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The Positive Perspective On Youth Development

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Recommended Citation

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<https://works.swarthmore.edu/fac-psychology/220>

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*The Positive Perspective
on Youth Development*

26
chapter

How can we promote the mental health of children and adolescents? Earlier sections in this volume have provided one answer to this question by reviewing what is known about the treatment and prevention of psychological disorders among youth: anxiety, depression and suicide, substance abuse, eating disorders, and schizophrenia. As valuable as these reviews are, the insights they provide are necessarily incomplete.

Imagine a society in which no young person meets the diagnostic criteria for mental illness, because treatment and prevention have been pervasively and perfectly implemented. No one reports any symptoms of a disorder. All risks have been purged. In such a society, individual suffering due to psychological problems is eliminated, along with staggering societal costs. *Such a society is still not a psychological utopia.* There are huge differences between a teenager who is not depressed or anxious and one who bounds out of bed in the morning with twinkling eyes; between an adolescent who says no to drugs and one who says yes to meaningful involvement in family, school, and community activities; and between one who costs society little and one who actually benefits it.

The field of mental health has long been one of mental illness negated, but young people who are problem-free are not fully prepared for the business of life, not if skill, talent, character, happiness, engagement, and social involvement are its hallmarks (Pittman, 1991, 2000). As important as it is to reduce or eliminate problems among children and adolescents, it is just as important to help them thrive and form positive connections to the larger world. If asked what they most desire for their children, few parents would say that “falling short of DSM diagnostic criteria” is their primary wish. Rather, parents want their children to be safe, healthy, happy, moral, fully engaged in life, and productive contributors to the communities in which they live (Noddings, 2003). These are the ultimate goals not only of all capable parents but of all viable societies.

So how can we promote the mental health of children and adolescents? In decades of focus on psychopathology, clinical psychology, psychiatry, and allied disciplines have begun the task of improving the lives of young people and the

adults they will become. Effective treatment strategies and risk-based prevention programs such as those described earlier in this volume are among our most notable scientific achievements. But they represent a journey just begun. In recent years, these traditional approaches—all based on a disease model in which well-being is defined only by the absence of distress and disorder—have been challenged. Calls have been made for balanced attention to the positive aspects of human development as well as the negative ones.

Several contemporary approaches address people from the positive perspective—e.g., assets-based community development, competence-based primary prevention, the cultural strengths perspective, positive organizational studies, positive psychology, positive youth development, strengths-based social work, and the whole-school reform movement, among others (Maton, Schellenbach, Leadbetter, & Solarz, 2003; Peterson, 2004). These approaches overlap substantially in their basic assumptions about the authenticity of human excellence, meaning that clear distinctions among them are not always possible or even necessary. In the present contribution, we focus on positive youth development because of its explicit concern with how to encourage the well-being of children and adolescents. We also draw on positive psychology because of its interest in the underlying psychological processes leading to well-being and optimal functioning.

We should be explicit that the history of the positive perspective on youth development long predates its explicit recognition as a common viewpoint. Some of the best-known youth programs in the United States—e.g., YWCA of the USA (1851), YMCA of the USA (1855), Boys Clubs (1860) and Girls Clubs of America (1906), Girls Incorporated (1864), American Red Cross (1881), Big Brothers (1903)/Big Sisters (1908) of America, Boy Scouts of America (1910), Camp Fire USA (1910), Girl Scouts of the USA (1912), and 4-H (1914)—were founded a century or more ago to promote the health and character of young people through structured activities (Erickson, 1999). Today’s positive perspective is rediscovering and reaffirming the premise of these programs.

More recently setting the stage for the positive perspective on development are humanistic psychology as popularized by Rogers (1951) and Maslow (1970); utopian visions of education such as those of Neill (1960); primary prevention programs based on notions of wellness, sometimes dubbed “promotion programs,” as pioneered by Albee (1982) and Cowen (1994); developmental theories emphasizing person–environment interactions (e.g., Bronfenbrenner, 1979; Lerner & Kauffman, 1985); work by Bandura (1989) and others on human agency; studies of giftedness, genius, and talent (e.g., Winner, 2000); conceptions of intelligence as multiple (e.g., Gardner, 1983; Sternberg, 1985); and studies of the quality of life among psychiatric patients that went beyond an exclusive focus on symptoms and diseases (e.g., Levitt, Hogan, & Bucosky, 1990).

We should also note that the positive perspective on youth development is still evolving, and there are still gaps in the work. Notably, the positive perspective has been embraced most strongly by social scientists, who by and large have *not* placed optimal development in its biological context. All acknowledge that physical health, good nutrition, and safety importantly set the stage for positive development, and there is a growing interest in, for example, the ways in which temperament influences positive affect and life satisfaction. But the positive perspective is still detailed largely in terms of environmental and/or purely psychological (cognitive, emotional, and behavioral) influences on development, which makes it challenging to meld this perspective with the increasingly biological approach on disorder taken by psychiatrists and clinical psychologists. As the positive perspective matures, it will need to take into full account the contribution of biogenetic factors.

We stress that there is no incompatibility between a positive approach and one that is informed by biology (cf. Wright, 1994). When we criticize the “disease model,” we do not deny the existence of disorder or the important contribution of biology to disorder. Rather, we are criticizing this model as a global vision of human nature. The positive perspective is the necessary complement to one that focuses on disorder (and vice versa).

Another area in which the positive perspective must expand is the role of culture in defining and determining optimal development. Youth development practitioners have long taken seriously the importance of cultural (i.e., ethnic) differences within the United States, but a great deal of theorizing and research addresses youth development only as it occurs in the United States. The scope of this work must eventually include youth around the world, and we can expect to find both similarities and differences (e.g., Park, Huebner, Laughlin, Valois, & Gilman, 2004).

A third gap, or at least shortcoming, of the positive perspective is that some of its advocates may strike the skeptic as naively enthusiastic. Grim reality seems to be glossed over, and claims seem to be exaggerated beyond available evidence. We have argued elsewhere for the need to be even-handed about being positive (Peterson & Park, 2003) and for the importance of checking theories against the facts of the matter (Peterson & Seligman, 2003). As important as it is for social science to acknowledge and study human excellence, prescription should not override description and explanation. The positive perspective obviously resides in a value-laden domain, but so too does a focus on disease and distress, albeit more subtly. To be taken most seriously, the positive perspective needs to be based on good science. Enough good science already exists to justify continued interest in the positive perspective.

Our goal in the present contribution is to review the positive perspective as it exists today and use it to complement the more problem-oriented disciplines (cf. Larson, 2000; Maton et al., 2003). A balanced view of youth must acknowledge assets along with problems, addressing the good and the bad within youth in tandem, including risk factors and protective factors (Pollard, Hawkins, & Arthur, 1999). We have two working assumptions, each buttressed by some suggestive evidence:

1. The sorts of psychological characteristics of interest to positive social scientists are associated with reduced problems and increased well-being among youth.
2. Youth development programs with specifi-

ble features can encourage these positive characteristics and at the same time increase the likelihood of desired outcomes.

Not only are positive characteristics valuable in their own right, but they may buffer against the development of psychological problems among youth. Attention to positive characteristics may help us promote the full potential of all youth, including those with current or past psychological problems.

This contribution therefore addresses positive youth development with respect to mental illness *and* mental health. We discuss positive characteristics of youth and their settings and how these are related to thriving. We summarize what is known about programs and institutions that promote positive development. In conclusion, we take stock of what we know and what we do not know.

WHAT IS POSITIVE YOUTH DEVELOPMENT?

The field of *positive youth development* recognizes the good in young people, focusing on each and every child's unique talents, strengths, interests, and future potential (Damon, 2004). As much as we want to raise up children of soundest body and mind, those with straight A grades and perfect school attendance, kids who play in the marching band and star on a high school sports team, the real world is not Lake Woebegone. Real youth, no less than real adults, are a mix of those whose lives are above average and those who are not doing well at all. Some adolescents are anxious and depressed; some develop eating disorders; some use drugs and take other risks; some drop out of school; some become pregnant; and some fail to find praiseworthy pursuits in or out of school.

What are we to make of these young people? The positive perspective avoids labeling them as across-the-board failures. Calling someone a schizophrenic, a depressive, a drug user, or a high school dropout overlooks what else may be true about that individual. John Nash, Abraham Lincoln, Edgar Allan Poe, and Peter Jennings could be respectively labeled with these dismissive

terms, but to do so is to overlook remarkable lives and the people who have lived them.

To be sure, the problems for which these labels are shorthand are nothing to ignore and certainly nothing to glorify. We applaud those who attempt to prevent, minimize, or undo such problems, in themselves and in others. But the positive perspective urges that these problems be placed in the context of the whole person. Attention to what is good about a young person provides a foundation on which to base interventions that target what is not so good. In particular, the positive perspective urges us not to give up on children, no matter what problems they may have experienced.

These assertions seem obvious, but positive youth development nonetheless stands in contrast with approaches that have focused solely on the problems that some young people encounter while growing up, problems such as learning disabilities; affective disorders; antisocial conduct; low motivation and poor achievement; drinking, smoking, and drug use; psychosocial crises triggered by maturational episodes such as puberty; and risks of neglect, abuse, and economic deprivation that plague certain populations. Models of youth that focus on these problems have long held sway in the child-care professions, the mass media, and much of the public mind. In such models, youth is seen as a period fraught with hazards, and many young people are seen as potential problems that must be straightened out before they can do serious harm to themselves or others. This problem-centered vision of youth has dominated most of the professional fields charged with raising the young.

In education and pediatric medicine, for example, a huge share of resources has been directed to remediating the incapacities of young people with syndromes such as attention-deficit/hyperactivity disorder. In child psychology, intense attention has been directed to self-esteem deficits, especially among girls; to damage created by childhood trauma such as poverty, abuse, and early separation; and to destructive patterns such as violence. Descriptions such as the *at-risk child*, the *learning-disabled child*, the *juvenile delinquent*, the *bully*, and even the *super-predator* have filled professional journals as well

as the popular press. The old suspicion that there are “bad seeds,” or, switching metaphors, that there are “rotten apples” that will spoil the barrel if not removed in time has been kept alive in the guise of scientific theories that propose a genetic determinism for youth crime. The job of youth professionals has been to identify the problem early enough to defray and then patch up the damage.

This focus on problems and deficits is part of a mental health model left over from the work of child psychoanalysts such as Fritz Redl (Redl & Wineman, 1951). It is also drawn from a criminal justice model that has stressed punishment over prevention and rehabilitation. One of the legacies of this problem-focused tradition has been its influence on the way young people have been portrayed in the mass culture and, as a consequence, in the popular mind. “According to a recent examination of a month of network and local TV news coverage of American youth . . . just 2% of teenagers were shown at home, while only 1% were portrayed in a work setting. In contrast, the criminal justice system accounted for nearly one out of every five visual backdrops” (Communitarian Network, 2000). A recent survey of adults in the United States found that the majority describe youth in negative terms and believe that young people will leave the world in worse shape than they found it (Public Agenda Online, 1999).

But during the past two decades or so, the field of youth development has articulated a more affirmative vision of young people as resources rather than as problems for society. This vision focuses on the manifest potentials rather than on the supposed incapacities of young people—including young people from the most disadvantaged backgrounds and those with the most troubled histories.

The positive youth development approach recognizes the existence of adversities and developmental challenges that may affect children in various ways, but it resists conceiving of the developmental process as mainly an effort to overcome deficits and risk. Instead, it begins with a vision of a fully able child eager to explore the world, to gain competence, and to acquire the capacity to contribute importantly to the world. The positive youth development ap-

proach aims at understanding, educating, and engaging children in productive activities rather than at correcting, curing, or treating them for maladaptive tendencies or so-called disabilities.

