
CHAPTER 6:
POSITIVE YOUTH DEVELOPMENT

Key Benchmarks in this Chapter:

High school dropout

Tobacco, alcohol, and other drug use

Juvenile crime and delinquency

Teen pregnancy

Key Chapter Topics:

Environmental and Development Contexts

Cultural and Gender Diversity

Supportive Communities and Neighborhoods

Norms and opportunities

Individual adult roles

Public and private organizations

Family Support and Supervision

Parent-teen relationships

Parenting styles and authoritative parenting

Positive Peer Relationships and Social Competence

Antisocial behavior

All children and youth

Resources for building social skills

Positive View of Self and One's Future

Hopelessness

Positive future aspirations and education

Adolescent depression



CHAPTER 6:

POSITIVE YOUTH DEVELOPMENT

All youth face new challenges and new opportunities in adolescence. Although many youth experience significant problems in adolescence, most youth negotiate the challenges and build upon new opportunities to become caring, competent adults. At least 30 assets, ranging from parent involvement in education to personal values, have been identified that support positive development in adolescence (Search Institute, 1996). Youth who possess more assets are less likely to be involved in risk-taking behaviors and more likely to succeed in school and contribute to their communities.

In this review, assets and protective factors are summarized into four key resources that support ALL youth, including:

- Supportive communities, neighborhoods and schools;
- Family support and supervision;
- Positive peer relationships and social competence;
- Positive view of self and future.

Building these four key resources for youth requires us to acknowledge the importance of several “best practice” concepts reviewed in Chapter 2. Of particular importance are:

- Environmental Context;
- Developmental and Experimental Changes;
- Cultural Diversity; and
- Gender Diversity.

Environmental context. Youths' lives are complex in part because of the many environments in which they are embedded - communities, schools, families, peers, and self.

Youths' well-being is dependent on the risks and assets offered on these many contexts. Critical support for youth can be increased through integrated, comprehensive efforts that link environments as well as the

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individual actions of parents, teachers, neighbors, and others (Dryfoos, 1990).

Developmental and experiential changes. Effective support recognizes that developmental and experience levels vary greatly among adolescents. Young adolescents differ markedly from older adolescents in terms of cognitive, emotional, social, and physical skills and experiences (Bogenschneider, 1996; Sherrod, 1997; Steinberg, 1993). Thus, approaches that "work" with young adolescents are not likely to be as effective with older youth.

For example, among young adolescents (ages 10-14) self-esteem often ebbs. This seems particularly true for early adolescent girls, especially white girls (Steinberg, 1993). The ebb in self-esteem occurs as the young adolescent experiences dramatic changes in body image and enters the more impersonal world of middle school (Baumrind, 1987; Sherrod, 1997).

At the same time, peers become more important. Social acceptance is often based on conformity to rigid peer standards, not the individual characteristics that are valued by family (Baumrind, 1987). Susceptibility to peer pressure *increases* from third to eighth grade and then *decreases* in high school. The rewards for "fitting in" and the sanctions against nonconformity are most acutely experienced during early adolescence (Steinberg, 1993).

These developmental characteristics make early adolescence a key time for interventions that build skills to resistance to peer pressure and manage conflict (Baumrind, 1987; Ellickson & Bell, 1990; Steinberg, 1991). Effective substance abuse, delinquency, and teen pregnancy prevention efforts must begin by, or before, early adolescence.

As youth enter later adolescence they are more fully able to consider the consequences of actions because of more advanced reasoning ability and experiences. Their individuality and desires to take on adult roles and behaviors also increase. By the time of high school graduation:

- almost 90% of youth have worked at least part-time;
- most have experienced a romantic relationship that included some degree of sexual intimacy;
- most have a desired direction for their preferred future work and family life;

Early adolescence is a key time for interventions that build skills to resist peer pressure and manage conflict.

- 90% have used alcohol; and
- almost two-thirds have used tobacco.

Some of these transitions are inter-related. For example, increased work experiences, decreased parental contact and supervision, increased discretionary income, and increased contact with older peers and young adults are likely to increase alcohol use and intimate relationships (Steinberg, 1991).

Movement into adult roles and experiences is not uniformly positive for older adolescents. When positive roles are limited, as is the case for youth who have few legitimate work opportunities, the risk of substance abuse and juvenile crime, including drug-dealing, increases (Steinberg, 1991). Similarly, when female adolescents perceive few positive adult options in their future, early sexual experiences more often lead to pregnancy and parenthood.

