporate each element when working with children; and (c) activities involving several case studies where students apply these elements to real-life scenarios in groups. We have designed and facilitated this training in partnership with a representative from the Boys and Girls club who contributed important training content and real-life experiences. We offer specific tools to help students
engage in each element of PEEPS including providing the emotional wheel to help the youth identify their feelings (Gottman Institute, 2020; see Appendix) and a list of strengths from CliftonStrengths (Gallup, 2021; see Appendix) to help the students understand that strengths come in many forms. In addition to these specific tools, we review and describe each component of PEEPS in the training by providing content that is included in Table 1.

Each workshop has 20 to 40 college students attending. Our training occurs at the beginning of the semester and then the college students begin volunteering with youth on a weekly basis. The students may work with one child the entire semester, or they may work with several of the same children depending on their volunteer site. While our current implementation of PEEPS is not a manualized curriculum, we have developed slides and training materials to accompany this framework. Those materials are freely available by contacting the corresponding author.

**Future Opportunities for Implementing the PEEPS Framework**

In addition to the way we are currently implementing the PEEPS framework, there are a variety of ways that community practitioners could implement the framework. The PEEPS framework is a guide for how individuals working in a variety of community settings might think about promoting relational resilience for youth. It could be useful in settings that work directly (e.g., after-school programs, tutoring programs, youth mentor programs, sports programs) or indirectly (e.g., parent–teacher association meetings, home visitation programs, parent education training) with youth.

Within established programs, we believe that PEEPS could supplement existing curriculum or operate as a stand-alone training element to provide a framework for community workers to engage with youth. We also anticipate that the PEEPS framework could be used to design programs from the start, as the research supporting these elements is strong. For example, individuals interested in starting a new mentoring program might aim to explicitly create programming that supports each element of PEEPS within the suggested parameters outlined. PEEPS would also fit nicely with parent-focused programs such as home-visitation programming or parenting workshops. For either new programs or existing ones, PEEPS can provide an organizational element to evaluation and assessment, ensuring that measures investigating each aspect of PEEPS are included. Please see Table 1 for considerations in implementing the PEEPS framework.
Discussion

We hope that the PEEPS framework will serve those working with youth in a positive way by providing specific areas for programmatic focus, the supportive research behind them and considerations for implementation. The PEEPS framework has implications for programming that influences youth. We hope that researchers and practitioners will use this article as a tool to

1. Further understand the role of adversity and resilience in youth development and well-being.
2. Understand practical strategies and considerations for promoting resilience among youth through the PEEPS framework.
3. Be able to incorporate these components in their work promoting health among youth in their communities.

Adversity impacts youth in a variety of ways and researchers, clinicians, and practitioners will be continuing to understand this impact over time. Emerging research shows that positive relationships and experiences in a young person’s life may have a stronger association with health outcomes than ACEs (Hambrick et al., 2019). As such, promoting positive relationships in a community setting is vital for youth. Osher et al., (2020b) acknowledge that community organizations and entities serving youth are tasked with an enormous responsibility to provide key relationships and experiences that will contribute to the likelihood of youth thriving. We believe that the PEEPS framework offers clear ways to promote relational resilience for youth in a community setting with specific tools and implementation considerations to support those doing this work.

Though PEEPS is a research-informed framework, we have not conducted an evaluation of our work implementing PEEPS in terms of outcomes for the college students taking the training or the youth that they mentor and tutor through the volunteer program. We are in the process of evaluating our work with university students that receive the training and will expand to include outcomes for the children they serve. Evaluating PEEPS, in any capacity in which it is implemented, is a vital next step in testing the strength of this framework to promote resilience among youth.

Future research may also benefit from explicitly measuring the construct of resilience as an outcome for youth. Many studies measure positive mental health, interpersonal health and/or academic outcomes and few studies have measured resilience as a construct. The Child and Youth Resilience Measure (CYRM-28; Ungar & Liebenberg, 2011) is a measure that includes a variety of items asking about multiple aspects of resilience for children including family, school,
PEEPS

peer, and community support. In addition, this measure asks children whether or not they are able to identify their own strengths and if they are able to attain their goals. The CYRM-28 (Ungar & Liebenberg, 2011) would be an excellent measure to incorporate into evaluation strategies for programs that incorporate PEEPS and measure youth outcomes.

