

Promoting Positive Youth Development in Your Community

*Vermont Agency of Human Services
Planning Division
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Dedicated to the well-being of Children and Families



Promoting Positive Youth Development in Your Community

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ABOUT THIS SERIES

This booklet is one of a series produced by the Planning Division of the Vermont Agency of Human Services to assist the work of its regional and local partners in achieving positive outcomes for Vermont's citizens. The State Team for Children, Families, and Individuals has identified 10 **outcomes**, or conditions of well-being, that form the basis for these efforts. Those outcomes are listed in the box below.

These outcomes will be achieved only by the collective efforts, formal and

10 Outcomes Conditions of Well-Being for Vermonters

- Families, youth, and individuals are engaged in and contribute to their community's decisions and activities
- Pregnant women and newborns thrive
- Infants and children thrive
- Children are ready for school
- Children succeed in school
- Children live in stable, supported families
- Youth choose healthy behaviors
- Youth successfully transition to adulthood
- Elders and people with disabilities live with dignity and independence in settings they prefer
- Families and individuals live in safe and supportive communities

informal, of individuals, families, organizations, and institutions; our communities, rather than any single program, "own" the outcomes. However, communities have expressed a need for guidance about which programs and practices are most effective. We need to learn from experience; and we sometimes need to make difficult choices between one program and another. Strategies that focus on **preventing** problems before they start, especially in childhood, as opposed to programs that focus on remediation or treatment, hold more potential over the long term for achieving these outcomes. In addition, in the long run prevention programs save resources because they stop conditions from growing into larger problems that **cost the community more** in terms of lost human potential. Prevention is not a "stop-gap" strategy, but addresses the **long-term** health and well-being of the community.

Much has been learned in recent years about the strategies and characteristics, the "best practices," that underlie successful prevention programs.

The *What Works* series offers brief overviews of programs that research has shown to be effective in achieving the outcomes listed above—by preventing problem conditions and behaviors and promoting positive ones. As a practical matter, most booklets focus on programs addressing a particular aspect of our success (or failure) in achieving one of the outcomes. For example, preventing child abuse and neglect is an important measure, or indicator, of our progress toward the outcome, "Children Live in Safe and Supported Families." Some programs have been shown to be effective in impacting multiple indicators, or even multiple outcomes; thus, descriptions of these may appear in more than one of our booklets.

Although the focus here is on specific *programs*, we also know that any program's success—and the success of a community's collective efforts—is dependent on the wider community context.

In this series, we call **Effective Programs** those for which research demonstrating success in changing the targeted behaviors has been published in peer-reviewed journals, or, if not so published, then those evaluated with a control-group and follow-up assessment of results. **Promising Programs** are those that appear to be successful in changing the targeted behaviors, but which do not

meet the criteria for Effective Programs--that is, they have not appeared in peer-reviewed journals, or do not have a control-group and follow-up in their design. Finally, **Noteworthy Programs** are prevention efforts that have demonstrated success in changing relevant attitudes and knowledge, but not the targeted behaviors themselves.

Many, probably most, prevention programs implemented at the community level have simply never been thoroughly evaluated, and some of these may be effective. However, our aim here is to identify those where we can say with some confidence, "it works." Our selection criteria are rigorous, so we run the risk of overlooking some worthwhile prevention activities. On the other hand, it can be useful to narrow the field to a few exemplary programs. Therefore, these booklets do not contain an exhaustive list of effective and promising programs; rather, they provide a number of illustrative examples.

Much has been learned in recent years about the strategies and characteristics, the "best practices," that underlie successful prevention programs. The best strategies are **intensive**, rather than brief or superficial; **comprehensive**, rather than focusing on a piece of the problem; and **flexible**, rather than assuming the same approach will work for everyone. Other common characteristics or approaches of successful programs are described in each booklet.

One word of caution: No program, however effective in its original setting, can be transplanted to a new setting without modification, although it is possible that such alteration could weaken its effectiveness. Still, any program must be sensitive to the unique attributes and needs of a particular community; there are no "cookie-cutter" programs here. Rather, we hope the information presented in the *What Works* series will provide communities with inspiration for new efforts and validation for those that are ongoing.

This publication in the *What Works* series differs in some respects from the others. The positive youth development approach is *not* a program. It is an approach, an organizing framework for a number of activities that promote the strengths, or assets, that reside in young people, in their families, and in their communities.

In this report we summarize evidence from research that supports such an approach. As in any new area of study, there are important learnings that have not yet been put to rigorous test. However, here we focus on findings that have received careful scrutiny--usually through peer-reviewed publication or through broad acceptance from the research community. This strategy serves to highlight the knowledge in which we can have the greatest confidence. In general, we have reviewed original research, rather than the many existing syntheses of this work. This is certainly not an exhaustive treatment of this subject; the section on "Additional Resources" suggests other useful materials.

Booklets in the *What Works* series will be published periodically as the steady stream of new research informs us. This is what we know today; we will know more tomorrow.

*The best strategies
are intensive,
comprehensive,
and flexible.*

WHAT YOUTH NEED TO SAY "YES" TO

In efforts to improve outcomes for youth, our focus is often on the negative choices they make with regard to alcohol, tobacco, violence, sexual activity, and other risk-taking behaviors and their consequences: pregnancy, alcohol-related crashes, tobacco-related disease and death, and state custody. The concept of *positive* youth development encompasses not only these choices, but all the developmental tasks youth have. In addition to saying "no" to delinquency, to alcohol, tobacco, and other drugs, to violence and other harmful behaviors, youth need to say "yes" to connection, competence, character, and a sure sense of who they are (*identity*).

- **Connection:** Young people need to be connected to other people in meaningful ways: to their parents or guardians, other family members, peers and other adults in their schools and communities.

- **Competence:** Youth need to know how to navigate through life. Success with learning in and out of school is one measure of competence. However, this concept includes civic competence, interpersonal abilities, and decision-making skills.

- **Character:** In addition to having a good set of values, young people need to make meaningful contributions in their families, schools, and communities. The opportunities to develop and demonstrate the skills necessary to make these contributions reinforce caring, positive connections with others.

- **Sense of who they are (*identity*):** Youth need a sense of positive self-definition. Their psychological and emotional independence is enhanced when they are given as much control as possible in making decisions, and the opportunity to develop and express their own points of view. A positive sense of self also includes a realistic sense of hope for the future, a confidence that good choices now (e.g., staying in school, postponing sexual involvement) will pay off in rewards in adulthood.