As already noted, the change brought about by this shift to a more positive vision of youth potential has taken place on a number of fronts. Positive youth development today is an interdisciplinary field with roots in developmental psychology, developmental epidemiology, and prevention science (Larson, 2000). It embraces an explicit developmental stance: children and adolescents are not miniature adults, and they need to be understood in their own terms.

The youth development field emphasizes the multiple contexts in which development occurs. Particularly influential as an organizing framework has been Bronfenbrenner’s (1977, 1979, 1986) *ecological approach*, which articulates different contexts in terms of their immediacy to the behaving individual. So, the *microsystem* refers to ecologies with which the individual directly interacts: family, peers, school, and neighborhood. The *mesosystem* is Bronfenbrenner’s term for relationships between and among various microsystems. The *exosystem* is made up of larger ecologies that indirectly affect development and behavior, such as the legal system, the social welfare system, and mass media. Finally, the *macrosystem* consists of broad ideological and institutional patterns that collectively define a culture. There is the risk of losing the individual amid all of these systems, but the developmental perspective reminds us that different children are not interchangeable puppets. Each young person brings his or her own characteristics to the business of life, and these interact with the different ecologies to produce behavior.

The youth development field has always had a strong interest in application (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 1999). From their very beginning, national youth groups embraced promotion goals, but throughout the 20th century other applications were increasingly directed at youth problems such as school dropout, juvenile crime, alcohol and drug use, and unwanted pregnancy. These early interventions often targeted young people in crisis—i.e., they helped youth with problems—and the more recent interventions were preventive—i.e.,

they supported youth before problems developed. The earliest applications were informed more by common sense and intuition than by research. This state of affairs has changed in light of information from longitudinal studies about the predictors of specific problems (e.g., Jessor & Jessor, 1977). This information provides explicit targets for interventions, and theory has begun to guide practice.

Another change that occurred as the field of youth development matured is that prevention efforts targeting but a single problem came under criticism. Many problems co-occur and have the same risk factors. Broad-based interventions can therefore have broad effects. Part of the broadening of youth development and its applications was a call for studying and eventually cultivating what has come to be known as positive youth development—desirable outcomes such as school achievement, vocational aspirations, community involvement, good interpersonal relations, and the like. Pittman (1991, 2000) has phrased this change, “problem-free is not fully prepared.” Here is where youth development converges with positive psychology and its premise that the best in life is not simply the absence of disorder and dysfunction.

As an applied field, youth development marches to the drummer of societal priorities. At least as far as the nation’s youth are concerned, the reduction in their problems has been the priority, for good reasons. “Positive” outcomes can be a difficult sell when juxtaposed with tax cuts, pothole repairs, and defense spending. But there is ample reason to believe that attention to positive outcomes has the additional effect of reducing negative outcomes. Researchers at the Search Institute in Minneapolis have studied what they call *developmental assets*, which include external factors such as family support and adult role models and internal factors such as commitment to learning, positive values, and sense of purpose (Benson, Leffert, Scales, & Blyth, 1998; Leffert et al., 1998; Scales, Benson, Leffert, & Blyth, 2000). Youth with more of these assets not only show fewer problems but also display more thriving (e.g., school success, leadership, helping others, and physical health).

Among the important ideas that frame this

emerging positive vision of youth are the following:

1. Children can overcome adversity and thrive. Many by nature are hardy, not delicate. The term *resiliency* is used to describe the quality that enables young people to thrive even in the face of adversity (Werner, 1982). Associated with resiliency are persistence, hardiness, goal-directedness, an orientation to success, achievement motivation, educational aspirations, a belief in the future, a sense of anticipation, a sense of purpose, and a sense of coherence (Benard, 1991).
2. It is important to recognize, however, that resiliency does not operate in a vacuum. Few if any children are impervious to unrelenting adversity. Without appropriate environmental or social support, children will likely succumb to problems. What allows young people to thrive is a combination of individual hardiness *and* protective factors embedded in socializing institutions (cf. Bonnano, 2004).
3. Accordingly, the assets of youth that protect against problems and allow young people to do well include not only individual psychological characteristics such as talents, energies, strengths, and constructive interests but also characteristics of their social settings such as family support, parental involvement in schooling, adult role models outside the family, high expectations within the community, and the availability of creative activities (Benson, 1997). The agenda of positive youth development is to maximize the potential of young people by encouraging both personal and environmental assets. To do so requires a recognition of the reciprocal relation between them (Bronfenbrenner & Ceci, 1994; Riegel, 1973).
4. The emerging positive youth development tradition takes a deliberately broad perspective on the qualities of young people that should be promoted. For example, following extensive literature reviews and consensus meetings of experts in the field, Catalano, Berglund, Ryan, Lonczak, and Hawkins (2004) identified the following goals of positive youth development.

Promoting bonding. *Bonding* is the emotional attachment and commitment a child makes to social relationships in the family, peer group, school, community, or culture. Child development studies frequently describe bonding and attachment processes as internal working models for means by which a child forms social connections with others (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969, 1973, 1980; Mahler, Pine, & Bergman, 1975). The interactions between a child and his or her caregivers build the foundation for bonding that is key to the development of the child's capacity for motivated behavior (Erikson, 1968). Positive bonding with an adult is crucial to the development of a capacity for adaptive responses to change, and growth into a healthy and functional adult. Good bonding establishes the child's trust in self and others. Inadequate bonding establishes patterns of insecurity and self-doubt. Very poor bonding establishes a fundamental mistrust in self and others, creating an emotional emptiness that the child may try to fill in other ways, possibly through drugs, impulsive acts, antisocial peer relations, or other problem behaviors (Braucht, Kirby, & Berry, 1978; Brook, Brook, Gordon, Whiteman, & Cohen, 1990; Kandel, Kessler, & Margulies, 1978).

The importance of bonding reaches beyond the family. How a child establishes early bonds to caregivers will directly affect the manner in which the child later bonds to peers, school, the community, and culture(s). The quality of a child's bonds to these other domains are essential aspects of positive development into a healthy adult (Brophy, 1988; Brophy & Good, 1986; Dolan, Kellam, & Brown, 1989; Hawkins, Catalano, & Miller, 1992). Strategies to promote positive bonding combined with the development of skills have proven to be an effective intervention for adolescents at risk for antisocial behavior (Caplan et al., 1992; Dryfoos, 1990).

Fostering of resiliency. *Resilience* refers to any instance of displayed competence despite adversity, whereas *resiliency* is the individual's capacity to adapt to stressful events in healthy and flexible ways (Luthar, Cicchetti, & Becker, 2000). As already described, resiliency has been identified in research studies as a characteristic of youth who, when exposed to multiple risk factors,

show successful responses to challenge and use this learning to achieve successful outcomes (Hawkins, Catalano, & Miller, 1992; Masten, Best, & Garmezy, 1990; Rutter, 1985; Werner, 1989, 1995).

Promoting competencies. The construct of *competence* covers at least five areas of youth functioning—specifically, social, emotional, cognitive, behavioral, and moral abilities. The multidimensionality of competence has been increasingly recognized in the past two decades (Gardner, 1993; Harter, 1985; Zigler & Berman, 1983). More recently, Weissberg and Greenberg (1997) urged that competence be viewed and measured in research studies as an important developmental outcome. While the enhancement of competence can help to prevent negative outcomes (Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995), competence can also be specified and measured as an important outcome in its own right, indicative of positive development.

Social competence encompasses the range of interpersonal skills that help youth integrate feelings, thinking, and actions to achieve specific social and interpersonal goals (Caplan et al., 1992; Weissberg, Caplan, & Sivo, 1989). These skills include encoding relevant social cues, accurately interpreting those social cues, generating effective solutions to interpersonal problems, realistically anticipating consequences and potential obstacles to one's actions, and translating social decisions into effective behavior.

In a review of 650 articles on biopsychosocial risk factors and preventive interventions, Kornberg and Caplan (1980) concluded that competence training to promote adaptive behavior and mental health is one of the most significant developments in recent primary prevention research. In general, social competence promotion programs have been designed to enhance personal and interpersonal effectiveness and to prevent the development of maladaptive behavior through (a) teaching students developmentally appropriate skills and information, (b) fostering prosocial and health-enhancing values and beliefs, and (c) creating environmental supports to reinforce the real-life application of skills (Weissberg et al., 1989). To produce meaningful effects on specific target behaviors, it also appears necessary to include opportunities for students to

practice and apply learned skills to specific, relevant social tasks (Hawkins & Weis, 1985).

Emotional competence is the ability to identify and respond to feelings and emotional reactions in oneself and others. Salovey and Mayer (1989) identified five elements of emotional competence, including knowing one's emotions, managing emotions, motivating oneself, recognizing emotions in others, and handling relationships. The W. T. Grant Consortium on the School-Based Promotion of Social Competence (1992, p. 136) provided a similar list of emotional skills that are ingredients of many prevention programs: "identifying and labeling feelings, expressing feelings, assessing the intensity of feelings, managing feelings, delaying gratification, controlling impulses, and reducing stress."

Cognitive competence includes two overlapping constructs. The W. T. Grant Consortium on the School-Based Promotion of Social Competence (1992, p. 136) defined the first form of cognitive competence as the "ability to develop and apply the cognitive skills of self-talk, the reading and interpretation of social cues, using steps for problem-solving and decision-making, understanding the perspective of others, understanding behavioral norms, a positive attitude toward life, and self awareness." The second aspect of cognitive competence is related to academic and intellectual achievement. The emphasis here is on the development of core capacities, including the ability to use logic, analytic thinking, and abstract reasoning.

Behavioral competence encompasses the skills required for effective action. The W. T. Grant Consortium on the School-Based Promotion of Social Competence (1992, p. 136) identified three dimensions of behavioral competence: "nonverbal communication (through facial expressions, tone of voice, style of dress, gesture or eye contact), verbal communication (making clear requests, responding effectively to criticism, expressing feelings clearly), and taking action (helping others, walking away from negative situations, participating in positive activities)."

Moral competence is a youth's ability to assess and respond to the ethical, affective, or social justice dimensions of a situation. Piaget (1952, 1965) described moral maturity as both a respect

for rules and a sense of social justice. Kohlberg (1963, 1969, 1981) defined moral development as a multistage process through which children acquire society's standards of right and wrong, focusing on choices made in facing moral dilemmas. Gilligan (1982) countered that morality is as much about relationships and interdependence as it is about societal rules, and Hoffman (1981) proposed that the roots of morality are in empathy, or empathic arousal, which has a neurological basis and can be either fostered or suppressed by environmental influences. He also asserted that empathic arousal eventually becomes an important mediator of altruism, a quality that many youth interventions try to promote in young people.

Encouraging self-determination. *Self-determination* is the ability to think for oneself and to take action consistent with those thoughts. Fetterman, Kaftarian, and Wandersman (1996) defined self-determination as the ability to chart one's own course. Much of the literature on self-determination has emerged from work with disabled youth (Brotherson, Cook, Lahr, & Wehmeyer, 1995; Field, 1996; Sands & Doll, 1996; Wehmeyer, 1996) and from cultural identity work with ethnic and minority populations (Snyder & Zoann, 1994; Swisher, 1996). Although some writers have expressed concern that self-determination may emphasize individual development at the expense of group-oriented values (Ewalt & Mokuau, 1995), others link self-determination to innate psychological needs for competence, autonomy, and relatedness (Deci & Ryan, 1994).

Fostering spirituality. Spirituality has been associated in some research with the development of a youth's moral reasoning, moral commitment, or a belief in the moral order (Hirschi, 1969; Stark & Bainbridge, 1997). Recent reviews of the relationship between religiosity and adolescent well-being have found that religiosity is positively associated with prosocial values and behavior, and negatively related to suicide ideation and attempts, substance abuse, premature sexual involvement, and delinquency (Johnson, Tierney, & Siegel, 2003).