In conclusion, promoting relational resilience among youth is an essential component of community programming. We have developed a research-informed framework with five interconnected components. We hope that practitioners will be able to use the framework and tools provided to enhance the work they are doing with youth in any community.

**Author Note**

We have no known conflict of interest to disclose.

Correspondence regarding this article should be addressed to Christine E. Leistner, California State University, Chico, Department of Public Health and Health Services Administration, 400 West First Street, Chico, CA 95929-0505. Email: cleistner@csuchico.edu, Twitter: @CELeistner

**Acknowledgement**

We would like to acknowledge Scott Dinits at the Boys and Girls club for his partnership with our training. We would also like to acknowledge the leadership at the Center for Community Outreach, University of Kentucky for providing the support and space to conduct the research that informed this manuscript.

**References**

Anda, R., Felitti, V., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174-186. [https://doi.org/10.1007/s00406-005-0624-4](https://doi.org/10.1007/s00406-005-0624-4)

Anser, M. K., Yusaf, Z., Khan, M. A., Nassani, A. A., Alotaibi, S. M., Abro, M. M. Q., Vo, X. V., & Zaman, K. (2020). Does communicable diseases (including COVID-19) may increase global poverty risk? A cloud on the horizon. *Environmental Research, 187*. [https://doi.org/10.1016/j.envres.2020.109668](https://doi.org/10.1016/j.envres.2020.109668)

Bagley, S. M., Hadland, S. E., & Yule, A. M. (2020). A commentary on the impact of COVID-19 on engagement of youth with substance use and co-occurring psychiatric disorders. *Journal of Substance Abuse Treatment*. Advance online publication. [https://doi.org/j.jsat.2020.108175](https://doi.org/j.jsat.2020.108175)
PEEPS

Beers, L. S., Szilagyi, M., Seigel, W. M., Davis, W. S., Fukuda, Y., Joseph, M., Wright, J. L., & Goza, S. H. (2021). Immunizing against hate: overcoming Asian American and Pacific Islander racism. *Pediatrics, 148*(1). https://doi.org/10.1542/peds.2021-051836

Bellis, M. A., Hughes, K., Leckenby, N., Jones, L., Baban, A., Kachaeva, M., Povilaitis, R., Pudule, I., Qirjako, G., Ulukol, B., Raleva, M, & Terzic, N. (2014). Adverse childhood experiences and associations with health-harming behaviors in young adults: surveys in eight eastern European countries. *Bulletin of the World Health Organization, 92*, 641-655. https://doi.org/10.2471/BLT.13.129247

Belsky, J., Bell, B., Bradley, R. H., Stallard, N. Stewart-Brown S. L. (2007). Socioeconomic risk, parenting during the preschool years and child health age 6 years. *European Journal of Public Health, 17*(5), 508-513. https://doi.org/10.1093/eurpub/ckl261

Bethell, C., Jones, J., Gombojav, N., Linkenback, & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics, 173*(11) e193007. https://doi.org/10.1001/jamapediatrics.2019.3007

Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs, 33*(12), 2106-2115. https://doi.org/10.1377/hlthaff.2014.0914

Boat, A. A., Syvertsen A. K., & Eisenberg, C. (2021). The state of relationships: Young people’s relationships with adults in Minnesota schools and out-of-school time programs. [Insights & Evidence Series]. Minneapolis: Search Institute. Report for the Carlson Family Foundation.

Boat, A., Sethi, J., Eisenberg, C., & Chamberlain, R. (2020). “It was a support network system that made me believe in myself:” Understanding youth and young adults’ experiences of social capital in six innovative programs. (Report to the Bill and Melinda Gates Foundation). Search Institute.

Booth, M. Z., & Gerard, J. M. (2011). Self-esteem and academic achievement: A comparative study of adolescent students in England and the United States. *Compare, 41*(5), 629-648. https://doi.org/10.1080/03057925.2011.566688

Bruce, M., & Bridgeland, J. (2014). The mentoring effect: Young people’s perspectives on the outcomes and availability of mentoring. Civic Enterprises with Hart Research Associates for MENTOR: The National Mentoring Partnership.

Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research and Therapy, 44*, 585-599. https://doi.org/10.1016/j.brat.2005.05.001
Cantor, P., Osher, D., Berg, J., Steyer, L., & Rose, T. (2019). Malleability, plasticity, and individuality: How children learn and develop in context1. *Applied Developmental Science, 23*(4), 307-337. https://doi.org/10.1080/10888691.2017.1398649

Caprara, G. V., Luengo Kanacri, B. P., Gerbino, M., Zuffiano, A., Alessandri G., Vecchio, G., Caprara, E., Pastorelli, C., & Bridgall, B. (2014). Positive effects of promoting prosocial behavior in early adolescence: Evidence from a school-based intervention. *International Journal of Behavioral Development, 38*(4), 386-396. https://doi.org/10.1177/0165025414531464

Centers for Disease Control and Prevention. (2019). Youth risk behavior survey data. Available at: www.cdc.gov/yrbs

Changing Our World, Inc. (2011). *National mentoring programs survey report.* MENTOR: The National Mentoring Partnership.

Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect, 31*, 211-229. https://doi.org/10.1016/j.chiabu.2007.02.004

Corcoran, M., & McNulty, M. (2018). Examining the role of attachment in the relationship between childhood adversity, psychological distress and subjective well-being. *Child Abuse & Neglect, 76*, 297-309. https://doi.org/10.1016/j.chiabu.2017.11.012

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine, 49*(3), 354-361. https://doi.org/10.1016/j.amepre.2015.02.001

Crooks, C. V., Chiodo, D., Thomas, D., & Hughes, R. (2010). Strengths-based programming for First Nation youth in schools: Building engagement through healthy relationships and leadership skills. *International Journal of Mental Health Addiction, 8*, 160-173. https://doi.org/10.1007/s11469-009-9242-0

Crouch, E., Radcliff, E., Merrell, M. A., & Bennett, K. J. (2020). Rural-urban differences in positive childhood experiences across a national sample. *The Journal of Rural Health, 37*, 495-503. https://doi.org/10.1111/jrhl.12493

Duong, M. T., Bruns, E. J., Lee, K., Cox, S., Coifman, J., Mayworm, A., Lyon, A. R. (2020). Rates of mental health service utilization by children and adolescents in schools and other common service settings: A systematic review and meta-analysis. *Administration and Policy in Mental Health and Mental Health Services Research, 48*, 420–439. https://doi.org/10.1007/s10488-020-01080-9

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8
Finkelhor, D., Shattuck, A., Turner, H., Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect, 48*, 13-21. https://doi.org/10.1016/j.chiabu.2015.07.011

Gallup. (2021). CliftonStrengths for students. https://www.strengthsquest.com/home.aspx

Garringer, M., McQuillin, S., McDaniel, H. (2017). *Examining youth mentoring services across America: Findings from the 2016 National Mentoring Program survey*. MENTOR: The National Mentoring Partnership. http://dx.doi.org/10.13140/RG.2.2.18166.70728

Gaylord-Harden, N. K., Burrow, A. L., & Cunningham, J. A. (2012). A cultural-asset framework for investigating successful adaptation to stress in African American youth. *Child Development Perspectives, 6*(3), 264-271. https://doi.org/10.1111/j.1750-8606.2012.00236.x

Gobin, R. L., & Freyd, J. J. (2014). The impact of betrayal trauma on the tendency to trust. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(5), 505-511. https://doi.org/10.1037/a0032452

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology, 10*(3), 243-268. https://doi.org/10.1037/0893-860X.10.3.243

Gottman Institute. (2020). The Gottman Institute: A research-based approach to relationships. https://www.gottman.com/

Grossman, J. B., & Rhodes, J. E. (2002). The test of time: Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology, 30*, 199-219. https://doi.org/10.1023/A:1014680827552

Hambrick, E. P., Brawner, T. W., Perry, B. D., Brandt, K., Hofmeister, C., & Collins, J. O. (2019). Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children. *Archives of Psychiatric Nursing, 33*, 238-247. https://doi.org/10.1016/j.apnu.2018.11.001

Harvard School of Education, Making Caring Common Project. (2021). *5 tips for cultivating empathy*. https://mcc.gse.harvard.edu/resources-for-families/5-tips-cultivating-empathy

Hollingsworth, L. A., Didelot, M. J., & Smith, J. O. (2003). REACH beyond tolerance: A framework for teaching children empathy and responsibility. *Journal of Humanistic Counseling, Education, and Development, 42*, 139-151. https://doi.org/10.1002/j.2164-490X.2003.tb00002.x