*Youth need to say "yes" to connection, competence, character, and a sure sense of who they are (*identity*).*

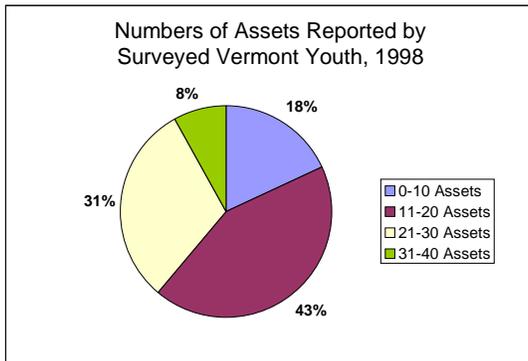
FRAMING THE APPROACH

Resilience—assets—protective factors—positive development—these terms all recognize the affirmative qualities of individuals, relationships, and communities. This has been summarized in the statement, "What's right about you is more powerful than what's wrong with you."¹ Indeed, self-righting tendencies can be observed at many levels of organization: cells that repair damage; individuals that fend off disease and recover from injury; interpersonal relationships that mend themselves; communities that rise to overcome challenges to their sense of cohesion and identity.

Sometimes we lose this perspective in our natural concern over the problems we face as individuals, in our relationships, and in our communities. The harms associated with smoking, alcohol, and other drug use; with teen pregnancy and high school dropout; with domestic violence and other crime; with disease and disability; with poor economic security; with environmental degradation and loss of neighborhood and community are all real.

However, an exclusive focus on the problems and deficits will, paradoxically, not be sufficient to bring about solutions. Instead, we must honestly examine the sources of our individual and collective strengths, and use them to build the alternative behaviors, relationships, and communities that will reduce or prevent the problems, while we enhance the positive attributes that create wellness and well-being.

Only relatively recently has research addressed the qualities that make for healthy individuals, relationships, and communities. There is still much we have to learn. In particular, we are lacking studies that show directly that increasing the number of strengths results in improved outcomes. However, some common themes are emerging. They suggest specific steps individuals and communities can take that may help avoid damaging behaviors or conditions,



reduce the harmful impact of negative life-experiences, and foster the kinds of positive, caring actions that make for healthy, thriving young people, adults, and communities. In contrast to a risk- or deficit-based approach which targets only certain groups of people, a strengths-based approach is appropriate for all. This is what it will take to achieve the outcomes we value.

Although a strengths-based approach makes sense for addressing many aspects of community life, it is particularly powerful when applied to the lives of young people. The behavior of young people has typically been viewed in a negative light by many adults, and in the media (Public Agenda, 1999). We have tended to focus on the problems and risks that sometimes accompany the transition to adulthood, rather than on the positive capacities young people possess. Our attention has been disproportionately on what's troubling to us about teens, rather than on their promise, their positive contributions, their creativity, and their commitment.

Another word for strengths or resources is *assets*. Recently, many Vermont communities participated in the Search Institute's *Attitudes & Behaviors* survey of youth, which uses an assets framework (see pp. 21-22). The results of the

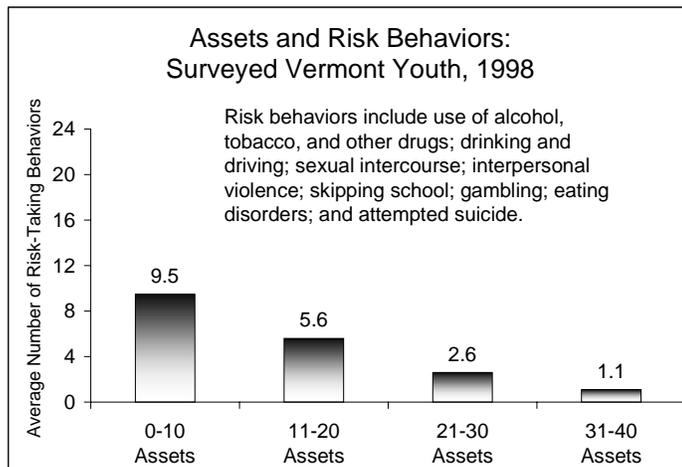
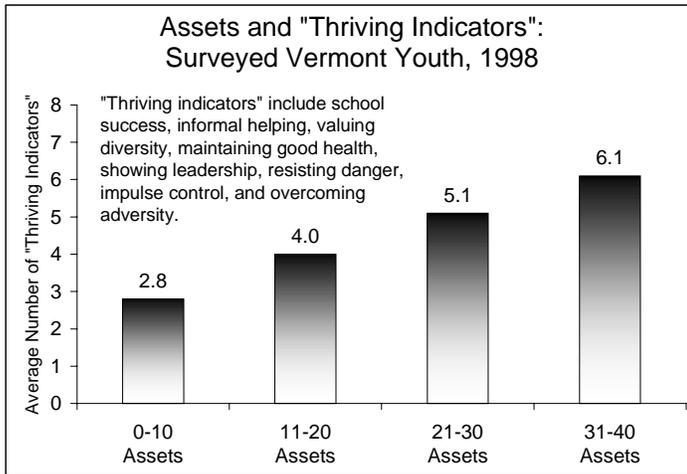
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surveys documented for the first time a number of developmental assets, both internal and external, experienced by young people. The Search Institute has compiled data on thousands of students nationwide, as well as in Vermont. The data suggest that young people who report greater numbers of assets are less likely to report engaging in risky behaviors, and more likely to report engaging in "thriving" behaviors (Lefkowitz, et al., 1998; Search Institute, 1998). Parents, schools, and communities want to know how they can build on these assets—to sustain or increase the role of assets in the lives of youth. Asset-building is a key component of many strategies to prevent or reduce problem behaviors, such as substance abuse, delinquency, and high school dropout.

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Risks, Protective Factors, and Resilience

It will be helpful to clarify language. We start from the assumption that there are threats (risks) to healthy development, as well as positive influences on development. The current well-being of individuals, families, or communities is a reflection, in part, of how well they've been able to avoid the risks, and make the most of positive advantages and opportunities.

The terms that appeared first in this literature—*protective factors* and *resilience*—refer to people's responses to threats to healthy development. The threats (risks) include circumstances that are often enduring, such as poverty or chronic disability, as well as stressful events that are more short-lived, such as low birthweight, physical or emotional trauma, or loss of a parent. Risks also include the "unhealthy behaviors" our culture is prone to, such as substance abuse, teen pregnancy, delinquency and crime; to some extent, we are all "exposed" to these.

Protective factors are those things in one's experience that reduce the likelihood of being negatively affected by adversity. They are like "armor" that protects against harm, or like a vaccine that boosts immunity. Although they don't guarantee that one will remain free of harm, protective factors reduce the risk. Just as one who is exposed to *multiple* risks (e.g., poverty, plus poor academic performance, plus lack of social support) is much more likely to suffer negative consequences than someone who has only a single risk-factor, having *multiple* protective factors provides a more powerful buffer against negative outcomes than having just one (Borowsky et al., 1999; Hawkins et al., 1992b; Lefkowitz et al., 1998).