Developing self-efficacy. *Self-efficacy* is the perception that one can achieve desired goals through one's own action. Bandura (1989,

p. 1175) proposed that “self-efficacy beliefs function as an important set of proximal determinants of human motivation, affect, and action. They operate on action through motivational, cognitive, and affective intervening processes.” Strategies associated with self-efficacy beliefs include personal goal setting, which is influenced by self-appraisal of one’s capabilities (Bandura, 1986, 1993). Others have documented that the stronger the perceived self-efficacy, the higher the goals people set for themselves and the firmer their commitment to them (Locke, Frederick, Lee, & Bobko, 1984).

Nurturing a clear and positive identity. *Clear and positive identity* is the internal organization of a coherent sense of self. The construct is associated with the theory of identity development emerging from studies of how children establish their identities across different social contexts, cultural groups, and genders. Identity is viewed as a “self-structure,” an internal, self-constructed, dynamic organization of drives, abilities, beliefs, and individual history, which is shaped by the child’s navigation of normal crises or challenges at each stage of development (Erikson, 1968). Erikson described overlapping yet distinct stages of psychosocial development that influence a child’s sense of identity throughout life, but which are especially critical in the first 20 years. If the adolescent or young adult does not achieve a healthy identity, role confusion can result. Developmental theorists assert that successful identity achievement during adolescence depends on the child’s successful resolution of earlier stages.

Stages of identity development are linked to gender differences in childhood and adolescence, revealing a series of identity aspects for girls that are not strictly parallel to those of boys (Gilligan, 1982). Investigations of the positive identity development of gay and bisexual youth have become a focus for some researchers (Johnston & Bell, 1995). For youth of color, the development of positive identity and its role in healthy psychological functioning is closely linked with the development of ethnic identity (Mendelberg, 1986; Parham & Helms, 1985; Phinney, 1990, 1991; Phinney, Lochner, & Murphy, 1990; Plummer, 1995), issues of bicultural identification (Phinney & Devich-Navarro,

1997), and bicultural or cross-cultural competence (LaFromboise, Coleman, & Gerton, 1993; LaFromboise & Rowe, 1983). Some researchers have suggested that it is healthy for ethnic minority youth to be socialized to understand the multiple demands and expectations of both the majority and minority culture (Spencer, 1990; Spencer & Markstrom-Adams, 1990). This process may offer psychological protection through providing a sense of identity that captures the strengths of the ethnic culture and helps buffer experiences of racism and other risk factors (Hill, Piper, & Moberg, 1994). This may also enhance prosocial bonding to adults who can help youths to counter potential interpersonal violence in their peer groups (Wilson, 1990).

Fostering belief in the future. *Belief in the future* is the internalization of hope and optimism about possible outcomes. This construct is linked to studies on long-range goal setting, belief in higher education, and beliefs that support employment or work values. “Having a future gives a teenager reasons for trying and reasons for valuing his life” (Prothrow-Stith, 1991, p. 57). Research demonstrates that positive future expectations predict better social and emotional adjustment in school and a stronger internal locus of control, while acting as a protective factor in reducing the negative effects of high stress on self-rated competence (Wyman, Cowen, Work, & Kerley, 1993).

Recognizing positive behavior. *Recognition for positive involvement* is the positive response of those in the social environment to desired behaviors by youths. According to social learning theory, behavior is in large part a consequence of the reinforcement or lack of reinforcement that follows action (Akers, Krohn, Lanza-Kaduce, & Radosevich, 1979; Bandura, 1973). Reinforcement affects an individual’s motivation to engage in similar behavior in the future. Social reinforcers have major effects on behavior. These social reinforcers can come from the peer group, family, school, or community.

Providing opportunities for prosocial involvement. *Opportunity for prosocial involvement* is the presentation of events and activities across different social environments that encourage youths to participate in prosocial actions. The provision of prosocial opportunities in the nonschool hours

has been the focus of much discussion and study (Carnegie Council on Adolescent Development, 1992; Pittman, 1991). For a child to acquire key interpersonal skills in early development, positive opportunities for interaction and participation must be available (Hawkins, Catalano, Jones, & Fine, 1987; Patterson, Chamberlain, & Reid, 1982; Pentz et al., 1989). In adolescence, it is especially important that youth have the opportunity for interaction with positively oriented peers and for involvement in roles in which they can make a contribution to the group, whether family, school, neighborhood, peer group, or larger community (Dryfoos, 1990).

Establishing prosocial norms. Social institutions that foster prosocial norms seek to encourage youth to adopt healthy beliefs and clear standards for behavior through a range of approaches. These may include providing youth with data about the small numbers of people their age who use illegal drugs, so that they decide that they do not need to use drugs to be normal; encouraging youth to make explicit commitments in the presence of peers or mentors not to use drugs or to skip school; involving older youth in communicating healthy standards for behavior to younger children; or encouraging youth to identify personal goals and set standards for themselves that will help them achieve these goals (Hawkins, Catalano, & Miller, 1992; Hawkins, Catalano, Morrison, O'Donnell, Abbott, & Day, 1992).

WHAT IS POSITIVE PSYCHOLOGY?

The field of positive psychology was christened in 1998 as one of the initiatives of Martin Seligman in his role as President of the American Psychological Association (Seligman, 1998, 1999). The trigger for positive psychology was the premise that psychology since World War II has focused much of its efforts on human problems and how to remedy them. The yield of this focus on pathology has been considerable. Great strides have been made in understanding, treating, and preventing psychological disorders. Widely accepted classification manuals—the *Diagnostic and Statistical Manual of Mental Disorders*

(DSM) sponsored by the American Psychiatric Association (1994) and the *International Classification of Diseases* (ICD) sponsored by the World Health Organization (1990)—allow disorders to be described and have given rise to a family of reliable assessment strategies. There now exist effective treatments, psychological and pharmacological, for more than a dozen disorders that in the recent past were frighteningly intractable (Barrett & Ollendick, 2004; Hibbs & Jensen, 1996; Kazdin & Weisz, 2003; Nathan & Gorman, 1998, 2002; Seligman, 1994).

But there has been a cost to this emphasis. Much of scientific psychology has neglected the study of what can go right with people and often has little more to say about the good life than do pop psychologists, inspirational speakers, and armchair gurus. More subtly, the underlying assumptions of psychology have shifted to embrace a disease model of human nature. Human beings are seen as flawed and fragile, casualties of cruel environments or bad genetics, and if not in denial then at best in recovery. This worldview has crept into the common culture of the United States. We have become a nation of self-identified victims, and our heroes and heroines are called survivors and nothing more.

Positive psychology proposes that it is time to correct this imbalance and to challenge the pervasive assumptions of the disease model (Maddux, 2002). Proponents of positive psychology call for as much focus on strength as on weakness, as much interest in building the best things in life as in repairing the worst, and as much attention to fulfilling the lives of healthy people as to healing the wounds of the distressed (Seligman, 2002; Seligman & Csikszentmihalyi, 2000). The concern of psychology with human problems is of course understandable. It will not and should not be abandoned; people experience difficulties that demand and deserve scientifically informed solutions. Positive psychologists are merely saying that the psychology of the past 60 years is incomplete. But as simple as this proposal sounds, it demands a sea change in perspective. Psychologists interested in promoting human potential need to start with different assumptions and to pose different questions from their peers who assume only a disease model.

The most basic assumption that positive psy-

chology urges is that human goodness and excellence are as authentic as disease, disorder, and distress. Positive psychologists are adamant that these topics not be secondary, derivative, illusory, epiphenomenal, or otherwise suspect. The good news for positive psychology is that our generalizations about business-as-usual psychology over the past 60 years are simply that—generalizations. As already noted, there are many good examples of psychological research, past and present, that can be claimed as positive psychology.

Positive psychologists do not claim to have invented notions of happiness and well-being, or even to have ushered in their scientific study. Rather, the contribution of positive psychology has been to provide an umbrella term for what have been isolated lines of theory and research and to make the self-conscious argument that what makes life worth living deserves its own field of inquiry within psychology, at least until that day when all of psychology embraces the study of what is good along with the study of what is bad.

Within the framework of positive psychology (Seligman & Csikszentmihalyi, 2000) one can find a comprehensive scheme for understanding and promoting positive youth development. Research and practice efforts should include the domains identified by positive psychology as critical in thriving. We can parse the concerns of positive psychology into three related topics: the study of *positive subjective experiences* (happiness, pleasure, gratification, fulfillment), the study of *positive individual traits* (strengths of character, talents, interests, values), and the study of *enabling institutions* (families, schools, businesses, communities, societies). A theory is implied here: Enabling institutions facilitate the development and display of positive traits, which in turn facilitate positive subjective experiences (Park & Peterson, 2003).

The term *facilitate* deliberately avoids strict causal language. It is possible for people to be happy or content even in the absence of good character, and people can have good character even when living outside the realm of enabling institutions. The example of apartheid's demise in South Africa shows that citizens can do the right thing even in the face of historical prece-

dent. The example of whistleblowers shows that employees do not always conform with workplace norms. And the example of excellent students from underfunded school districts shows that intellectual curiosity is not always stamped out by educational mediocrity.

But matters are simpler when institutions, traits, and experiences are in alignment (cf. Gardner, Csikszentmihalyi, & Damon, 2001). Indeed, doing well in life probably represents a coming together of these three domains and demonstrates why positive psychology and positive youth development programs are potentially good partners.

Psychologists have only recently devoted their full attention to the conceptualization and measurement of core positive psychology constructs such as life satisfaction and strength of character. And even more recent is the examination of these constructs among young people. Regardless, we believe that these are important. They contribute to a variety of positive outcomes and at the same time work as a buffer against a variety of negative outcomes, including psychological disorders. Life satisfaction and character strengths serve not only as key indicators of positive youth development but also as broad enabling factors in the promotion and maintenance of optimal mental health among youth. The task in applying these notions to the field of youth development is to understand how they confer benefits and, ultimately, how they can be deliberately encouraged.

YOUTH DEVELOPMENT FROM THE POSITIVE PERSPECTIVE

Despite its initially radical notions about young people, the positive youth development perspective has become so widely endorsed, at least in the abstract, that the label is sometimes used to describe any and all programs that involve young people. The result is that the self-identified positive youth development field is sprawling. In an overview of the youth development field, Benson and Saito (2000, p. 136) went so far as to conclude that "if one commissioned 10 writers to compose reviews of what we know about youth development, 10 very differ-

ent papers would emerge. Perhaps a few studies and a few names would be constant. Ultimately, the overlap in references cited would be minimal." We are not as dismayed about the coherence of the youth development field as these authors, but we do agree with their conclusion that "the conceptual terrain is murky" (p. 136).

In the contemporary United States alone, the vast majority of the 30+ million adolescents participate in one or more programs or organizations with other young people: middle school, high school, church groups, mentoring programs, Little League baseball, the Boy Scouts of America, and other after-school programs. Many of these programs have adopted "positive" language to frame their goals and rationales. But we stop short of calling all of these programs positive in their actual stance toward youth. Consider, for example, juvenile boot camp programs that try to scare children "straight" (Tyler, Darville, & Stalnaker, 2001). And we certainly refrain from saying that all of these programs succeed; otherwise 99+% of our young people would be doing extremely well.

Part of the human condition, in the contemporary United States as well as elsewhere, is the embeddedness of individuals in multiple social systems—some that encourage thriving and some that do not. A close and analytic look is needed, not just at existing outcome evidence but also at the actual programs in which young people participate and the active ingredients in those programs that work (Larson, 2000). Positive psychology provides a way to think about the goals of positive youth development and how they are achieved. If we are trying to develop young people, just what is our destination, and how will we know that we have arrived—that positive development has indeed occurred?