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Milton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *Lancet Public Health, 2*, e356-66. https://doi.org/10.1016/S2468-2667(17)30118-4

Isobel, S., Meehan, F., & Pretty, D. (2016). An emotional awareness based parenting group for parents with mental illness: A mixed methods feasibility study of community mental health nurse facilitation. *Archives of Psychiatric Nursing, 30*, 34-40. http://dx.doi.org/10.1016/j.apnu.2015.10.007
Joyce, S., Shand, F., Tighe, J., Laurent, S. J., Bryant, R. A., & Harvey, S. B. (2018). Road to resilience: A systematic review and meta-analysis of resilience training programmes and interventions. *BMJ Open, 8*(6), e017858. [https://doi.org/10.1136/bmjopen-2017-017858](https://doi.org/10.1136/bmjopen-2017-017858)

Karcher, M. J. (2005a). Cross-age peer mentoring. In D. L. DuBois & M. J. Karcher (Eds.), *Handbook of youth mentoring*. (pp. 266–285). Sage.

Karcher, M. J. (2005b). The effects of school-based developmental mentoring and mentors’ attendance on mentees’ self-esteem, behavior, and connectedness. *Psychology in the Schools, 42*, 65-77. [https://doi.org/10.1002/pits.20025](https://doi.org/10.1002/pits.20025)

Karcher, M. J., Kuperminc, G. P., Portwood, S. G., Sipe, C. L., Taylor, A. (2006). Mentoring programs: A framework to inform program development, research and evaluation. *Journal of Community Psychology, 34*(6), 709-725. [https://doi.org/10.1111/j.1746-1561.2002.tb01336.x](https://doi.org/10.1111/j.1746-1561.2002.tb01336.x)

King, K. A., Vidourek, R. A., Davis, B., McClellan, W. (2002). Increasing self-esteem and school connectedness through a multidimensional mentoring program. *Journal of School Health, 72*(7), 294-299.

Kuller, R., Marcelin, J. R., Swartz, T. H., Piggott, D. A., Gil, R. M., Mathew, T. A., & Tan, T. (2020). Racial disparity of coronavirus disease 2019 in African American communities. *The Journal of Infectious Diseases, 222*, 890-893. [https://doi.org/10.1093/infdis/jiaa372](https://doi.org/10.1093/infdis/jiaa372)

Lawson, M., Piel, M. H., & Simon, M. (2020). Child maltreatment during the COVID-19 pandemic: Consequences of parental job loss on psychological and physical abuse towards children. *Child Abuse & Neglect, 110*, 104709. [https://doi.org/10.1016/j.chiabu.2020.104709](https://doi.org/10.1016/j.chiabu.2020.104709)

Leventhal, K. S., Gillham, J., DeMaria, L., Andrew, G., Peabody, J., & Leventhal, S. (2015). Building psychosocial assets and wellbeing among adolescent girls: A randomized controlled trial. *Journal of Adolescence, 45*, 284-295. [https://doi.org/10.1016/j.jadopec.2015.09.011](https://doi.org/10.1016/j.jadopec.2015.09.011)

Liu, J. J., Ein, N., Gervasio, J., Battaion, M., Reed, M., & Vickers, K. (2020). Comprehensive meta-analysis of resilience interventions. *Clinical Psychology Review, 82*, 101919. [https://doi.org/10.1016/j.cpr.2020.101919](https://doi.org/10.1016/j.cpr.2020.101919)

Lopez, P. N. Salovey, P., & Straus, R. (2003). Emotional intelligence, personality, and the perceived quality of social relationships. *Personality and Individual Differences, 35*(3), 641-658. [https://doi.org/10.1016/S0191-8869(02)00242-8](https://doi.org/10.1016/S0191-8869(02)00242-8)

Lorenc, T., Lester, S., Sutcliffe, K., Stansfield, C., & Thomas, J. (2020). Interventions to support people exposed to adverse childhood experiences: Systematic review of systematic reviews. *BMC Public Health, 20*(657), 1-10. [https://doi.org/10.1186/s12889-020-08789-0](https://doi.org/10.1186/s12889-020-08789-0)