Resilience describes the capacity to recover successfully from adversity. All of us experience negative events; however, some suffer long-term consequences, while others are able to "beat the odds" and retain few ill effects, or even emerge stronger than before.

More recently, we've begun to hear of *assets* or, more broadly, *positive youth development*. Here the primary focus is not on overcoming risk, but on identifying and promoting the influences that make for well-being (sometimes discussed as wellness, thriving, or responsible behavior). Many of these also reduce the risks (that is, they are protective factors), but the focus is affirmative rather than defensive. Assets boost the elements that support and enhance well-being, for all youth (not just those at risk).

So, how do we (individuals, families, communities) develop protective factors, resilience, and assets? The research findings thus far highlight *qualities of individuals*, *qualities of relationships* (e.g., parent/child, families), and *qualities of settings and engagement* (e.g., in schools, in communities).

In the following pages, we summarize some of the key findings in each of these areas.

*Protective factors
reduce the risk.*

*Resilience
describes the
capacity to
recover
successfully from
adversity.*

ADDITIONAL RESOURCES

- Vermont Resiliency Network, c/o VT Department of Education, 120 State Street, Montpelier, VT 05620
- Benson, P. L., Galbraith, J., & Espeland, P. (1998). *What kids need to succeed: Proven, practical ways to raise good kids*. Minneapolis: Free Spirit Publishing.
- Blyth, D. A. (1993). *Healthy communities, healthy youth: How communities contribute to positive youth development*. Minneapolis: RespecTeen.
- Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass.
- Henderson, N., Benard, B., & Sharp-Light (Eds.). (1999). *Resiliency in action: Practical ideas for overcoming risks and building strengths in youth, families, and communities*. Gorham, ME: Resiliency in Action, Inc.
- Henderson, N. & Milstein, M. (1996). *Resiliency in schools: Making it happen for students and educators*. Thousand Oaks, CA: Corwin Press.
- Kretzmann, J. P. & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago: ACTA Publications.
- Scales, P. C., & Leffert, N. (1999). *Developmental assets: A synthesis of the scientific research on adolescent development*. Minneapolis: Search Institute.
- Werner, E. E., & Smith, R. S. (1983). *Vulnerable but invincible: A study of resilient children*. New York: McGraw-Hill.
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High-risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.
- Wolin, S. J. & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. New York: Villard.
- American Youth Policy Forum, www.aypf.org
- Bright Futures, www.brightfutures.org
- California Healthy Kids Survey (California Department of Education), www.wested.org/hks/
- Family and Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, www.acf.dhhs.gov/programs/fysb/
- National Network for Family Resiliency, www.nnfr.org
- School Mental Health Project/Center for Mental Health in the Schools, <http://smhp.psych.ucla.edu>
- Search Institute, www.search-institute.org
- Resiliency in Action, www.resiliency.com

QUALITIES OF INDIVIDUALS

Attitudes, skills, and ways of coping vary from one person to another, and some of these characteristics are associated with greater success in overcoming adversity and creating strong, positive futures.

- **Cognitive ability.** One of these characteristics is intelligence or cognitive ability.

Simply put, children (and probably adults) who use intelligent judgment and problem-solving are more likely to avoid trouble, or to “bounce back” if they have encountered it (Masten & Coatsworth, 1998). This is one reason why it’s so important to help children experience early success in school, when these abilities are taking shape (Rutter, 1987).

For example, in a large national study of teens, grade point average (GPA) was identified as a protective factor in several arenas. Students with higher GPAs had less emotional distress, were less likely to use cigarettes, alcohol, or marijuana, and were more likely to delay sexual intercourse (Resnick et al., 1997).

- **Social-emotional competence.** Another kind of protective factor is social-emotional competence—having a positive, outgoing disposition, an ability to successfully negotiate social conflicts, and showing empathy for others (Borowsky et al., 1999; Cowen et al., 1996; Lef fert et al., 1998; Masten & Coatsworth, 1998). Learning skills for social problem-solving in the early grades may contribute to avoidance of a number of school- and health-related problems (Hawkins et al., 1999). There is also some evidence that having an “internal locus-of-control”—believing in the efficacy of one’s own effort, rather than attributing outcomes to chance or other factors external to oneself—is a protective factor (Lef fert et al., 1998; O’Grady & Metz, 1987; Rutter, 1987).

- **Self-esteem.** Self-esteem—how much we value ourselves, and feel valued and loved by others—is identified in some studies as an important protective factor. An important national study of teens in grades 7-12 (the “AddHealth” study) found that having high self-esteem protected teens from emotional distress and from substance abuse (cigarettes, alcohol, and marijuana), particularly for older teens (Resnick et al., 1997). Youth who value themselves may be more likely to resist peer pressure to engage in harmful behaviors (Scales & Lef fert, 1999).

- **Positive expectations for the future.** Positive expectations for the future—for example, expecting to finish school and obtain a good job—may also operate as a protective factor (Wyman et al., 1993, cited in Cowen et al., 1996). Having long-term goals that require self-discipline and sustained effort is probably incompatible with some choices (e.g., early pregnancy and parenting; use of addictive substances) that severely constrain success.

QUALITIES OF RELATIONSHIPS

Human beings are social creatures, and thrive in the company of others who care about them. Although infancy may be the time when our dependency on others is most obvious, throughout the lifespan people do best if they have the ongoing support of caring others, expressed in a variety of ways.

- **Parents.** The earliest, and often most enduring, caring relationships are provided by parents—although other sensitive adults can also make a positive difference. There is broad agreement from many studies on what kind of parenting (or care from others) makes for resilient children. The type of care that appears to be most effective is consistent, responsive, warm and nurturing, and provides clear limits, reasonable expectations, and monitoring of children's activities (Lefkowitz et al., 1998). Parents who learn effective ways of managing children's behavior and reinforcing their investment in school may help children make more positive health-related choices when they reach adolescence (Hawkins et al., 1999). Having even one parent with whom the child has a good relationship seems to reduce the risk of harm from family conflict (Rutter, 1987).

Parental monitoring, supervision, and discipline, if they are respectful and include both positive and negative sanctions, contribute to a young person's sense that he or she is cared for, and, if consistently applied, to a healthy sense of control over one's life (Family and Youth Services Bureau, 1997). Young people whose parents carefully monitor their behavior (e.g., by talking with them about their activities, knowing where the young person is, and with whom, and having the young person "check in"), are less likely to use drugs and alcohol (Steinberg et al., 1994). Among high-risk youth, another study found high levels of parental monitoring reduced children's likelihood of initiating sex. The positive effects of monitoring prevailed throughout the adolescent years (9–17 years of age) (Romer et al., 1999).