Even among youth who perceive positive futures, the stresses of work, school, intimate relationships, and other adolescent experiences can be considerable. These stresses contribute to alcohol and other drug use, depression, and other health-threatening behaviors among teens (Baumrind, 1987; Steinberg, 1991). Interventions directed at older adolescents must respond to these developmental realities.

Cultural diversity. It is particularly important to recognize and respond to cultural diversity among youth. In adolescence, youth are more fully aware of their cultural or ethnic identities than are younger children (Steinberg, 1993). They are also likely to be more aware of subtle, and not so subtle, stereotyping and discrimination that limits their opportunities.

Among minority youth, the development of a positive self-identity includes developing a positive sense of their ethnicity. Having a strong, positive sense of ethnic identity is associated with higher self-esteem among minority youth than among white youth (Steinberg, 1993).

The focus of most research on minority youth has not, however, been on such normal processes as identity development, but rather on the problem behaviors that characterize a relatively small percentage of minority youth (Steinberg, 1993). As a result, we know less about positive youth development among minority youth than among white youth. This lack of knowledge limits our ability to offer effective services and support.

The stresses of work, school, intimate relationships, and other adolescent experiences can be considerable and contribute to health-threatening behaviors among teens.

A strong, positive sense of ethnic identity is associated with higher self-esteem among minority youth.

Positive Youth Development

Research on minority youth is growing, however. For example, studies indicate that as minority youth develop adult identities there are four possible paths or options (Phinney, Lochner, & Murphy, 1994):

- assimilation – accepting the dominant majority culture and rejecting the minority culture;
- alienation – living in the dominant culture but feeling estranged;
- separation – rejecting the dominant culture and associating only with members of the minority culture; or
- biculturalism – maintaining ties in both the dominant and minority cultures.

Each of these strategies has its potential advantages *and* disadvantages. Biculturalism is most often described as the most viable, effective alternative, however, little is known about how these “choices” are made or their actual effects (Steinberg, 1993).

Particularly in light of the lack of empirical research on positive youth development among minority youth, it is essential that prevention and intervention programs:

- recognize the strengths and success of *most* minority youth;
- respond to the critical importance of positive ethnic identity among youth; and
- empower minority youth and communities to fully participate in prevention and intervention efforts that serve minority youth.

Gender diversity. In early adolescence, many girls begin to experience a drop in self-esteem and begin to sense they are “devalued” because of their gender (Steinberg, 1993). Overt concern with make-up, clothes, and weight grows as pre-teen girls respond to messages about female “beauty.”

Only one-fifth of all male and female adolescents are actually overweight (USDHHS, 1996), but *over 70% of young girls* wish to be thinner. Most girls start dieting to lose weight in their early teen years (Steinberg, 1993). Adolescent girls are also more likely than adolescent boys to experience depression, attempt suicide, suffer eating disorders, and fall behind in math and science studies (Steinberg, 1993).

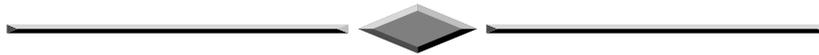
Adolescent girls are also more likely than adolescent boys to experience depression, attempt suicide, suffer eating disorders, and fall behind in math and science studies.

Overall girls are underserved in prevention and intervention programs (Coalition of Advocates for Equal Access, 1997). In response to this fact, Oregon state policy assures equal access. ORS 417.20 states that both girls *and* boys are entitled to gender appropriate programs, facilities, and treatment that are responsive to their needs and respectful of their strengths. Because of the centrality of gender to adolescent girls, gender appropriate supports are essential.

Summary. Recognizing the importance of environmental context, developmental changes, and diversity, the following sections of Chapter 6 summarize research on the community, family, peer, and personal factors that are associated with positive youth development.

In Chapter 7 Positive Youth Development Special Concerns, research on three critical issues facing many youth is reviewed. These critical youth issues include:

- tobacco, alcohol, and other drug use and abuse;
- juvenile delinquency; and
- teen sexuality, pregnancy, and parenthood.



**Supportive Communities, Neighborhoods, and Schools:
Measurable Interim Outcomes**

Youth's perceptions of risks:	Consistent enforcement of laws and regulations.
• community, neighborhood or school disorganization	Positive, stable relationship with an adult.
• norms favorable to drug use or other negative behaviors	Youth involvement in positive school, neighborhood, and community activities.
• availability of tobacco, alcohol, drugs, and handguns.	
Youth's perceptions of assets:	
• school attachment	
• neighborhood attachment	
• opportunities and rewards for conventional involvement.	