Madden, W., Green, S., & Grant, A. M. (2020). A pilot study evaluating strengths-based coaching for primary school students: Enhancing engagement and hope. In J. Passmore & D. Tee (Eds.), *Coaching researched: A coaching psychology reader*, pp. 297-312. [https://doi.org/10.1002/9781119656913.ch16](https://doi.org/10.1002/9781119656913.ch16)
Malti, T., Chaparro, M. P., Zuffiano, A., & Colasante, T. (2016). School-based interventions to promote empathy-related responding in children and adolescents: A developmental analysis. *Journal of Clinical Child & Adolescent Psychology, 45*(6), 718-731. https://doi.org/10.1080/15374416.2015.1121822

Marie-Mitchell, A., & Kostolansky, R. (2019). A systematic review of trials to improve child outcomes associated with adverse childhood experiences. *American Journal of Preventive Medicine, 56*(5), 756-764. https://doi.org/10.1016/j.amepre.2018.11.030

Masonbrink, A. R., & Hurley, E. (2020). Advocating for children during the COVID-19 school closures. *Pediatrics, 146*(3), 1-4. https://doi.org/10.1542/peds.2020-1440

Merriam Webster. (n.d.). Esteem. In Merriam-Webster.com dictionary. https://www.merriam-webster.com/dictionary/esteem

Mineo, L. (2017). Good genes are nice, but joy is better. *Harvard Gazette.* https://news.harvard.edu/gazette/story/2017/04/over-nearly-80-years-harvard-study-has-been-showing-how-to-live-a-healthy-and-happy-life/

Osher, D., Cantor, P., Berg, J., Steyer, L., & Rose, T. (2020a). Drivers of human development: How relationships and context shape learning and development. *Applied Developmental Science, 24*(1), 6-36. https://doi.org/10.1080/10888691.2017.1398650

Osher, D., Pittman, K., Young, J., Smith, H., Moroney, D., & Irby, M. (2020b). *Thriving, robust equity, and transformative learning & development: A more powerful conceptualization of the contributors to youth success.* American Institutes for Research and Forum for Youth Investment. https://forumfyi.org/wp-content/uploads/2020/07/Thriving.Equity.Learning.Report.pdf

Pashak, T. J., Handal, P. J., & Scales, P. C. (2020). Positive Development on Campus: Investigating the Psychometric Properties of the College Assets Measurement Profile for Undergraduate Students. *Journal of College Student Development 61*(4), 474-491. https://doi.org/10.1353/csd.2020.0052

Pereda, N. A., & Diaz-Faes, D. A. (2020). Family violence against children in the wake of COVID-19 pandemic: A review of current perspectives and risk factors. *Child Adolescent Psychiatry Mental Health, 14*(40), 1-7. https://doi.org/10.1186/s13034-020-00347-1

Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID pandemic. *American Psychologist, 75*(5), 631-645. http://dx.doi.org/10.1037/amp0000660

Rhodes, J. E., & DuBois, D. L. (2006). Understanding and facilitating the youth mentoring movement. *Social Policy Report, 20*(3), 3-19. https://srcd.onlinelibrary.wiley.com/doi/pdfdirect/10.1002/j.2379-3988.2006.tb00048.x

Scales, P. C., Pekel, K., Sethi, J., Chamberlain, R., & Van Boekel, M. (2020). Academic Year changes in student-teacher developmental relationships and their linkage to middle and high school students’ motivation: A mixed methods study. *The Journal of Early Adolescence, 40*(4), 499-536. https://doi.org/10.1177/0272431619858414
Schonert-Reichl, K. (2013). Promoting empathy in school-aged children: Current state of the field and implications for research and practice. In K. Nader (Ed.), School rampage shootings and other youth disturbances (pp. 159-203). Routledge.

Search Institute. (2020). Developmental relationships. www.searchinstitute.org

Sethi, J., & Scales, P. C. (2020). Developmental relationships and school success: How teachers, parents, and friends affect educational outcomes and what actions students say matter most. Contemporary Educational Psychology, 63, 101904. https://doi.org/10.1016/j.cedpsych.2020.101904

Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. Psychiatry Research, 293, 113429. https://doi.org/10.1016/j.psychres.2020.113429

Sipe, C., & Roder, A. (1999). Mentoring school-age children: A classification of programs. Public/Private Ventures.