The importance of connectedness to family does not diminish when children become teenagers—despite some popular perceptions. In fact, parents and family continue to provide the single most important context in young people's lives. Recently, a large longitudinal study of adolescent health measured "family connectedness" a number of ways. Researchers asked youth (in grades 7–12) how close and caring they thought their parents were, how well they were satisfied with their relationships with their parents, and whether they felt that family members understood, loved, wanted, and paid attention to them. The study also looked at young people's well-being: specifically, their emotional health, their involvement in interpersonal violence, their use of harmful substances, and their sexual involvement. In each of these areas, one or more aspects of "family connectedness" operated as a protective factor. In other words, children who reported more "connection" with parents and families were doing better and making healthier choices (Resnick et al., 1997).

A second study, also based on a large national sample, found that the quality of the relationships teens have with either or both parents is associated with large differences in teens' risk for smoking, drinking, and using drugs. Teens who reported an "excellent" relationship with either parent were 25 percent less likely to engage in these harmful behaviors than the average teen, and teens in the study reporting excellent relationships with *both* parents had

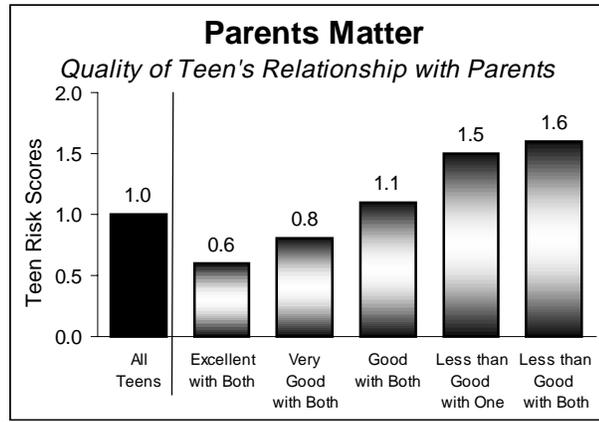
Parents make a difference.

Young people whose parents monitor their behavior are less likely to use drugs and alcohol.

The importance of connectedness to family does not diminish when children become teenagers.

risk scores 40 percent lower than the average (National Center on Addiction and Substance Abuse at Columbia University, 1999).

Another recent investigation involving students who were at moderate to high risk of dropping out of school showed that measures of parent involvement during high school were strongly related to whether or not these students enrolled in postsecondary education. When students' parents had expectations for their attending even "some college," the students were three times more likely to go on to further schooling than students whose parents had no greater expectation than high school graduation. In addition, students whose parents frequently discussed school with them were much more likely to enroll in postsecondary education (Horn & Chen, 1998).



- **Peers.** Getting along well with others of similar age, particularly if those peers share "prosocial" values, practice healthy behaviors, and model high aspirations for the future, contributes to success in school, in extracurricular activities, on the job, and general mental health. Friends can serve as protective influences when they help ease a child's adaptation to a new school setting, for example. With their peers young people develop and practice important skills of reciprocity, perspective-taking, negotiation, and conflict-resolution. Having peers who are high achievers academically helps promote students' performance in school, as well as their satisfaction with school and their educational expectations (Masten & Coatsworth, 1998). In a study of adolescents at high risk of dropping out of school, one factor that distinguished the "resilient" teens (defined here as those who went on to postsecondary education, including four-year colleges) was they reported that their peers highly valued learning and had college plans themselves (Horn & Chen, 1998).

Peers help young people practice important skills.

QUALITIES OF SETTINGS AND ENGAGEMENT

We often do our best when we feel we are contributing to some "greater good." The setting could be a family, a team, club or organization, a faith group, a community. When our activity has a purpose, and our contribution is recognized and valued, we feel connected with others, and enhanced in our own eyes.

Home and community

Particularly for children, the resources available to *parents* may affect children's ability to thrive. One study tracked children from birth to age seven. At one month of age, approximately half were classified as "high risk," because of health problems, family stress, or infant temperament. By ages six and seven the children of this group who were doing better were those in families who had greater amounts of social support (O'Grady & Metz, 1987). Another study of young children (ages two to five) who lived in unfavorable social or economic circumstances (i.e., a "high-risk" group), found that 13 percent were "doing well" in terms of having no behavior or developmental problems. This resilient group had families with greater amounts of what the investigators called "social capital," as measured by neighborhood support, mothers' perceptions of social support, and regular church attendance (Ruryan et al., 1997). The resources, opportunities, and general social circumstances (including wealth, safety, and cohesiveness) characterizing communities are important protective (or, alternatively, risk) factors in youth development (Lefkowitz et al., 1998).

School

School is a key setting in the lives of young people, and having a positive connection here is a powerful protective factor. Having a commitment to schooling suggests that a young person values learning and has positive aspirations for the future. Such youth are less likely to engage in drug use (Hawkins et al., 1992). The AddHealth study found that young people's feelings of "connectedness" to school made a difference in a number of key areas of risk. "Connectedness" was determined by students' reports of how well they got along with teachers and other students, whether they felt close to people at school, and how fairly teachers treated students. Youth who felt positively connected with school were less likely to be involved in violent behavior, less likely to use cigarettes, alcohol, and marijuana, and more likely to remain abstinent from sexual intercourse longer (Resnick et al., 1997).

Having safe environments (e.g., school, neighborhood) may help young people make good choices. A study of out-of-wedlock births among a sample of girls in grades 8 to 12 found that school safety and crime were related to risk of a nonmarital birth. Lower levels of crime in schools, as reported by students, and higher levels of safety, as reported by teachers, were associated with less out-of-wedlock childbearing (Moore et al., 1998).

Extracurricular activities

One simple explanation for the protective influence of constructive activities is that such engagement leaves less time that is *unstructured*. For young people, unstructured, unsupervised time may lead to risky behavior. One study found that eighth-graders who took care of themselves 11 or more hours per

Family and community resources are important to youth development.

"Connection" to school makes a positive difference.

week were twice as likely to engage in substance use as their counterparts with no "latchkey" hours (Richardson et al., 1989). Another, national, study looked at tenth graders' involvement in extracurricular activities. Students who reported spending one to four hours per week in school-sponsored activities were compared with those who reported spending no time in these activities. Two years later, those involved in extracurricular activities in tenth grade were significantly less likely to have dropped out of school, used drugs or cigarettes, become teen parents, or been arrested. These findings were independent of students' grades, parent income and education levels, and parental involvement in school (Zill et al., 1995).