Research Linkages

Children and youth, particularly those who are experiencing life changes, greatly benefit from family, school, and community environments that are supportive, predictable, and organized (Blyth & Roehlkepartain, 1993; Search Institute, 1996; Vondra, 1993.)

Community disorganization, high mobility, low quality housing, low neighborhood attachment, and a lack of concern for youth are associated with problem behaviors among children, youth, and adults. Vandalism, unoccupied buildings, street violence, and neighborhood disorganization lead to a little connection between residents and few norms for positive youth behavior (Bogenschneider, Small, and Riley, 1990).

In contrast, supportive communities, neighborhoods, and schools:

- provide clear norms, opportunities, and rewards for positive behavior;
- communicate high and achievable standards of behavior;

Children and youth greatly benefit from environments that are supportive, predictable, and organized.

- consistently apply restrictions on undesirable behavior among youth *and* adults;
- offer opportunities for youth and family oriented, drug and alcohol free activities.

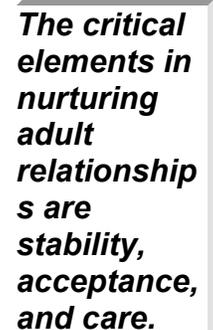
Attachment to such supportive environments contributes to more positive behavior among youth (Bogenschneider, Small, and Riley, 1990; Search Institute, 1996). All youth need opportunities to succeed in their communities and schools through both academic and non-academic pursuits, including such as music, art, sports, and community service.

Individual adults are also important resources to youth. All children and youth need a stable supportive relationship with at *least* one adult who accepts them regardless of their temperament, attractiveness, or achievement (Werner, 1990). These adults may be parents, other family members, teachers, mentors, or other caring adults. The critical elements in nurturing adult relationships are stability, acceptance, and care (Werner, 1990).

Even casual adult-youth relationships are important. For example, youth who perceive that adult neighbors care about them have lower levels of substance use (Finigan, 1996), anti-social behavior and early sexual activity (Small & Luster, 1994). The Search Institute (1993, 1996) suggests actions *all* adults can take to support children and youth, including:

- look at and greet every child or youth you pass;
- mentor and personally support a young person
- volunteer as a youth leader, coach, or tutor
- vote with children and youth in mind; and
- give the children and youth in your life, love, attention and time.

In short, adults provide support by recognizing youth, conversing about their ideas and experiences, and investing *time and resources* in youth.



The critical elements in nurturing adult relationships are stability, acceptance, and care.

Positive Youth Development

Public organizations and private businesses can support children and youth directly and indirectly.

Similarly, public organizations and private businesses can support children and youth directly and indirectly in many ways (Search Institute 1993, 1996) including:

- Encouraging employees to *balance* their work with family and community responsibilities through flexible scheduling and other “family friendly” strategies (See Chapter 9);
- Supporting employees in volunteer and other community activities;
- Publicly recognizing childrens’ and youths’ successes;
- Involving youth through volunteering, internships, apprenticeships, and other leadership and work opportunities (See Chapter 8);
- Advocating for policies, procedures, and programs that support children, youth, and families.

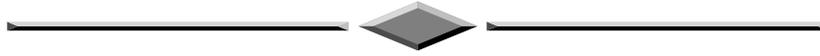
Neighborhood rebuilding can renew well-being and safety for families.

One example. A comprehensive model of neighborhood rebuilding has brought a renewed sense of well-being and safety to a high crime neighborhood in Spokane, Washington. After-school and recreational activities, community policing strategies, conflict resolution and leadership education, homework helpers, home based parenting and life skills training, community celebrations, and youth leadership activities have been developed by a coalition of partners. This coalition includes neighbors, schools, businesses, parks and recreation facilities, police, other community groups and services, and the Washington State University Extension Service.

Called *Family Focus*, the four year community effort resulted in 81% fewer drug houses, a 40% reduction in crime, as well as improved parenting skills, an increased sense of safety and connections for community members, and other positive outcomes. For more information on this comprehensive neighborhood based effort, contact:

Jon Newkirk, Chair
Spokane County Extension Service
Washington State University
222 Havana
Spokane, WA 99202
(509) 533-2048

Several successful efforts to improve communities for children, youth, and families also exist in Oregon (OCCF, 1997), including Community Progress Teams (CPTs) in Marion County and Family Resource Centers throughout the state. For further discussion, see chapters 3 and 9.