Spencer, R. (2006). Understanding the mentoring process between adolescents and adults. Youth & Society, 37(3), 287-315. https://doi.org/10.1177/0743558405278263

Strolin-Goltzman, J., Woodhouse, V., Suter, J., Werrbach, M. (2016). A mixed method study on educational well-being and resilience among youth in foster care. Children and Youth Services Review, 70, 30-36. https://doi.org/10.1016/j.childyouth.2016.08.014

Suzuki, S. L., Geffner, R., & Bucky, S. F. (2008). The experiences of adults exposed to intimate partner violence as children: An exploratory qualitative study of resilience and protective factor. Journal of Emotional Abuse, 8(1-2), 103-121. https://doi.org/10.1080/10926790801984523

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. Journal of Mixed Methods Research, 5(2), 126-149. https://doi.org/10.1177/1558689811400607

World Health Organization. (2020). Child maltreatment. https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

Youth.gov. (n.d.). Positive youth development. https://youth.gov/youth-topics/positive-youth-development

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. Children and Youth Services Review, 34, 2295-2303. https://doi.org/10.1016/j.childyouth.2012.08.009
Appendix
Tools and Resources

To supplement the PEEPS framework, additional tools and resources are provided here. This is not meant to be a comprehensive list, but includes several curricula, training, and online resources to continue to develop knowledge about important aspects included in PEEPS.

Promoting Positive Adult Relationships
- Gottman Institute (Emotion Coaching)
  - [https://www.gottman.com/blog/an-introduction-to-emotion-coaching/](https://www.gottman.com/blog/an-introduction-to-emotion-coaching/)
- Gottman Institute (Emotion Wheel)
  - [https://www.gottman.com/blog/printable-feeling-wheel/](https://www.gottman.com/blog/printable-feeling-wheel/)
- Search Institute (Developmental Relationships Framework)
  - [https://www.search-institute.org/developmental-relationships/developmental-relationships-framework/](https://www.search-institute.org/developmental-relationships/developmental-relationships-framework/)

Promoting Empathy
- Caring School Community Project
  - [https://www.collaborativeclassroom.com/programs/caring-school-community/](https://www.collaborativeclassroom.com/programs/caring-school-community/)
- Mindup Program
  - [https://mindup.org/](https://mindup.org/)
- Promoting Alternative Thinking Strategies (PATH)
  - [https://youth.gov/content/promoting-alternative-thinking-strategies-paths%2AE](https://youth.gov/content/promoting-alternative-thinking-strategies-paths%2AE)
- Roots of Empathy
  - [https://us.rootsofempathy.org/](https://us.rootsofempathy.org/)
- Second Step
  - [https://www.secondstep.org/](https://www.secondstep.org/)

Promoting Esteem
- Childmind Institute
  - [https://childmind.org/article/12-tips-raising-confident-kids/](https://childmind.org/article/12-tips-raising-confident-kids/)
**Promoting Peer Relationships**

- Greater Good in Education. UC Berkeley. Positive Peer Relationships.  
  - https://ggie.berkeley.edu/school-relationships/positive-peer-relationships/#tab__3

- Search Institute (Developmental Relationships Framework)  
  - https://www.search-institute.org/developmental-relationships/developmental-relationships-framework/

**Promoting Strengths-Based Approaches**

- CliftonStrengths Assessment for Students  
  - https://www.strengthsquest.com/home.aspx

- CliftonStrengths List of Strengths  
  - https://www.gallup.com/cliftonstrengths/en/253715/34-cliftonstrengths-themes.aspx

- Culturally Responsive Programs (Cultural strengths resource)  
  - https://extension.umn.edu/equity-culture-and-identity/culturally-responsive-youth-programs-immigrant-youth

- Positive Psychology: What is a strengths-based approach (activities and examples)  
  - https://positivepsychology.com/strengths-based-interventions/

- SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis (Community strengths resource)  
  - https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/example

**Additional General Resilience-Building Resources**

- Positive Psychology Resilience Activities:  
  - https://positivepsychology.com/resilience-activities-worksheets/

- Reach Out Australia Resilience Resources for Parents, Teachers, and Youth  
  - https://schools.au.reachout.com/resilience

- American Psychological Association (APA) Resilience Guide for Parents and Teachers  
  - https://www.apa.org/topics/resilience-guide-parents
• Center on the Developing Child (Harvard University), Resilience page
  o https://developingchild.harvard.edu/science/key-concepts/resilience/

• Positive Youth Development
  o https://youth.gov/youth-topics/involving-youth-positive-youth-development