The one exception to the pattern of extracurricular involvement reducing risky behavior was that, after other factors were controlled, there was no significant relationship with binge drinking. However, when specific extracurricular activities were examined, students' involvement in varsity sports was related to a *greater* likelihood of binge drinking in their senior years (though these students were also *less* likely to drop out of school or to become smokers). In contrast, participation in music or drama activities was associated with lower likelihood for all risk behaviors, except (for boys only) becoming teen parents (Zill et al., 1995).

Another way involvement in constructive tasks may contribute to positive development is through the self-enhancing effects of "a job well done," or the pride of successfully taking on a position of responsibility (Rutter, 1987). A study of the relationships between adolescents' participation in sports and their sexual behavior found that girls (though not boys) who participated in athletics abstained from sexual intercourse until a later age, had sex less frequently, and had fewer sex partners than non-athlete girls. The investigators theorized that girls' participation in sports may give them greater confidence in negotiating their sexual behavior with boys, as well as weakening the power of traditional "social scripts" over girls' sexual behavior (Miller et al., 1998).

Religious activity

Involvement and identification with religious activity seems to be another protective factor in the lives of young people. In the AddHealth study teens' "religious identity"—measured by affiliation with a religion, frequent prayer, and a perception of oneself as religious—was associated with lower levels of cigarette and alcohol use, and, for older teens, with lower marijuana use. "Religious identity" also was associated with remaining abstinent from sexual intercourse until a later age (Resnick et al., 1997). Similarly, the importance of religion in young people's lives, and the frequency of their attendance at religious services, have been associated with reduced risk for substance abuse (National Center on Addiction and Substance Abuse at Columbia University, 1999). Religious activities can provide participants with a community—often multigenerational—which upholds consistent, positive values.

"Service learning"

"Service learning" describes structured opportunities for youth to make prosocial contributions in community settings, such as child care centers, hospitals, or nursing homes. One study examined the impact of a service learning component as an adjunct to a health curriculum for a high-risk population of seventh and eighth graders. One group of youth received the classroom curriculum only, while another group received the curriculum plus a three-hour-per-week community placement. Other students (the control group) received neither component. The outcome of interest to the investigators was

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Religious activities can provide participants with a community which upholds consistent, positive values.

responsible sexual behavior. Students in the service learning group (but not the curriculum-alone group) were significantly more likely than the control group to report they were sexually abstinent, or if sexually active, that they always practiced safe sex (i.e., used condoms plus birth control) (O'Donnell et al., 1999). Additional research literature reviewed by Search Institute points to positive effects of community service on school behavior problems, marijuana use, teenage pregnancy, violent delinquency, and depression (Scales & Lef fert, 1999).

Employment

Adolescents' involvement in paid work during the school year can be either a protective or a risk factor, depending in part on how much time it takes up. Holding a job can teach teens important skills, develop their sense of competency and self-esteem, and even improve relationships with parents (Masten & Coatsworth, 1998). However, when working takes up 20 or more hours per week it seems to be a *risk*, rather than a protective factor (Resnick et al., 1997).

While having some extracurricular activities contributes to well-being (Masten & Coatsworth, 1998), it is likely that having to juggle too many demands on one's time is a source of negative stress. Not all of adolescents' time has to be "structured." Like all of us, young people often benefit from having time, alone or with others, to relax, to daydream, to "play." Having adequate adult supervision, however, can protect young people from the dangers that can be associated with "unstructured" time. In particular, spending a lot of time alone is strongly associated with depression (Scales & Lef fert, 1999).

Next, we describe in greater depth several key studies of resilience and/or protective factors that offer insights into the processes underlying positive youth development. Effective programs in a number of areas (see other reports in this *What Works* series) incorporate principles of positive youth development.

Research points to positive effects of community service on behavior problems, marijuana use, teenage pregnancy, violent delinquency, and depression.

SOME NOTABLE STUDIES IN POSITIVE YOUTH DEVELOPMENT

Children of Divorce Intervention Program (CODIP)

Although much depends on the particular circumstances, children in families undergoing a divorce are vulnerable to a number of negative effects, including emotional distress, school problems, and behavioral problems. A child's adjustment following divorce or other separations, however, is affected by both risk and protective factors, that include characteristics of the child (e.g., age and gender), his or her coping styles, aspects of the family environment (e.g., continuing parental conflict), and availability of support from outside the family.

CODIP is a group of school-based programs for children of divorce in kindergarten through eighth grade. The program's two main goals are to minimize the negative effects of divorce on children, and to teach adaptive coping skills to meet challenges following the divorce. More specific objectives include providing a supportive group environment, helping children identify and appropriately express feelings, clarifying misconceptions around divorce, enhancing coping skills, and improving children's perceptions of self and family.

The content and format of the 12 weekly sessions are tailored to the developmental needs of the group, with different activities for kindergarten/first grade, second/third grade, fourth-sixth grade, and seventh/eighth grade. Groups are open to children of parents who are separated or divorced. Parental consent to participate is required (an informational meeting is offered to parents). Trained school professionals or paraprofessionals co-lead the groups; ideally, a male and female are paired as leaders. Training for the leaders consists of about 10 hours prior to the start of the program, and biweekly 90-minute sessions during the course of the program.

CODIP has been evaluated in a number of settings and with different populations. Comparison of program children with a matched control group showed positive results on children's adjustment, from the perspectives of parents, teachers, group leaders, and the children themselves. Results included fewer behavior problems at home and at school, better communication and social problem-solving, and reduced anxiety. Another study showed that many of these improvements were maintained two years later, according to teachers and parents. In addition, CODIP children had fewer visits to the school health office during the follow-up period. In an evaluation of the program for young adolescents, there were similar gains among CODIP participants, along with a significant improvement in their hopes and expectations for the future.

For more information

Pedro-Carroll, J. (1997). The Children of Divorce Intervention Program: Fostering resilient outcomes for school-aged children. In G. W. Albee & T. P. Gullotta (Eds.), *Primary prevention works*. Thousand Oaks, CA: Sage Publications.

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Children of Kauai: A study of resilience

(summarized in *Carnegie Council on Adolescent Development, 1995*).

The single most influential study of resilience was conducted on Kauai, an island of Hawaii. This was a "natural experiment" that followed into adulthood all the island children born in 1955.

Many of these children had significant disadvantages: born into families in chronic poverty, having experienced stress during birth, or living in families who experienced conflict, divorce, alcoholism, or mental illness. One-third of the children were designated as "high risk," on the basis of having two or more of these characteristics. By age eighteen, two-thirds of the high-risk group had experienced negative outcomes, including delinquency, teen pregnancy, or mental health problems. However, the remaining third (described as "vulnerable, but resilient") entered into adulthood as competent, thriving people, with jobs, stable relationships, and active roles in their communities.