Everyday people may equate happiness with momentary positive affect, but positive psychology proposes that "authentic" happiness is a broad concept that includes three distinct orientations to life (Seligman, 2002). First is the *pursuit of pleasure*, the venerable doctrine of hedonism and the underpinning of psychoanalysis and all but the most radical of the behaviorisms. We may not want our children to become hedonists or epicureans, but we certainly want them to be full of cheer, free of worry, and content with the

choices they have made. Second is the *pursuit of engagement*, involvement and absorption in activities that produce the state of flow. We want our children to find activities at school, at play, and eventually at work in which they can lose themselves. Third is the *pursuit of meaning* in which one attempts to connect with external factors or forces larger than the self by embracing social responsibility or experiencing the immaterial and transcendent. We want our children to make a life that matters to the world and creates a difference for the better.

The vision of the thriving youth that emerges here is a young person who experiences more positive affect than negative affect, who is satisfied with his or her life as it has been lived, who has identified what he or she does well and uses these talents and strengths in a variety of fulfilling pursuits; and who is a contributing member of a social community. And, of course, safety and health are importantly in place as the context of this vision. From the perspective of positive psychology, a positive youth development program is one that effectively targets one or more of these facets. It is worth noting that business-as-usual clinical psychology and psychiatry have been concerned with but one of these features: the reduction of negative affect (i.e., depression and anxiety).

As explained already, youth development proponents have also addressed the vision of a healthy child, and their lists of desirable attributes overlap considerably with what we have just specified:

- Benson (1997) proposed a number of developmental assets (discussed earlier).
- Also popular are the alliterative five Cs: caring, competence, character, connection, and confidence (cf. Roth & Brooks-Gunn, 2003).
- The National Research Council Committee on Community-based Programs for Youth similarly proposed that positive youth possess good health habits; knowledge of life skills; emotional self-regulation; optimism; prosocial values; spirituality or a sense of purpose; trusting relationships with peers, parents, and other adults; attachment to positive institutions; and commitment to

civic engagement (Eccles & Gootman, 2002).

- Weissberg and O'Brien (2004) described positive youth in terms of core social and emotional competencies: self-awareness, social awareness, emotional self-management, relationship skills, and responsible decision making.
- Finally, as described in detail, Catalano et al. (2004) pointed to such features as attachment and commitment to social relationships in the family, peer group, school, community, or culture; resiliency; competence (social, emotional, cognitive, behavioral, and moral); self-determination; spirituality; clear and positive identity; optimism; opportunities for involvement; recognition for positive behavior; and prosocial norms.

These different visions of thriving by a young person overlap substantially. Taken together, they currently guide the development of comprehensive ways to measure their components. Both positive youth development (e.g., Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Moore, Lippman, & Brown, 2004) and positive psychology (e.g., Lopez & Snyder, 2003; Ong & van Dulmen, 2005; Peterson & Seligman, 2004) provide useful research tools. These measures and indices allow important matters to be addressed that are unanswerable if our only vision is a list of unsorted desiderata. For example:

- How are positive characteristics distributed in the population of young people?
- How do various positive characteristics covary?
- Are some positive characteristics primary and others derivative?
- Are some more crucial than others in predicting the presence of good outcomes or the absence of bad outcomes?
- Are there levels of positive characteristics that are “good enough” as judged by the individual or society in terms of what they produce, or is more always better?
- Which positive characteristics are the easiest to nurture, and which are the most difficult?
- Are there critical, or at least optimal, periods

for the cultivation of positive characteristics?

- What sorts of competencies—intellectual, behavioral, emotional, social, and moral—need to be in place for other positive characteristics to be nurtured?
- What sorts of settings lend themselves to the development of positive characteristics, and what sorts of settings hinder them?
- How do positive characteristics interact with risk factors?
- What is the relative strength of positive characteristics compared to risk factors in promoting healthy outcomes and preventing adverse ones?

In sum, the availability of reliable and valid research instruments draws our attention to mechanisms and pathways by which optimal development occurs. Interventions that do less than throw the proverbial kitchen sink at youth then become possible (Linley & Joseph, 2004).

If we are successful in merging positive youth development and positive psychology, the initial stages may be awkward. Positive psychology is a new perspective within academic psychology. Positive youth development is a more established subject matter embraced by multiple disciplines. The integration of these approaches will result from deliberation, negotiation, and trade-offs.

Positive psychologists will need to “get real” about the fuzzy world in which youth live and to do more than bracket social institutions for study by other disciplines (Nicholson, Collins, & Holmer, 2004). Positive psychologists must do more than generalize downward to adolescents from empirical studies of young adults in introductory psychology subject pools (cf. Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999). Positive youth development practitioners in contrast must become more comfortable with the notion of individual agency and take their own rhetoric seriously that young people are indeed resourceful and resilient (Larson, 2000). Some youth development proponents seem to have an ambivalent relation with the notion of personality traits and especially character, perhaps because of its implication that youth would be okay if they only learned to say no.

Needless to say, a concern with character does not preclude acknowledging the role played by multiple social systems in shaping the person, for better or for worse. If youth are to be developed, one needs to ask just what it is about them that develops. One important answer is individual psychological characteristics (Peterson & Seligman, 2004). To be specific, these characteristics include the following:

- *Positive emotions*, such as joy, contentment, and love. Positive emotions have been linked by recent research to the broadening and building of psychological skills and abilities (Fredrickson, 1998, 2000, 2001).
- *Flow*, the psychological state that accompanies highly engaging activities (Csikszentmihalyi, 1990). The frequent experience of flow during adolescence foreshadows long-term desirable consequences, such as achievement in creative domains (Rathunde & Csikszentmihalyi, 1993).
- *Life satisfaction*, the overall judgment that one's life is a good one (Diener, 1984). Life satisfaction among youth is pervasively associated with the presence of desirable psychological characteristics (e.g., self-esteem, resiliency, hope, self-reliance, health-promoting habits, and prosocial behavior) and the absence of negative characteristics (anxiety, depression, loneliness, school discipline problems, drug and alcohol use, teenage pregnancy, and violence). Life satisfaction also buffers against the development of depression in the wake of stressful life events (Park, 2004b).
- *Character strengths*, which include positive traits such as curiosity, kindness, gratitude, hope, and humor (Peterson & Seligman, 2004). Among young people, such strengths are robustly linked to life satisfaction and can function as buffers against the negative effects of stress and trauma (Park, 2004a).
- *Competencies*, or skills and abilities in social, emotional, cognitive, behavioral, and moral domains (Weissberg & O'Brien, 2004)

Researchers have already identified many of the precursors of these valuable characteristics and

are now turning their attention to their deliberate cultivation (Seligman et al., 2003).

Both fields must compromise—positive psychology by refraining from the cautious “further basic research is needed” mantra of the academy, and youth development by examining the enthusiastic “more is better” truism of liberal social activism. We already know enough to mount interventions with a good likelihood of short-term success (Catalano et al., 2003), but we need to examine further these interventions in terms of their long-term consequences, their cost-effectiveness, and their active ingredients. We also need to listen to youth as we try to help them.

IDENTIFYING EFFECTIVE YOUTH DEVELOPMENT PROGRAMS

In a classification similar to Bronfenbrenner's more abstract distinctions among ecological systems, Benson and Saito (2000) have proposed that the institutions that enable positive youth development be categorized from the specific to the general:

- *Programs* entail semistructured or structured group activities for youth, usually led by adults, deliberately designed to achieve specific goals and outcomes—e.g., service learning requirements in high schools, drug prevention interventions, transition-to-work programs, Big Brothers and Big Sisters.
- *Organizations* are settings that provide activities and relationships intended to improve the well-being of young people—e.g., YWCA, youth soccer leagues, church retreats.
- *Socializing systems* are “naturally occurring” social institutions that intend, among other goals, to enhance processes and outcomes consistent with positive youth development—e.g., families, schools, religious institutions, museums, libraries, neighborhoods.
- *Community* is an overarching institution that includes the geographical setting within which programs, organizations, and socializing systems interact. The social

norms, resources, and relationships that influence youth development take place here.

These categories of institutions of course overlap. For example, programs are often embedded in organizations, and a common way to categorize youth development programs is in terms of the setting (organization) in which they occur—e.g., school-based programs, after-school programs; and faith-based programs. And as Bronfenbrenner has emphasized, instances of these categories interact.

However we categorize enabling institutions, just what are they vis-à-vis positive youth development? Do critical features recur and function as the institutional equivalent of the nonspecific factors identified by psychotherapy researchers? Are these features the sorts of things that we can deliberately create or modify, or must we simply hope that they will appear in the lives of young people?

Like much of social science over the past 60 years, what we know about institutions and their impact on youth has been decidedly slanted toward problems and pathology. We know a fair amount about family chaos, underfunded schools, and unsafe neighborhoods, especially in terms of the toll that they can take on children and adolescents. We know a fair amount about the risk factors for unhealthy behaviors and for various psychological disorders. Indeed, we can almost write an exact formula for producing a drug-using, violent, alienated school dropout who satisfies one or more DSM diagnoses and is resistant to treatment. In contrast, we need to know more about the institutions that produce positive outcomes, those that move young people above the zero points of disorder, distress, and dysfunction (Peterson, 2000).

Frequently used measures for tracking youth development also tend to have a negative bias, reflecting societal concerns with youth problems and those of funding agencies that sponsor the development and use of indicators (Moore, et al., 2004). In the current U.S. indicators system, measures of child well-being focus primarily on negative outcomes and problems. We measure and track those behaviors that adults wish to prevent: homicide, school dropout, substance use, teen childbearing, low birth weight, and crime.

But for the most part, the indicators system does not monitor positive development and outcomes. With exceptions, such as the measure of volunteering included in *America's Children* (Federal Interagency Forum on Child and Family Statistics, 2001) and measures of academic success such as the percentages of students meeting grade level standards, high school graduation rates, and college entrance examination scores, the indicators system lacks a vision of what might be desired and fostered in the development of the next generation. However, as emphasized, both positive youth development and positive psychology suggest a rich array of positive indicators (and ways of measuring them) that should be formally incorporated into state and federal indicators systems (e.g., Arthur et al., 2002).

Methodological Issues

Eccles and Templeton (2003) amplified these criticisms in a recent discussion of how to identify successful youth development programs. As they reviewed the research done on programs for youth, they were struck by the heterogeneity in virtually all design features:

- The heterogeneity of the youth along dimensions of age, gender, sexual orientation, ethnicity, family social class, and place of residence
- The research designs used, which ranged from in-depth ethnographic studies of small to large local programs to carefully controlled quantitative evaluation studies and included both cross-sectional and longitudinal survey-type studies, large- and small-scale experimental evaluations, descriptive studies of programs considered to be effective by the communities in which they reside, meta-analyses of other published articles, and more traditional summative reviews of both published and nonpublished reports.
- The outcomes studied, which ranged from such youth characteristics as increases in academic achievement, school engagement, mental health, and life skills to decreases in

or avoidance of such problematic outcomes as teen pregnancy, alcohol and drug use and abuse, and involvement in delinquent and violent behaviors

- The quality of implementation of the program goals, what psychotherapy outcome researchers call *fidelity of treatment*
- The level of both the study focus and the analyses, which ranged from fairly micro-level changes at the level of the individual youth or staff person to macrolevel changes at the level of the community or even the city or state

It is worth emphasizing that the evaluation of program effectiveness can be compromised by how the program itself is run. If it encounters difficulties with the recruitment or retention of participants, if it is delivered inconsistently, if it is changed before its effects have a chance to play themselves out, or if it is unduly affected by societal fads (some of which may be legislatively mandated), one can say little about its success.