**Family Support and Supervision:
Measurable Interim Outcomes**

Adequate parental knowledge of adolescent development.	Effective supervision and monitoring.
Adequate parental knowledge of effective guidance strategies.	Positive youth-parent relationships.
Effective use of authoritative parenting strategies.	Effective use of communication, conflict resolution, mediation, and/or anger management skills.

Research Linkages

Parents teach children basic social skills and provide a safe base from which children and adolescents can venture out into the world (Hartup, 1989). Early secure attachments to caregiver(s) is associated with later social competence, empathy, problem-solving, school achievement, and adjustment (Benson, Harris, & Rogers, 1992; Cottrell, 1992; Estrada, Arsenio, Hess, & Holloway, 1987). During times of stress, having a close relationship with a caring supportive adult is especially important (Licitra-Klecker & Waas, 1993).

Parents are the central source of support for children and youth of all ages. Even during adolescence when the influences of peers and other environments increases, parents and other family members most often remain the primary providers of affections and reliable alliances (Levitt, Guacci, & Levitt, 1993).

To maintain positive relationships into adolescence, parents must *balance* growing autonomy and maintaining close family ties and supervision (Steinberg, 1991; 1993). In short, parents must:

- allow teens greater autonomy and individuality and
- maintain close ties, supervision, and influence.

Parents are the central source of support for children and youth of all ages.

At the same time, adolescents must find ways to balance two similar behaviors:

- asserting their individuality and
- maintaining close, supportive ties with parents and other family members.

Early adolescence (10-14) appears to be the critical period for negotiating these transitions. Closeness between parents and young teens may decrease somewhat and conflicts increase but in most families, adolescents and parents generally get along well. Most parents respond well to the youths' growing desires for independence while maintaining effective supervision and emotional closeness (Steinberg, 1991).

Among about one-quarter of families, however, parent-youth relationships are seriously strained. Most of these families indicate that these difficulties existed *before* adolescence; less than 10% families report that previously positive parent-child relationships seriously deteriorate during the teen years (Steinberg, 1991).

Parenting styles. Ineffective parenting during adolescence can lead to deterioration of previously positive relationships *and* to exacerbation of previously poor relationships. Problematic parenting styles in adolescence are associated with higher levels of family conflict as well as youth problems including depression, substance abuse, and delinquency (Hawkins, Catalano, & Miller, 1992; USDHHS, 1991). There are three particularly problematic parenting styles in adolescence:

- Inconsistent parenting that may lead to defiance and problem behaviors.
- Permissive parenting that may lead to problem behaviors such as school failure and drug use.
- Rigid parenting that may lead to conflict-ridden interactions and deviance.

In contrast, authoritative parenting is the most effective parenting style (Lamborn, Mounts, & Dornbusch, 1991; Steinberg, 1993.) Parents who are authoritative *balance* closeness, supervision, and high expectations with increasing autonomy for their adolescents (Baumrind, 1987).

Authoritative parents:

- are warm, supportive, and interested in their teen;

Ineffective parenting during adolescence is associated with higher levels of family conflict as well as youth problems

Authoritative parenting is the most effective parenting style ... these parents balance closeness and supervision with increasing

Positive Youth Development

- provide consistent standards and positive rewards;
- encourage youths' growing autonomy.

When parents are authoritative, youth feel more emotionally supported. In peer relationships, these youth are typically more:

- positive,
- assertive, and
- resistant to social pressures.

Effective parent education (Smith, et al., 1994; Steinberg, 1990; 1993) can increase parents' authoritative skills by assisting parents to:

- understand the transitions experienced in the teen years;
- respond to teens' changing identity and growing needs for autonomy and decision-making;
- maintain reasonable supervision, influence, and family bonds (Search Institute, 1996).

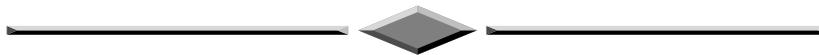
For families who need greater support, successful intervention strategies (OJJDP, 1995; Shadish, 1992) typically include:

- early identification and intervention;
- crisis, mediation, and conflict resolution services;
- parent-to-parent mentoring; or
- other home-based interventions that emphasizes specific behavior management skills especially in combination with social skills training for children and youth. For example, the Oregon Social Learning Center has developed a highly effective 12 week program for parents and youth to reduce problem behaviors (see resource below).