What distinguished the "resilient" children? Emmy Werner and her colleagues identified three groups of protective factors, which closely parallel the qualities of individuals, relationships, and settings noted in the introduction to this volume. Resilient children had temperaments and social skills that engaged them with others, and they had at least average intelligence. They had strong attachments with parents or parent substitutes, which included grandparents or siblings. Their communities provided strong support systems, through churches, youth groups, or schools.

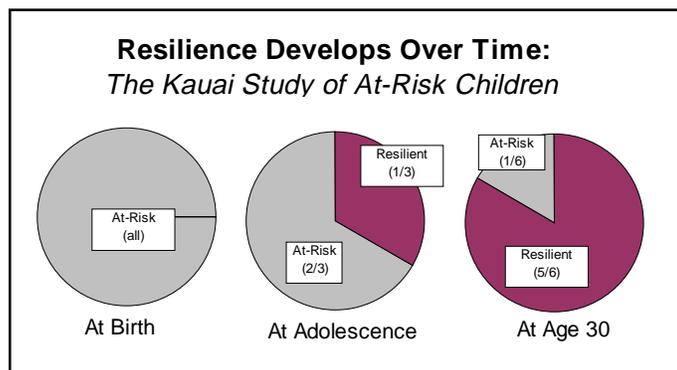
It is important to note that, by age 30, most of the original at-risk children, including those who encountered problems in adolescence, were doing reasonably well (only one-sixth were not). In general, those who succeeded in early adulthood were those who had had supportive people (often partners or spouses) in their lives, and structured experiences, such as the military, a church group, or postsecondary education. Where natural, informal support networks do not exist, Werner recommends "a continuum of care and caring by professionals as well as volunteers."

For more information

Carnegie Council on Adolescent Development. (1995). *Great transitions: Preparing adolescents for a new century*. New York: Carnegie Corporation.

Werner, E. E., & Smith, R. S. (1983). *Vulnerable but invincible: A study of resilient children*. New York: McGraw-Hill.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High-risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.



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Health Realization

Health Realization is based on the idea that all people have resilient qualities (health, wisdom, common sense) within themselves, though they may need help identifying and accessing those attributes.

This approach promotes the idea that through our thoughts we create our moment-to-moment experience, and thus can affect our level of well-being. Once we realize we have this creative control, we engage in healthier behaviors, create less stress for ourselves, and develop more positive relationships. We may go on to work together with others to create better conditions in our communities.

The Health Realization approach was applied in two low-income housing projects in Dade County, Florida. These communities had high rates of substance abuse, gang activity, and violence. Among the 150 families (including 650 youth) served by the program over three years there were marked reductions in problem behavior. The number of households selling or using drugs dropped from 65 percent to less than 20 percent; rates of crime and child abuse and neglect decreased by 70 percent; teen pregnancies decreased from 50 percent to 10 percent; and school dropout rates fell from 60 percent to 10 percent.

For more information

Pransky, J. (1998). *Modello: A story of hope for the inner city and beyond: An inside-out model of prevention and resiliency in action through Health Realization*. Cabot, VT: NEHRI Publications.

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Reducing Suicide Attempts Among American Indian and Alaska Native Youth

Suicide is a leading cause of death among U.S. adolescents, and suicide rates are particularly high among American Indians and Alaska Natives. This study examined both risk and protective factors for attempted suicide in a large sample of these youth attending reservation-based schools (grades 7-12).

The findings highlighted important roles for both risk factors and protective factors. Having a family member or friend who had attempted or committed suicide, having been physically or sexually abused, and engaging in frequent substance abuse were all significant risk factors for attempted suicide among these youth. Young people who had all three risk factors were 14 times more likely to attempt suicide as those with none of the risks. However, significant protective factors identified were talking about problems with friends or family, emotional health, and family connectedness. The more protective factors they had, the less likely youth were to attempt suicide.

Of course, a young person could have both risk and protective factors, but the study showed that adding protective factors was equally or more effective in reducing the risk than decreasing the risk factors. For example, boys with none of the risk factors but also with no protective factors were 30 percent more likely to attempt suicide as boys who had all three risk factors but also all three protective factors; among girls, this effect was even stronger--almost a two-fold difference in probability.

For more information

Borowsky, I. W., Resnick, M. D., Ireland, M., & Blum, R. W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatric and Adolescent Medicine*, 153, 573-580.

Adding protective factors was equally or more effective in reducing the risk than decreasing the risk factors.

The Rochester Child Resilience Project

Children in grades 4 to 6 from nine urban elementary schools were recruited for a study of resiliency. All children were identified as "highly stressed," based on a checklist of life-events. However, one group, called "stress-affected" (SA), showed early adjustment problems, while the second, "stress-resilient" (SR) group showed generally positive development and adjustment.

The researchers used a number of child assessment and parent interview measures to understand what accounted for the differences between the SA and SR groups. SR children felt more socially accepted by their peers, and had more empathy and skill at solving social problems. They also had more realistic appraisals of their ability to control problems, including problems not under their control, such as an adult's getting drunk. Parents of SR children reported that the children had easier temperaments in infancy and early childhood, and that they (parents) had had more support with child care, particularly in infancy. SR children's primary caregivers also reported greater confidence and satisfaction than did parents of SAs. Parents of SR children had had fewer extended separations from their children, and were more involved in nurturing ways with them. They used reasoning and limit-setting more often than physical punishment. And they had more positive expectations for their children.

Two to three years later, as these children were entering early adolescence, several factors continued to be predictors of good adjustment. Children's empathy as earlier measured was strongly related to their current engagement in school. Children's positive expectations for the future predicted positive socioemotional adjustment and a more "internal" locus-of-control two to three years later.

For more information

Cowen, E. L., Hightower, A. D., Pedro-Carroll, J. L., Work, W. C., Wyman, P.A., & Haffey, W. G. (1996). The Rochester Child Resilience Project. In E. L. Cowen, A. D. Hightower, J. L. Pedro-Carroll, W. C. Work, P.A. Wyman, and W. G. Haffey (Eds.), *School-based prevention for children at risk: The primary mental health project*. Washington, DC: American Psychological Association.

Search Institute: Developmental Assets

The Search Institute of Minneapolis, MN, promotes asset-based youth development in communities through a number of publications and services. They are best known for a framework of "40 Developmental Assets" and the related youth survey, *Profiles of Student Life: Attitudes and Behaviors* (PSL-AB), with which they have collected data on several hundred thousand youth in more than 200 U.S. communities.