A variety of methods are used to study programs for youth. Most studies rely on either cross-sectional or longitudinal surveys that link activity participation to individual level outcomes—such as school achievement and engagement, mental health, social development, and/or involvement in various problem behaviors—with the primary research goal of describing the relation between participation and outcomes. Unfortunately, few of these studies measure characteristics of the programs themselves. Consequently, the studies tell us little about the actual features of the programs that might explain any observed change in participants.

Selection concerns are a constant threat to understanding the effects of extracurricular activities and after-school activities. When participation is a choice, those who opt for a given program may well differ in the first place from those who do not; the program itself may be irrelevant in producing long-term differences. Some recent longitudinal studies have included the most obvious third variables. And other longitudinal studies have gathered data consistent with a theory-based evaluation perspective. In these studies, the researchers measure the hy-

pothesized mediators of participation on individual change and then use causal modeling techniques to test these hypotheses. Such designs tell us something about the plausible “causes” of the many longitudinal changes that might be associated with participation in the activity. Too few of the studies of extracurricular activities have used experimental designs with random assignment to pin down more definitively the consequences of activity participation.

Researchers studying after-school programs, whether in schools or in community organizations, have typically used two research strategies: nonexperimental descriptive studies and quasi-experimental or experimental program evaluation strategies. Although experimental methods using random assignment are rightly considered the gold standard of program evaluation, they can be quite expensive and difficult to implement. Accordingly, they may not always be the best method to study community-based after-school programs (cf. Agodin & Dynarski, 2001; Hollister & Hill, 1999).

Rather, the best method depends on the question(s) being asked. The method also depends on the nature of the thing being studied. Studies of these types of experiences on positive youth development have focused on at least four different levels: the individual across time, programs, organizations, and communities. Programs themselves are also composed of different types of specific activities. Similarly, organizations usually contain a wide variety of programs and activities. Finally, organizations themselves are very heterogeneous, ranging from after-school centers tied to such national youth organizations as the YMCA, YWCA, 4-H, Girls Incorporated, Beacons, and the 21st Century Learning Centers, to local parks and recreation centers, amateur sports leagues, and faith-based centers. The best method of study depends on the level one wants to study.

The most comprehensive theories about programming effects typically focus on either the program level or the activities within the program. Not surprisingly, most of the quasiexperimental or experimental program evaluations focus on this level for three major reasons: (1) programs and activities are simple enough to allow for explicit theories regarding the nature of

the proposed impact of the program on youth development; (2) programs and activities are small enough to make random assignment to the treatment and control groups possible; and (3) programs often have sufficiently well-developed manuals and resources materials to allow dissemination.

Doing randomized trial experimental evaluations is much more difficult at the organization and community level. For example, there are a variety of challenges to using experimental designs to evaluate large nationally visible organizations such as the YMCAs or YWCAs. First, national organizations differ in their local programming. Consequently, even if one could successfully implement a truly randomized trial evaluation design for specific sites, it is not clear that the information gained would generalize to other sites. This is why multisite trials are advocated in this setting. However, this is a common feature of experimentation that highlights internal validity at the cost of external validity. Replication and extension are part of the experimental mantra. In addition, because these organizations are complex and offer a varied assortment of programs, the level of evaluation needs to be quite general. Such information is likely to tell us little about which specific aspects of the organizational context produce positive developmental results for the participating children and adolescents.

Even evaluation of programs within organizations can be quite difficult. Most after-school and in-school nonacademic programs are voluntary. Although parents may try to insist that their children attend, their ability to enforce their desires on their children declines as their children move into and through adolescence. In addition, as noted above, many community organizations for youth include a diverse array of programs from which youth select. Often their selections vary from week to week or day to day, making each individual youth's experiences at the organization quite unique. Again, there are methods to meet the messiness of the real world.

Each of these program and organizational characteristics has implications for experimental program evaluation. For example, the voluntary nature of many community-based programs cre-

ates a problem with selection bias. When such programs are offered at school during the regular school hours, random assignment may be easier and more successful because the participants are more likely to attend regularly and complete the program. In contrast, the voluntary nature of joining and attending after-school community-based youth programs, particularly if they are in nonschool settings during nonschool hours, leads to more sporadic attendance and higher rates of dropping out. Consequently, researchers are faced with uncontrolled factors that influence attendance. In this case, rigid adherence to random assignment classification in analyzing one's results is likely to underestimate the program's effectiveness for those youth who are actually exposed to it over an extended period of time (Zaff, O'Neill, & Eccles, 2002). Length of participation is not an infallible moderator of program effectiveness, however, if youth who are more likely to stay with a given program do so because of preexisting differences.

The challenge for program evaluators is to specify the features that make complex programs effective. Because individual participants may select which parts of a program to attend and how often, evaluators may know little about each individual's exposure to various aspects of the center's programming. Such variation makes it difficult to determine the aspects of the program that are responsible for certain developmental outcomes.

Finally, the evolving nature of many youth programs poses problems for evaluation. Experimental methods usually assume a static treatment. Nonexperimental research on youth programs suggests that the most highly respected and well-attended programs are dynamic—changing, for example, in response to seasonal activity structures, changing clientele, changing staff, and information derived from ongoing reflective practice and self-evaluation, as well as from the youth themselves (McLaughlin, 2000; McLaughlin, Irby, & Langman, 1994). These are often the problems associated with ineffective treatment, shifting client presenting issues, shifting responses, never knowing if anything works. Rather than make these chaotic and unorganized aspects of the environment the driving aspects of the field, the professionalization of and dis-

ciplined approach by the field needs to understand what works.

Given these concerns, it is not surprising that some of the most careful studies of extracurricular and other positive youth developmental programs use either nonexperimental methods or mixed methods in which small experiments are embedded as part of an action research agenda. Also not surprisingly, some of the strongest experimental evaluations of nonacademic programs for youth have been conducted on school-based programs offered during regular school hours.

Studying organized community efforts at increasing the provision of quality experiences for youth is even more challenging. Nonetheless, there is a growing interest in efforts at this level. Both researchers and policy advocates are coming to the conclusion that substantial and sustainable increments in the quantity and accessibility of high-quality after-school experiences for America's youth need community-wide initiatives.

In principle, the best design remains one that uses random assignment. The policy question invariably posed is whether Program X adds value to business as usual; only a true experiment can allow this question to be answered with certainty. If there are no demonstrable differences, policy makers will not see the point in supporting new programs. Accordingly, there is a practical as well as a scientific reason for true experiments in the "real" world.

These are controversial issues, and we think the wisest conclusion is cautiously even-handed: Use a variety of methods, each with its strengths and weaknesses for given purposes, and look for convergence in conclusions. For instance, in the arena of psychotherapy research for adults, randomized clinical trials established conclusively that therapy can work (Smith & Glass, 1977), and nonexperimental studies extended this conclusion by suggesting that therapy as typically practiced does work (Seligman, 1995).

Especially given the struggle for credibility over the years, the field of positive youth development should not give up on experimental designs simply because they are difficult to implement or are too expensive or too messy. To do so would invite justified skepticism. To sustain and

further the gains made by the positive youth development field, we must demand rigorous evaluation, despite demands on cost and imagination.

Youth Development Programs That Work

As noted, enough outcome studies have been done to warrant reviews of these programs to abstract what works and why. We offer the provocative conclusion that at least as much is known about effective youth development programs as is known about effective clinical interventions—psychotherapeutic and pharmacological—for adolescents that are described earlier in this volume. Indeed, recent years have seen the publication of many reviews of the effectiveness of youth development programs, some qualitative (narrative reviews) and others quantitative (meta-analytic reviews). Before we turn to an overview of these reviews and their conclusions, some framing is in order.

Each review starts by demarcating its terrain—e.g., character education programs, school-based programs, after-school programs, prevention programs (those that decrease problems or risky behaviors), promotion programs (those that encourage positive outcomes like social skills). In some cases, two reviews overlap in their terrain (and hence the research studies included), and in other cases, the terrains are distinct enough to result in completely nonoverlapping studies. Some large number of outcomes studies from either published or unpublished sources are then identified and then winnowed according to one or more design criteria (e.g., comparison groups, quantitative data, adequate statistical power, behavioral measures, replication). Among included studies, some reviews distinguish between high-quality evaluations and others, a criterion difficult to judge because relatively few programs assess fidelity or quality of implementation. And in some reviews, only programs that work in the sense of yielding significant differences between intervention groups and comparison groups are examined in detail.

This latter strategy makes sense if one is trying to discover best-practice interventions—model programs—but it is suspect if one is trying to ar-

rive at overall conclusions about youth development programs. Before identifying “best practice,” we need to know that there is “good practice,” otherwise such selectivity runs the risk of capitalizing on chance findings or inadvertently highlighting unusual programs.

Of the many thousands of youth development programs in the United States, a reviewer seems able to find at most several hundred evaluation efforts, of which a few dozen typically satisfy the methodological criteria set forth. Often the reviews conclude by identifying a small number of model programs (as judged by rigorous evaluations) that are then described in detail. Table 26.1 lists some of the frequently cited model programs and their design features. (More detailed descriptions of most of these programs as well as many others are available at http://www.casel.org/about_sel/SELintro.php by following the link to programs/curricula). These programs are not the only ones that work, but the evidence for their effectiveness is especially solid because it usually involved evaluation with random assignment, multiple outcome measures, and long-term follow-up.

Table 26.2 summarizes some of the more recent reviews of empirical studies of the effectiveness of youth development programs in reducing problems and/or promoting well-being. As can be seen, the outcome measures ranged from the positive to the negative, although individual reviews tended to focus on only a few classes of outcomes. Every review offered its own conclusions about what works, but we rely here on syntheses provided by Eccles and Gootman (2002), Nation et al. (2003), and Park and Peterson (2004). The bottom line is that *youth development programs can promote the positive and reduce the negative*. Each of the reviews was able to point to empirical evidence that at least some programs achieved one or more of their stated goals, as shown by demonstrable effects on the outcomes of interest. However, caution is introduced by the following disclaimers: (1) lack of random assignment in many program evaluations; (2) inconsistent measures across studies, especially of positive outcomes; and (3) in most cases, lack of long-term follow-up data (i.e., years after the program is done).

A common thread of programs that work is

supportive relationships (between youth participants and group leaders, teachers, parents, and so on) and, not surprisingly, fidelity of implementation. One-shot programs do not work well, although it is unclear just how long a program needs to be before it begins to work. Structured programs are more effective, a feature that can be achieved by manualizing the program, or spelling out in detail just what one does to make the program a reality. Everyone concludes, although these may be articles of faith more than evidence-based facts, that programs need to take account of the multiple links among socializing agents and that community norms supporting the goals of a program must be in place (cf. Schinke & Matthieu, 2003).

The reader will note that most of the reviews have been of programs and not of more general institutions that might promote well-being among youth. The Johnson et al. (2003) review is an exception—the socializing system of religion has been consistently associated with desired outcomes, although this is a purely correlational conclusion and leaves unanswered the hypothetical question of what coerced participation in religious activities would produce. (History tells us that this would be a disaster if done on a large scale, but we also wonder about the effects of parents forcing unwilling offspring to attend church.) The Child Trends (2003) research briefs are another exception, because they survey the effects of not only specific programs but also more general institutions and socializing systems.

And what about communities? Epidemiological research tells us that problems are more likely to occur in some communities than others, but the studies are not fine-grained and in any event we know that problems co-occur. Not enough is known about the community settings that help youth thrive in all the ways that we have described, although extensive research with subjective well-being shows that demographic variables (a proxy for certain community-level variables given ethnic, socioeconomic, and educational stratification in the United States) are but weakly associated with life satisfaction. Recent studies of character strengths in adults similarly show few consistent demographic correlates except gender and,

Table 26.1 Model Youth Development Programs

Big Brothers and Big Sisters (Tierney & Grossman, 2000)

- Ongoing community-based mentoring program (3–5 contact hours per week) that matches low-income children and adolescents, many from single-parent homes, with adult volunteers with the expectation that a caring and supportive relationship will develop
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included academic achievement, parental trust, violence, alcohol and drug use, and truancy.

Caring School Community (Solomon, Battistich, Watson, Schaps, & Lewis, 2000)

- Twenty-five-session school-based program that targets drug use and violence through community-building exercises
- Evaluated with quasiexperimental design using multiple comparison groups, long-term follow-up
- Outcome measures included social acceptance, alcohol and drug use, loneliness, social anxiety, and antisocial behavior (carrying weapons, vehicle theft).

Penn Resiliency Program (Gillham & Reivich, 2004)

- Twelve-session school-based program for preventing depression among children and adolescents by teaching cognitive-behavioral skills, especially those involved in optimistic thinking
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included depression and anxiety (symptoms and diagnoses), physical health, violence, and optimism.

Promoting Alternative Thinking Strategies (Greenberg & Kusche, 1998)

- Thirty- to 45-session school-based program that promotes emotional and social competence through structured exercises emphasizing self-control and social problem-solving
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included social problem-solving, emotional understanding, conduct problems, adaptive behavior, social planning, and impulsivity.

Quantum Opportunities Program (Hahn, Leavitt, & Aaron, 1994)

- Year-round multiyear community-based program (750 contact hours per year) for very poor adolescents that provides educational, community service, and development activities and financial incentives for participation
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included high school graduation, college attendance, positive attitudes, volunteer work, and criminal activity.

Queensland Early Intervention and Prevention of Anxiety Project (Spence, 1996)

- Ten-session school-based program for preventing anxiety disorders among children by teaching cognitive-behavior skills, especially how to cope with anxiety by graduated exposure
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included anxiety (symptoms and diagnoses).

Skills, Opportunities, and Recognition (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999)

- Multiyear school-based program infused into the entire curriculum that targets positive development and academic competence by reducing risk factors and increasing connections to school and family through cooperative classroom learning
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included academic achievement, attachment to school, violence, alcohol use, and sexual intercourse.

Teen Outreach Program (Allen, Philiber, Herrling, & Kuperminc, 1997)

- Nine-month school-based weekly discussion curriculum for adolescents that focuses on life skills, parent–child communication, future planning, and volunteer service (20 hours per week)
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included initiation of intercourse and contraceptive use

Table 26.2 Reviews of Empirical Studies of Youth Development Programs

Hattie, Neill, & Richards (1997)

- Reviewed 96 evaluations of adventure programs (e.g., Outward Bound) and excluded 9 as being of poor scientific quality. Also excluded school-based programs as insufficiently challenging. Included only programs that had comparison groups, adequate measures, and detailed methodological descriptions
- Outcome measures included self-control, self-confidence, decision making, school achievement, leadership, assertiveness, emotional stability, time management, and flexibility.

Kirby (1997)

- Reviewed 50 pregnancy prevention programs, each of which included at least 100 teenagers, had comparison groups
- Outcome measures included sexual behavior, contraceptive behavior, and pregnancy and birth rates.

Durlak & Wells (1997)

- Reviewed 177 primary prevention programs for “normal” youth under the age of 19; included only programs with comparison groups, about 60% with random assignment, most based in school settings
- Outcome measures included psychological problems such as anxiety, conduct disorder, and depression, and personal competencies (assertiveness, communication, self-confidence).

Durlak & Wells (1998)

- Reviewed 130 secondary prevention programs for “at-risk” youth under the age of 19; included only programs with comparison groups, about 70% with random assignment, most based in school settings
- Outcome measures included psychological problems such as anxiety, conduct disorder, and depression, and personal competencies (assertiveness, communication, self-confidence).

Elliot & Tolan (1998)

- Reviewed 10 violence prevention programs (chosen from 450) with comparison groups and random assignment, “significant” results, replication, results sustained for at least 1 year.
- Outcome measures included delinquency, drug use, and violent behavior.

Roth, Brooks-Gunn, Murray, & Foster (1998)

- Reviewed 60 community-based prevention and intervention programs for youth and selected 15 for their final review; included only studies with comparison groups
- Outcome measures included positive behaviors and competencies, problem behaviors, and resistance skills.

Greenberg, Domitrovich, & Bumbarger (1999)

- Started with 130 prevention programs that were either universal (targeting all youth), selective (targeting at risk youth), or indicated (targeting youth showing early signs of disorders but not meeting diagnostic criteria) and reviewed 34 in detail that included a comparison group, pre- and post-test measures, and a written manual specifying theory and procedures
- Outcome measures included symptoms of externalizing and/or internalizing disorders.

Catalano, Berglund, Ryan, Lonczak, & Hawkins (1999)

- Reviewed 77 promotion programs for youth, and 25 in detail; included only programs with comparison groups and at least one significant result
- Outcome measures included bonding, resilience, competence, self-determination, spirituality, self-efficacy, opportunities for positive involvement, recognition for positive involvement, identity, belief in the future, and prosocial norms.

(continued)

Table 26.2 Continued

Tobler et al. (2000)

- Reviewed 207 school-based drug use prevention programs targeted at youth in general; included only programs with comparison groups; about two-thirds used random assignment of participants
- Outcome measures included self-reported drug use.

Wilson, Gottfredson, & Najaka (2001)

- Reviewed 165 school-based programs for youth attempting to reduce problem behaviors; included only studies with comparison groups
- Outcome measures included crime, substance abuse, truancy, school dropout, and other conduct problems.

Center for the Study and Prevention of Violence (2003)

- Elaborated the Elliot and Tolan (1998) review to include 33 programs
- Outcome measures included delinquency, drug use, and violent behavior.

CASEL (2003)

- Reviewed 242 school-based programs whose descriptions were rated by experts as satisfying the principles of how to impart social and emotional intelligence and in particular the 80 programs that were multiyear
- Outcome measures included social and emotional competence.

Roth & Brooks-Gunn (2003)

- Drawing on earlier reviews to identify programs, evaluated 48 studies of programs that targeted one or more of these positive youth outcomes. Notable was the attempt to categorize programs according to program goals, program atmosphere, and program activities, and relate these features to effectiveness.
- Outcome measures included competence, confidence, connections, character, and caring.

Johnson, Tierney, & Siegel (2003)

- Reviewed “hundreds” of studies of religiousness and participation (e.g., frequency of religious attendance, frequency of prayer, and/or degree of religious salience) and their correlates; none of these studies was experimental, but the results were overwhelmingly supportive of the hypothesis that religious participation is associated with reduced negative outcomes and increased positive outcomes.
- Outcome measures included problem behavior (suicide, promiscuous sexuality, drug and alcohol use, delinquency) and prosocial behavior.

Child Trends (2003)

- Reviewed 1,100 studies of youth development, summarizing them in research briefs identifying “what works”
- Outcome measures included teenage pregnancy, healthy lifestyle, social skills, educational achievement, positive mental and emotional health, and civic engagement.

Berkowitz & Bier (2004)

- Reviewed 72 different school-based character education programs; included only studies with character-relevant outcomes, comparison groups, and pre–post (change) data.
- Outcome measures included academic motivation and aspirations, academic achievement, prosocial behavior, bonding to school, democratic values, conflict resolution skills, moral reasoning maturity, responsibility, respect, self-efficacy, self-control, self-esteem, social skills, and trust in and respect for teachers.

Table 26.2 Continued*Nelson, Westhues, & Macleod (2004)*

- Reviewed 34 programs for at-risk preschoolers in terms of positive and negative outcomes classified as cognitive or socioemotional. Included studies with comparison groups and long-term follow-up.
- Outcome measures included cognitive, socioemotional, and parent/family outcomes.

Stice & Shaw (2004)

- Reviewed 51 programs for preventing eating disorders among adolescents; included only studies with comparison groups
- Outcome measures included body dissatisfaction, dieting, negative affect, and bulimic symptoms.

among African-Americans, religiosity, a finding reported by many previous researchers (Peterson & Seligman, 2004).

CONCLUSIONS AND FUTURE DIRECTIONS

In this final section, we take stock of the youth development field from the positive perspective. We start with what we know, and we conclude with our recommendations for ways in which positive youth development research and application might counter mental disorders in youth at risk.

What Do We Know?

There is agreement at least within the contemporary United States about the positive characteristics of youth. Labels will vary, but the features proposed by different groups overlap substantially. These are best regarded as a family of characteristics, each of which exists in degrees. Children and adolescents are not simply doing well or doing poorly, and accordingly, we need to take a broad and nuanced view of the goals of positive youth development.

There is agreement that indicators and indices of positive youth development must do more than ascertain the absence of disorder and distress. Much further work needs to be done to craft generally useful measures of positive constructs and to see that these are routinely used in evaluations of youth programs (Moore et al., 2004).

There is, of course, agreement that positive

characteristics are valuable in their own right but, more importantly for the purpose of this volume, that positive characteristics can buffer against the development of the most common psychological disorders among youth (Pollard et al., 1999). Furthermore, we can encourage optimal development through youth programs, either those that already exist (e.g., Big Brothers and Big Sisters) or those explicitly designed by psychologists, prevention scientists, and youth development practitioners for this purpose (e.g., the Penn Resiliency Program). There is also agreement that the personal characteristics of group leaders are critical for the success of their programs, as is parental support.

From the existing program evaluation research, investigators have agreed that programs are apt to be most successful—increasing positive outcomes and reducing negative outcomes—if they have the following features:

- *More is better.* Weekend workshops are not effective interventions; however, programs in which youth spend many hours over extended periods of time are effective in reducing negative outcomes and encouraging positive outcomes.
- *Earlier is better.* In general, the most effective programs do not wait for their participants to enter adolescence but instead start with younger children (cf. Zigler & Berman, 1983). However, among preschoolers, the optimal age remains unclear (Nelson, Westhues, & MacLeod, 2004). For eating disorders, prevention programs work better for older adolescents (Stice & Shaw, 2004).
- *Appropriate timing is better.* When do inter-

ventions have maximal impact? Programs work best when put in place before the target behavior is set in place. And, of course programs must be developmentally appropriate. Developers of programs that require metacognitive skills on the part of participants need to be sure that these skills exist (e.g., Gillham & Reivich, 2004).

- *Structured is better.* Programs that work best have a clear plan that is monitored on an ongoing basis.
- *Accurate is better.* Programs are most effective when implemented with fidelity. Our enthusiasm for youth development programs must be tempered by caution about bad (or at least slipshod) company.
- *Supportive is better.* The best programs are those in which youth have at least one supportive relationship with an adult.
- *Active is better.* The most effective programs actively teach skills related to the target outcome, through hands-on and minds-on engagement.
- *Broad is better.* The most effective programs target several systems simultaneously—e.g., home and school. Programs that work best provide ways for youth to not only think differently but also act differently.
- *Socioculturally relevant is better.* Programs work best when tailored to the cultural background of their participants.
- *Contextual is better.* Programs that work best take a sophisticated “person-in-environment” approach. They do not address just internal factors such as character strengths, and they do not address just external factors such as school safety. Instead, they address both.
- *Theoretical is better.* Along these lines, programs work best when guided by explicit theories about the causes of outcomes and the mechanisms of change.