Of the 40 developmental assets Search Institute identifies, some are well-supported in the research on protective factors and resilience, some are weakly supported, and several have conceptual, but not independent empirical (evidence-based) support. Search Institute recognizes that there is still much to learn about which assets are critical, and the specific ways they affect youth.

Search Institute's framework classifies assets as "internal" or "external." "The external assets refer to the positive developmental experiences of relationships and opportunities that are, by and large, provided by adults in families, schools, and the larger community. . . . The internal assets are the set of competencies, skills, and self-perceptions that young people develop gradually over time as a result of observation and social experiences" (Lefkowitz et al., 1998, p. 211). The assets are further organized into eight categories, as follows:

External

Support

Empowerment

Boundaries and Expectations

Constructive Use of Time

Internal

Commitment to Learning

Positive Values

Social Competencies

Positive Identity

Search Institute's youth survey (PSL-AB) purports to measure each of the 40 assets. They report moderate reliability for 27 of the assets (as determined by internal consistency when a given asset is measured by more than one item).

Search Institute researchers report correlational evidence in support of their assets framework. In other words, they describe an association between the average number of assets youth report and the number of both risk behaviors and "thriving behaviors" (also as measured from the PSL-AB) they report. The risk behaviors are "problem alcohol use," illicit drug use, sexual activity, and violence. The "thriving behaviors" are "succeeds in school," "helps others," "values diversity," "maintains good health," "exhibits leadership," "delays gratification," and "overcomes adversity." The data show a consistent pattern, both within and across the communities that have used the PSL-AB: the more assets youth report (the majority report between 11 and 30), the less likely they are to report involvement in risk behaviors, and the more likely they are to report "thriving behaviors."

In a more detailed analysis Search Institute estimates the "predictive power" (predictive in a statistical sense, not the everyday meaning) of the assets in regard to reported risk behaviors. In this analysis, several of the 40 assets emerge as important: "positive peer influence," in the areas of substance abuse, and antisocial behavior and violence; "restraint," in the areas of substance abuse and sexual intercourse; "sense of purpose" and "self-esteem" for depression and suicide; and "achievement motivation," for school problems. This type of analysis also showed the cumulative effect of assets: the more assets

The more assets youth report, the less likely they are to report involvement in risk behaviors, and the more likely they are to report "thriving behaviors."

young people reported, the lower their likelihood of involvement in risk behaviors.

Because the evidence rests on associations only, we cannot be certain that there is a cause-and-effect relationship between assets and behaviors, but the results are intriguing. Search Institute's assets framework is an important tool that can help shift the focus of communities to valuing and promoting "what's right" about young people.

For more information

Search Institute. (April, 1998). Developmental assets: A profile of your youth. Vermont statewide aggregate data. Minneapolis: Author.

Scales, P. C., & Leffert, N. (1999). Developmental assets: A synthesis of the scientific research on adolescent development. Minneapolis: Search Institute.

The Seattle Social Development Project

The focus of this project was to address childhood risk factors common to both delinquency and drug abuse, by promoting the development of protective factors. According to the social development model adopted by these researchers, it is important to create strong bonds between the child and his or her family, and between the child and the school. Bonds, in this model, consist of "attachment," "commitment," and "belief" in the general values of the family or school. Such bonding is believed to be necessary for young people to endorse the societal expectations of no drug use and no delinquent behavior.

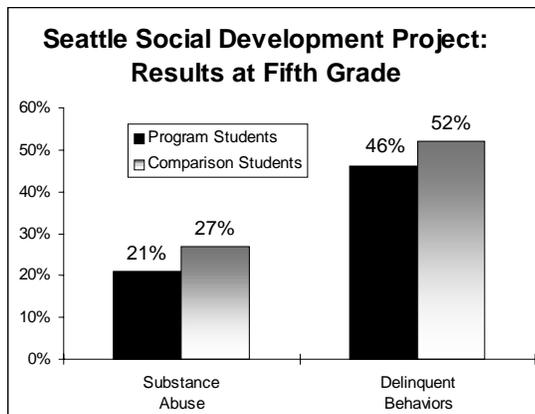
To promote the role of bonding as a protective factor in families and schools, the researchers aimed to provide greater opportunities for children's prosocial (positive) involvement, to improve young people's social skills for participating in these settings, and to increase the rewards children experienced from their positive participation.

The target group for this intervention was first- through fourth-grade students in eight Seattle public schools. Activities included components for teachers, parents, and students.

Teachers' classroom practices were modified through training in "proactive classroom management," "interactive teaching," and "cooperative learning"—all intended to strengthen children's bonding (attachment and commitment) to school. Children in the intervention group learned social problem-solving skills.

And parents were offered, on a volunteer basis, training in family management (e.g., identifying, labeling, and reinforcing positive behavior, and providing clear expectations), in parent-child communication, and in promoting a positive learning environment at home.

At the time they entered fifth grade, students who had experienced at least one semester of the program during grades one through four were compared with students who did not receive the intervention. In addition to items measuring the strength of students' bonds with family and school, there were measures of early involvement in substance abuse and delinquency. The researchers found increased bonding with family and school among the intervention students, compared with the other students, and they found lower rates of initiation of substance abuse (21 versus 27 percent, respectively) and delinquent behaviors (46 versus 52 percent, respectively).



The researchers found increased bonding with family and school among the intervention students, and lower rates of substance abuse and delinquent behaviors.

For more information

Hawkins, J. D., Catalano, R. F., Morrison, D. M., O'Donnell, J., Abbott, R. D., & Day, L. E. (1992). The Seattle Social Development Project: Effects of the first four years on protective factors and problem behaviors. In J. McCord & R. E. Tremblay (Eds.). Preventing antisocial behavior: Interventions from birth through adolescence. NY: Guilford Press.

Promoting positive youth development is something that many people, across many settings, can play a role in. In fact, the more settings that send consistent messages that value youth, the more powerful their impact. Following are some practical suggestions for families, for schools, for youth, and for communities:

WHAT FAMILIES CAN DO

As noted above, young people need and want good relationships with their parents, throughout their childhood and young adult years. Some qualities of supportive parenting have already been mentioned (pp. 11-12).

Following are some additional suggestions from the Carnegie Council on Adolescent Development (1995).

- **Balance caring and supervision with respect for adolescents' desire and capacity for independence.** Socially, intellectually, and emotionally, teens deserve to become their own "persons," even while parents set reasonable limits on their behavior. Supportive parents recognize and adapt to their children's evolving capabilities.
- **Stay involved with children's education and schools.** Studies have shown students do better in school when their parents stay involved, by being informed about assignments, by talking with their children about their school experience, and by participating in school-sponsored events.
- **Handle conflict constructively.** Learning to resolve conflicts is an important social skill for both adolescents and their parents. Parents who model open communication and problem-solving can teach their children an important lesson: that disagreements and mistakes don't have to endanger relationships.
- **Spend time with young people.** By finding time to share mutually enjoyable activities parents communicate a special kind of caring for children of any age. Being with responsible adults is a positive alternative to unsupervised time alone or with peers.