Not enough is known about the parameters of these truisms. All program evaluations report statistical significance levels but not necessarily effect sizes, making it difficult to say which of the features just described are more or less important in producing outcomes. Also, almost nothing is known about the cost-effectiveness of

different programs (or program features) with respect to various outcomes (see Newman, Smith, & Murphy, 2000). We do not know if promotion programs help troubled youth as much as they do youth in general, or if prevention programs are as helpful for youth per se as they are for young people at risk. We have no idea whether preexisting programs work better than “designer” programs. We are not sure whether programs in general are more effective when they target at-risk adolescents or young people per se, although violence prevention programs and eating disorder prevention programs seem more successful when they target at-risk individuals (Stice & Shaw, 2004).

More generally, except for age and cultural background (ethnicity) of participants, we do not know if programs work better if matched to preexisting characteristics of youth (e.g., gender, temperament, religiosity) or whether one size indeed fits and benefits all. Although such positive characteristics as life satisfaction and strengths of character vary little across gender, ethnicity, and social class, the prevalence of psychological disorders varies considerably as a function of these contrasts, which means that they cannot be neglected in future research. For example, if the risk factors for a disorder vary by gender, do males and females require different prevention strategies?

There is agreement about the most desirable features of program evaluation studies—i.e., random assignment, manualization and checks on program fidelity, and designs that are multivariate, multimethod, and longitudinal—and the importance of using explicit theory in designing interventions and studies (cf. Coalition for Evidence-Based Policy, 2003). Theory need not be ultimately correct (and it is unlikely that it will be), but is extremely helpful in making sense of research findings, both positive and negative.

Compounding the difficulty in drawing conclusions from existing reviews is that many of those we surveyed were sponsored by private foundations or government agencies interested in bottom-line conclusions about what works and not in theories about why something works. The good news is that individual interventions are usually based on strong theories about youth

development; the problem is that these underlying theories are often downplayed in commissioned reviews (see Eccles & Gootman, 2002, for an exception).

In any event, a consensual theory of change would be a boon. Within other fields, e.g., public health, explicit theories of change such as the reasoned-action model (Fishbein & Ajzen, 1975), the health belief model (Becker, 1974), the social development model (Catalano & Hawkins, 1996), and the transtheoretical model of change (Prochaska, Redding, & Evers, 1997) are used to design and evaluate interventions. The youth development field would do well to follow these examples and use the same theory across different programs. Frequently cited as a program rationale is social learning theory (Bandura, 1986), but this “theory” is often applied metaphorically rather than rigorously.

What Do We Need To Know?

As promised, we have made two arguments: (1) the sorts of psychological characteristics of interest to positive psychology—notably life satisfaction, strength of character, and competencies, but also positive emotions and the frequent experience of flow—are associated with reduced problems and increased well-being among youth; and (2) youth development programs with specifiable features can encourage these positive characteristics and at the same time increase the likelihood of the outcomes in which we are interested. We would like to treat these two statements as the components of a syllogism, but the implied conclusion, that programs reduce problems and increase desirable outcomes because they develop positive psychological features, may or may not follow. A number of the reviews we have mentioned attempted to identify mediators of effective interventions, but the included studies in almost all cases did not allow this to be done.

Given the typical absence of long-term outcome data, we do not know with certainty whether positive youth characteristics, either naturally occurring or deliberately produced, limit, contain, or preclude subsequent adult problems (see Lonczak, Abbott, Hawkins, Koster-

man & Catalano, 2002, for an exception). Said another way, we need to know whether youth intervention programs are palliative or curative. The disappointing fact about therapeutic interventions for adult disorders, whether psychosocial or pharmacological, is that they are rarely cures (Seligman, 1994). They usually need to stay in place for their benefits to remain. Are youth development programs somehow different? If so, they would represent a huge preventive investment for society.

There is a methodological disconnect between intervention programs that attempts to prevent problems and promote well-being and the therapeutic interventions, psychosocial or pharmacological, reviewed in earlier sections of this volume. Most of the latter studies use individuals who satisfy certain DSM diagnoses and not others according to structured clinical interviews. In contrast, prevention and promotion interventions often use different ways of ascertaining problems: self-report symptom checklists or single-item indicators. We have no doubt that an adolescent formally diagnosed with depression also reports symptoms of depression on a self-report questionnaire and evidences problematic indicators, although the concordance will not be perfect.

We also note that prevention programs exist for many of the common psychological problems among youth—*anxiety, depression and suicide, alcohol and substance abuse*—but there are fewer for the less common but often more severe disorders of *schizophrenia and bipolar disorder*. The relative absence of prevention programs for these problems may represent a deliberate choice on the part of prevention scientists to focus on more common disorders with less obvious genetic contributions. But heritable problems are not necessarily immutable. Perhaps prevention programs, if nothing else, might reduce the severity or chronicity of psychotic episodes, and some suggestive evidence supports this important possibility.

There is little agreement, again because much of the relevant research is skeletal, whether positive characteristics are causes of program benefits or merely correlated markers. If they are causes, there is little agreement about the mechanisms by which different benefits might take

place (mastery and internalization of prosocial norms are promising mediators). There is little agreement about which of these outcomes is more or less likely and whether they are independent or entwined. There is little discussion of the possibility that these positive characteristics might destigmatize disorders and as a result increase help-seeking and facilitate community reintegration of youth following treatment (Penn, 2003).

Needed are studies of programs that look explicitly at what mediates gains. To do such studies, we would probably want to start with some of the best-practice programs (Table 26.1) and repeat their evaluations with multiple waves of data collection that explicitly measure hypothesized mediators. These studies would establish the relative salience and temporal or causal ordering of these characteristics.

For whom do youth development programs *not* work? Even successful programs with a moderate effect size help only 60% of participants (cf. Rosenthal & Rubin, 1982). Do the other 40% of participants represent error or noise, or is there something more systematic that might be said about them? Indeed, we can even raise the issue of intervention casualties, participants in youth development programs who end up worse off for the intervention. We know that traditional psychotherapy can hurt some adults (cf. Mays & Franks, 1985). As unpalatable as the possibility may be, the matter also deserves attention within the youth development field. For example, participants in eating disorders programs may learn new ways to starve themselves and participants in substance abuse programs may be turned on to new drugs (cf. Mann et al., 1997; Shin, 2001).

Finally, little is known about the benefits of positive youth development programs for adolescents already displaying a psychological disorder. We know that past problems predict future problems, which could lead to the unfortunate and gravely stigmatizing implication that young people who develop a disorder are beyond the help of youth development programs. The positive perspective challenges this implication, but there are no data showing, for example, that a youth development program can help a depressed teen achieve his or her full po-

tential, transcending a diagnostic label to lead a satisfying life (Shih, 2004).

What Do We Urgently Need To Know?

Let us move from these general comments to propose studies that would advance our knowledge and practice of positive youth development vis-à-vis mental health and mental illness.

The Natural History of Positive Youth Development

What is a healthy child? We have concluded that the positive perspectives provides a consensual answer to this question, but it is only a snapshot. We know relatively little about who these young people are except that they can be found in all walks of life. Urgently needed is a broader characterization of youth who are doing well—where do they come from, where do they go, and what are the choices made and routes taken in between? A good first step has already been taken by studies already underway that use epidemiological samples followed over many years (e.g., Hawkins, Catalano, & Miller, 1992).

We propose further studies of this sort that use the full array of positive measures and indicators now at our disposal. These studies should be patterned on the Terman (1925) study of adolescent geniuses and the Grant Study of the best and brightest of Harvard University undergraduates (Vaillant, 1977) in the sense that they be large scale—i.e., have big samples, longitudinal designs, and multiwave assessments—but *not* start with the most fortunate or the most privileged in our society. Dissemination of information about youth who are thriving might help combat negative stereotypes about teenagers. Realistic portrayals of young people, including their flaws and problems and how they cope with them, might inspire other teenagers to focus on what they do well and to eschew a victim mentality (Shih, 2004).

We propose that these studies of the natural history of positive youth development include, obviously, measures of positive characteristics (positive emotions, flow, life satisfaction, character strengths, skills, talents, and callings), mea-

sures of risk, and measures of problems (negative emotions, risky behaviors, symptoms, and psychological disorders). It would be a shame if the positive psychology perspective leads researchers to repeat the error of business-as-usual psychology by ruling out a balanced view of youth and the adults they become.

Inclusion of both positive and negative measures over time allows the critical questions we have posed to be answered with hard data (cf. deVries, 1992). Do positive characteristics preclude recurrence of problems? Do they limit them? Do they allow youth to learn lessons from crises, episodes of disorder, and misfortunes? Which positive characteristics provide the best buffers against depression, substance abuse, or anxiety disorders?

A retrospective study we have done with several thousand adults asked respondents if they had ever experienced a severe psychological disorder and, if so, how well they had recovered from it (Park et al., 2003). We also measured their life satisfaction and various strengths of character. Individuals who had fully recovered from a disorder were just as satisfied with their lives as those who had never experienced a disorder. At least for some, there is light at the end of the psychopathology tunnel: "Tis an ill wind that blows no good." And individuals who had fully recovered from a disorder also reported higher levels of specific strengths of character—i.e., appreciation of beauty, bravery, creativity, curiosity, forgiveness, gratitude, love of learning, and spirituality—compared to those who had never experienced a psychological disorder. Whether these character strengths were in place before the disorder and helped in recovery or whether they represent lessons learned during dark days is unclear from the research design; the need for a richer prospective study is implied (Linley & Joseph, 2004).

Prospective studies of psychological problems need to be informed by varying base rates of different disorders. Depression and substance abuse are so common in the contemporary United States that their eventual onset can arguably be investigated in unselected samples of several hundred youth. In contrast, other sorts of problems—e.g., schizophrenia, bipolar disorder, anorexia, and bulimia—are less common, which

means that studies would need to oversample at-risk youth, but we stress that we are not calling for studies of only at-risk adolescents. That strategy would deny the premises of the positive perspective and preclude the lessons to be learned from charting the positive development of youth *per se*.

We are interested in an approach to psychological disorder that we dub "dealing with it," or keeping on with life despite problems. Our interest was stimulated by conversations with those in the military about how they train personnel to perform optimally under the most extreme circumstances. How does a sniper learn to shoot accurately after crawling into a position and staying there for 48+ hours? How does a pilot learn to fly skillfully in a dizzying free fall? How does a submariner learn to live and work with others in extremely cramped quarters? Business-as-usual psychologists would probably target and then relieve the negative emotional states that accompany these circumstances—boredom, fear, anxiety, fatigue, and discomfort. But that is not how the military proceeds. They teach their personnel how to perform in spite of these circumstances. They teach personnel to deal with aversive states, to do what needs to be done regardless of how they feel at the moment.

If these examples are too militaristic to be compelling, then what of the identical lessons we learned from interviewing firefighters and paramedics who perform well—heroically, in our view—under frightening circumstances (Peterson & Seligman, 2004). In no case did anyone we interviewed say that they had eradicated their fear. Rather, they learned to do their job so well that their fear did not get in the way (cf. Rachman, 1990). One of our firefighters told us of rescuing an infant from a smoke-filled building: He lost control of his bladder, but never his grip on the baby. Extraordinary? Yes and no. Deserving of study are the more mundane among us who go to school or show up at work or raise our families even when we are depressed or anxious.

Crucial in studying youth from a positive perspective is taking into account the institutions that influence them—programs, organizations, and communities; friends and families; mental health professionals; and the media. Needed

here is an elaboration of institutions and their features that can be applied throughout the lifespan, and not just to youth (cf. Cameron, Dutton, & Quinn, 2003).

The data from such studies can be productively examined with the techniques of causal modeling (e.g., Connell, Gambone, & Smith, 2000; Gambone, 1997; Halpern, Barker, & Mollard, 2000; Walker, 2001). Sample sizes must be large enough, especially to discern interactions between and among variables. But with adequately powered designs, these models allow inferences about what might prevent what and why. As already emphasized, explicit theory is imperative to specify hypothesized links prior to causal modeling.

Positive Interventions for At-Risk and Troubled Youth

Some practitioners in the youth development field have called for extremely ambitious community-level interventions, in which all of the institutions that influence youth development would be explicitly programmed and linked. Interventions would target all children and adolescents and presumably last for years. In the abstract, we understand the sentiment behind this recommendation and agree that the links among different institutions and socializing agents deserve study in terms of their effect on youth development.

But in the real world, there are many objections to this research agenda (cf. Wandersman & Florin, 2003). On scientific grounds, community interventions cannot be easily manualized (i.e., explicitly described in detail and thus generalized), and if all youth in a given community are to be included, then what sorts of comparisons are possible? It is difficult to think of a meaningful control group to isolate the active ingredients of such global and enduring interventions. These problems can be surmounted, but it is still unlikely that a society with dwindling resources would be willing or able to initiate such grand interventions on a routine basis, which makes those already under way all the more worthy of attention. Thus with respect to urgently needed intervention studies, we believe that there are two promising research avenues to pursue that

are somewhat more modest but infinitely more feasible.

Positive prevention. Positive prevention would use already-established best-practice youth development interventions to help at-risk youth. Although we know that these interventions in general make disorder less likely, we need to know more about why and how prevention works when it does, especially among those at-risk. We have proposed that prevention programs are effective because they cultivate the ingredients of the good life—i.e., positive emotions, flow, strength of character, competencies, and social engagement. An opposing hypothesis is that prevention directly undoes causes found in biological anomalies. By this view, the cultivation of the positive should be irrelevant in predicting who benefits from prevention programs, especially in the long run.

Contrast the prevention of infectious diseases by strengthening the immune system instead of eradicating germs. Positive prevention is aligned with the first strategy as opposed to the second. Immunocompetence can be increased in specific ways (through vaccination) or in general ways (through good nutrition and physical fitness). Positive youth development programs similarly benefit young people in specific ways (e.g., by teaching techniques of disputation in the Penn Resiliency program) or in general ways (e.g., by providing supportive mentors in the Big Brothers and Big Sisters programs).

Using what is known about optimal research design, investigators can randomly assign at-risk teenagers to manualized youth development programs of different sorts (and to no-intervention comparison groups). An important contrast among candidate programs is whether they are specific in their techniques and goals or are more general. There are best-practice examples of both (Table 26.1), and each has strengths and weaknesses. Specific programs are usually briefer, easier to characterize, and thus more generalizable; general programs are less so. But specific programs need to be created anew each time they are mounted, whereas general programs are already in place and sustained for repeated cohorts of youth by an infrastructure that need not be the concern of the researcher. Comparison and contrast of these two types of programs, not

only with respect to psychological outcomes but also with respect to their cost, would provide unique and valuable information about ways to cultivate positive youth development most efficiently.

Along with assessment of symptoms and diagnoses, the measurement of positive characteristics should be thorough. Existing measures of positive emotions, flow, subjective well-being, character strengths, and competencies should be included, not just pre- and postintervention but also in the course of the program, to allow the hypothesized mediating roles of these positive constructs to be tested explicitly through causal modeling. We also call for long-term follow-up with the full battery of positive and negative measures. *Long-term* means years following the end of the program. In particular, it would be important to see how cultivated positive characteristics help a young person make transitions out of high school and into college, into the work force, and into lasting relationships—the important societal institutions that help young people become fulfilled adults.

The questions of immediate interest are which individuals develop a disorder and which do not, and whether some disorders are more easily prevented than others. We are also interested in determining what happens to those youth who do develop a disorder despite these interventions. Some will show recurrent problems, and some will not. What factors predict differing courses following initial episodes? The positive psychology prediction is that even if cultivated positive characteristics do not prevent a disorder, they might well limit recurrence and allow the eventual achievement of a good life.

Positive rehabilitation. The second sort of intervention study we propose again uses existing best-practice youth development programs, not with youth in general or with at-risk youth, but instead with troubled teens mid- or postepisode. In other words, we call for positive rehabilitation and hypothesize that positive interventions like those developed by positive psychologists and positive youth development practitioners may maximize the likelihood that the individual will grow up to lead a full and productive life.

Adults in therapy can usually expect some relief (Nathan & Gorman, 1998, 2002), but most

can also expect to be in and out of treatment for the rest of their lives. At its worst, this phenomenon is dubbed “revolving-door psychiatry.” Even at its best, this phenomenon leads to perpetual aftercare in the form of support groups, booster psychotherapy sessions, and/or prophylactic medication (Weissman, 1994). Self-identification as being always “in recovery” may be inevitable, and ongoing stigma is likely (Penn, 2003).

Matters may be different for young people. Among adults, it seems clear that prognosis worsens with age for almost all psychological disorders (e.g., Seivewright, Tyrer, & Johnson, 1998). Although the apparent magnitude of this effect may be an artifact of studying patient samples rather than community samples, past psychological problems remain the best predictor of future psychological problems. A depressed middle-aged adult will likely become depressed again, no matter how effective treatment may be in the short term, but young people who become depressed may not become depressed again if early intervention takes place (e.g., Birmaher, Arbelaez, & Brent, 2002; Clarke et al., 2001; Lewinsohn, Pettit, Joiner, & Seeley, 2003; but cf. Weissman et al., 1999).

The same is true for many other problems, such as anxiety disorders (Dadds et al., 1999). Indeed, among adolescents showing early (prodromal) symptoms of schizophrenia, early intervention may help stave off the full-blown disorder (Cannon et al., 2002; Harrigan, McGorry, & Krstev, 2003; McGorry et al., 2002; Phillips, Yung, Yuen, Pantelis, & McGorry, 2002; Schaeffer & Ross, 2002). And it is clear that many teenagers experiment with drugs or alcohol without dooming themselves to a life in recovery (Spooner, Mattick, & Noffs, 2001). At least for some young people and for some disorders, it becomes meaningful to speak of curing mental illness, which provides a powerful rationale for the focus on youth taken by this volume.

Why are young people different? We speculate that it is not age per se that is the crucial factor but rather the number of untreated episodes someone experiences and the psychosocial consequences of these episodes that determine long-term prognosis—the doors closed by lost time, missed opportunities, and pervasive stigma. In-

deed, the more episodes of a disorder, the greater the likelihood of still more episodes and the worse the prognosis for an individual. If this downward spiral can be interrupted at a sufficiently early point, perhaps the business of life can take over as a curative agent.

Consistent with this analysis, Joiner (2000) grappled with the self-propagating nature of depression and argued that interpersonal processes such as excessive reassurance seeking and conflict avoidance are largely responsible for its persistence and/or recurrence. Other interpersonal processes by implication set the person on a different course that entails true recovery. Perhaps youth development programs can preclude recurrence of depression, and other psychological problems, by imparting appropriate strengths and competencies on which the person can rely when troubled.

Along these lines, recent longitudinal studies of life satisfaction imply that job loss (especially for males) and divorce (especially for females) can leave lasting "scars" in the sense that individuals never return to their initial levels of well-being, even with new jobs and new marriages (Clark, Georgellis, Lucas, & Diener, 2004; Lucas, Clark, Georgellis, & Diener, 2003). The mechanisms responsible for these effects, which are not inevitable, have yet to be identified, but if they are interpersonal, the implication again is that youth development programs may work against them.

Supporting this possibility is the consistent finding that assets such as intelligence and an intact family predict better long-term prognosis for youth posttreatment (e.g., Otto & Otto, 1978). The constructs of concern to positive youth development and positive psychology provide a more articulate starting point for understanding how life can cure. Relationships with other people are established, positive emotions are experienced, talents and strengths are identified and used, and meaningful careers are chosen and pursued (Richter, Brown, & Mott, 1991; Shoemaker & Sherry, 1991; Todis, Bullis, Waintrup, Schultz, & D'Ambrosio, 2001). If life becomes satisfying, one can navigate it well. The overall likelihood of psychological disorder is decreased, and the likelihood of successfully dealing with disorder is increased.

It is difficult to mount such an argument with existing data. For example, among children and youth, early onset of a disorder is usually associated with worse prognosis, which seems to contradict our hypothesis (e.g., Jarbin & von Knorring, 2003). However, early onset may reflect a greater biological contribution to disorder and certainly greater severity. Early onset may reflect a more chaotic social context to which successfully treated youth return. Consider as well the ongoing challenge in reliably diagnosing disorders among the very young and the associated reluctance by professionals to label youth unless the problem is unambiguous.

We nonetheless know that some youth who enter the mental health system are successfully treated and are never seen again, just as we know that the majority of young people who enter the juvenile justice system never return again (Snyder & Sickmund, 1999). The skeptic might argue that these cases are not really cures; maybe the initial diagnoses were simply wrong, maybe the problems recurred but further treatment was not sought, and so on. The positive perspective suggests that we take this phenomenon at face value and fill in its details with the facts. The natural history studies we have proposed would begin to yield critical information about single-episode individuals. How many are literally cured?

But the studies of positive rehabilitation that we propose would go further in trying to influence prognosis by deliberately cultivating the ingredients of a healthy life. Our proposal is supported by studies of psychosocial rehabilitation for troubled adolescents. *Psychosocial rehabilitation* embraces an educational model, in contrast to a disease model, and tries to teach psychological and social skills that facilitate productive community reintegration of youth following treatment (Byalin, Smith, Chatkin, & Wilmot, 1987; Fruedenberger & Carbone, 1984). Such programs are effective in reducing recurrence of a variety of problems and seem to be cost-effective (e.g., Barasch, 1994; Mishna, Michalski, & Cummings, 2001; Rund et al., 1994). The positive psychology perspective goes beyond typical psychosocial rehabilitation to specify the active ingredients that allow imparted skills to be deployed to best effect.

Studies of positive rehabilitation would use

the same general research design already sketched for studies of positive prevention: randomly assign research participants, in this case adolescents with disorders, to intervention and comparison groups and do thorough assessment of both positive and negative characteristics before, during, and after the intervention. Measures of perceived stigma would be an informative addition to the assessment battery. Those in comparison groups would, of course, receive conventional (business-as-usual) aftercare. Both specific and general programs should be included. It might also be of interest to see if the timing of positive rehabilitation matters: Should it begin during treatment of a disorder (mid-episode) or following symptom relief (postepisode)?

Studies of positive prevention and especially positive rehabilitation for youth would represent a strong test of the perspective put forward here. When positive psychology was first formulated, its goal was phrased as moving people not from -3 to zero but from $+2$ to $+5$ (Seligman, 2002). But if the positive perspective on youth development has legs, it should also be able to move young people from -3 to $+5$ and keep them there.

APPENDIX A

Glossary

Character strengths Positive traits (individual difference), such as curiosity, kindness, hope, and teamwork, that contribute to fulfillment

Competencies Social, emotional, cognitive, behavioral, and moral abilities

“Dealing with it” Keeping on with life despite problem(s)

Ecological approach Bronfenbrenner’s approach to development, emphasizing the multiple contexts in which behavior occurs

Flow Psychological state that accompanies highly engaging activities

Life satisfaction Overall judgment that one’s life is a good one

Positive emotions Emotions such as joy, contentment, and love that are thought to broaden and build cognitive and behavioral repertoires

Positive prevention Positive youth development programs that prevent problems by encouraging assets

Positive psychology Umbrella term for the new field within psychology that studies processes and states underlying optimal functioning

Positive rehabilitation Positive youth development programs that promote recovery by encouraging assets

Positive youth development Umbrella term for approaches that recognize and encourage what is good in young people

Prevention programs Interventions that prevent problems

Promotion programs Interventions that promote well-being

Resiliency Quality that enables young people to thrive in the face of adversity