WHAT SCHOOLS CAN DO

For young people, schools are a primary setting whose influence is probably second only to that of the family. Schools can:

- **Promote academic achievement for all students.** Because academic achievement is a protective factor for youth, schools that promote academic success for all students help to build assets. Such schools articulate a clear mission, have high-quality instruction, give attention to staff development, and regularly monitor students' progress (Masten & Coatsworth, 1998). The development of literacy skills is a particularly important component of academic success (Slavin et al., 1994).
- **Implement skill-building curricula** that teach youth to handle stress positively, distinguish between solvable and nonsolvable problems, develop empathy and self-esteem, and learn effective social problem-solving (Cowen et al., 1996).
- **Create multiple opportunities for meaningful participation by youth.** These might include cross-age tutoring/mentoring, participation in school governance, students-as-mediators programs, community service learning, cooperative learning, youth leadership programs, and a number of school-sponsored extra-curricular activities (Hawkins et al., 1992; Henderson, undated; Carnegie Council on Adolescent Development, 1995).
- **Foster a caring environment.** Students, and staff, need to feel welcomed at their school. Caring is expressed through personalized instruction, regular student conferences, activities that promote social and emotional competence, and opportunities for positive recognition. Within a classroom, cooperative learning, peer tutoring, mentoring, peer mediation, and practice in conflict resolution can contribute to a sense of caring (School Mental Health Project/Center for Mental Health in the Schools, 1999).
- **Increase the number of bonds young people have with caring adults.** This can happen through strengthening parent involvement, providing after-school and/or latchkey programs, bringing medical and social services into schools, supporting mentoring programs, and Student Assistance programs (Henderson, undated).

WHAT YOUTH CAN DO

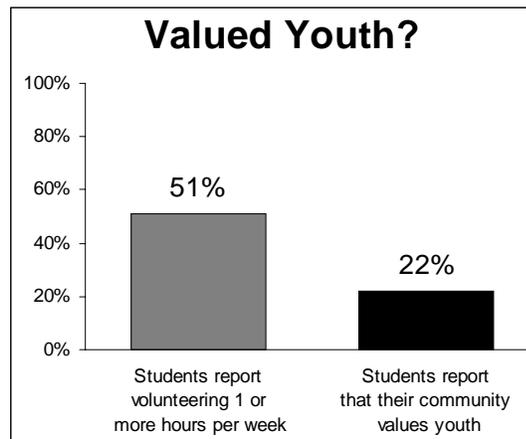
Young people can take responsibility for building their own supply of assets, by forming positive connections with parents, other adults, and peers; by becoming engaged in the settings that directly influence their quality of life (families, schools, neighborhoods); and by acquiring skills that will serve them, and others, now and in the future. With support from adults and others in the community, youth can:

- **Become better acquainted with one or more adults they admire.**
- **Create relationships with younger children**, for example in service projects, or as mentors, tutors, or babysitters.
- **Learn to be effective "peer helpers," "peer counselors," or "peer mediators."** Specific training in these models is available (and essential).
- **Become informed consumers of data.** Analyze, report, and discuss results from youth surveys such as the *Youth Risk Behavior Survey*, and the Search Institute's *Attitudes & Behaviors* survey. Investigate other sources of information, as well as the "story behind the numbers." Help map "community assets."
- **Take active roles in decision-making that affects them.** Examples include participation on boards of community organizations, in school Action Plans, and in community discussions of how to spend Tobacco Settlement money.
- **Identify their own strengths and unique talents**, so that others can acknowledge them, too.

WHAT COMMUNITIES CAN DO

Many of us have heard, "It takes a whole village to raise a child." Kretzmann and Schmitz (1994-95) suggest we consider that "It takes a child to raise a whole village." Communities lose out when they neglect the resources that young people have to offer. They lose out when they act condescendingly toward youth, or treat them as token participants. Communities gain when youth learn what it means to be members of "the village," to be citizens. Yet, in a recent Vermont survey of youth assets, only 22 percent of surveyed students reported that they felt their communities value youth (Search Institute, 1998).

The U.S. Family and Youth Services Bureau (FYSB) offers a number of guidelines for communities seeking to implement a "youth development approach." The FYSB's predecessor agency identified as early as 1970 "four ingredients necessary for youth to develop in a positive way: (1) a sense of competence, (2) a sense of usefulness, (3) a sense of belonging, and (4) a sense of power. The FYSB also provides a self-assessment for organizations wanting to implement a youth development approach (FYSB, 1996).



Among its recommendations, the FYSB suggests that communities adopt a public education campaign that seeks to change the public image of young people, and the public messages directed at young people. Some of the ideas are

- Hold local press conferences to publicize positive information about youth.
- Organize events where youth are visible to the community in positive ways.
- Involve youth in developing positive images of young people, and display these images throughout the community.
- Provide parents of adolescents with information that helps them support their child.
- Seek donated air time for community or public service announcements developed by youth.
- Identify columnists in local newspapers who might be receptive to writing about positive youth activities.
- Involve youth in local planning boards, where they can lead "youth issues forums" that solicit ideas on how to strengthen the connections between youth and the community (FYSB, 1996).

Search Institute (1998) also offers many practical suggestions for creating "asset-building communities." The suggestions address parents, neighbors, businesses, religious institutions, and residents in general.

Common characteristics of effective community programs for youth have been summarized by the Carnegie Council on Adolescent Development (1995). These include safety and accessibility, content tailored to the interests and concerns of adolescents, coordination with other community organizations that provide a variety of services that promote healthy development, meaningful roles and appropriate recognition for young people's involvement in the program, and advocacy with and for youth.

A critical part of supporting youth is supporting their parents. The FYSB (1997) identifies the following characteristics of communities where support for parents is highest:

- there are "dense friendship networks among adults";
- common values about child and youth development are articulated and supported;
- adults, particularly nonparental adults, provide monitoring and supervision for youth; and
- all adults in the community take responsibility for the well-being of youth.

Finally, consider the words of James Garbarino, a veteran of youth development work. Garbarino (1998) proposes the following as features of a healthy social environment, from a child's point of view:

- stability
- security (a sense of safety, where adults are "in charge")
- affirmation (a sense of "what's right")
- a sense of being a whole community (whole in two senses: "complete," and "healed")
- time (for socialization)
- home for the human spirit
- a sense that you can believe in your society

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