**Effective
parent
education
can
increase
parents'
authoritative
skills.**

Further information. For further discussion of effective parenting and related parent education approaches, see:

- Chapter 3, Strong, Nurturing Families;
- National Extension Family Education Model (NEFEM, 1994). Kansas State University, Manhattan, KS, 66506. Describes several successful parent education approaches and curriculums.
- Oregon Social Learning Center. Eugene, Oregon. Written and media resources including: Patterson, A. & Fogatch, M. (1987). Parents and Adolescents Living Together – Part I; and Fogatch, M. & Patterson, G. (1989). Parents and Adolescents Living Together – Part II: Family Problem Solving. Well-documented effectiveness in improving parental guidance and decreasing problem behavior in adolescents.
- Steinberg, L. & Levine, A. (1990). You and your adolescent: A parent's guide for ages 10-20. New York: Harper & Row. (New paperback of same title due in Spring 1997).
- RETHINK: Anger Management for Parents. Institute for Mental Health Initiatives, Research Press, 2612 N. Mattis Ave., Champaign, IL, 61821. (800) 519-2707. Twelve hour parent program including manuals and videos; demonstrated to be effective in reducing anger and violence and increasing positive parenting strategies. (R = recognize anger; E = empathize; T = think; H = hear accurately; I = integrate respect; N = notice cues; K = keep discussion in present.) Youth version available (see next section on positive peer relationships).



**Positive Peer Relationships and Social Competence:
Measurable Interim Outcomes**

Pro-social skills.	Sustained, positive relationships with peers who value conventional behavior.
Conflict resolution and mediation skills.	Positive peer and social interaction.
Anger management skills.	School discipline problems and referrals for peer conflicts.
Low levels of aggression or anti-social behavior toward peers.	

Research Linkages

Friendships are critical to the development of positive self-identity and social competence including conflict resolution skills, pro-social skills, and empathy. Social competence first develops when children play with peers. In these interactions children first learn to negotiate and cooperate. In turn, social competence is linked to:

- positive academic performance;
- greater creativity, interpersonal skills, and interpersonal flexibility; and
- positive self-identity.

Anti-social Behavior

When parents lack parenting skills or have significant personal problems, their young children are less likely to learn these early social competence skills. Poor group settings such as overcrowded or poorly supervised child care, can also lead to weak social skills. In turn, these children are more likely to be withdrawn or anti-social with peers. Anti-social or aggressive behavior often leads to rejection by peers (Walker, Colin, & Ramsey, 1995).

Peer-rejected children experience more social and behavioral problems throughout childhood and adolescence (Hawkins, Catalano, & Miller, 1992; Parkhurst & Asher, 1992). In short, poor peer relationships and limited social competence contribute to:

- school failure;

Friendships are critical to the development of positive self-identity and social competence.

- anti-social behavior;
- juvenile delinquency;
- poor self concept, loneliness, and depression; and
- drug and alcohol use and abuse (Asher & Coie, 1996).

Early intervention. Positive peer relationships in later childhood and adolescence are more likely if early childhood experiences are positive. Thus, early intervention is critical to most effectively respond to anti-social behavior. Among children and youth who are exhibiting anti-social behavior, effective intervention in anti-social behavior includes three elements:

- training for parents and their children or youth,
- consistency across home, school and other settings, *and*
- a focus on developing positive, adaptive behavior that addresses individual needs (Walker, Colin, & Ramsey, 1995).

The earliest possible intervention is essential. Targeting and reducing anti-social behavior when it first begins achieves optimal results.

Effective interventions to reduce anti-social behavior can also be designed for older children and youth and their parents (Dryfoos, 1993). These interventions for older anti-social children and youth should build on programs that have been demonstrated to be effective (Patterson & Fogatch, 1987; Fogatch & Patterson, 1989; Walker, Colin, & Ramsey, 1995). Key elements of effective efforts to develop more positive peer relationships among anti-social children and youth include:

- social skills training for youth to increase positive, desirable behavior and reduce anti-social and negative behaviors;
- parent training and teacher training to improve support, guidance, and monitoring skills;
- an emphasis on rewards for desirable behavior; *and*
- consistency across home, school, and other social settings.

Early intervention is critical to most effectively respond to anti-social behavior among young children.

Interpersonal Relationships

Throughout life interpersonal relationships are both rewarding *and* challenging. Thus all children and youth can benefit from experiences that build social competence. Formal experiences to build social competence are most effective when they include:

- active role-playing,
- peer modeling and leadership,
- specific skill building, and
- problem-solving around *real* social situations (Committee for Children, 1992; Ellickson & Bell, 1990; Pentz, 1996; Schinke, Botvin & Orlandi, 1991).

Many effective interventions to develop social competence are school-based (Durlak, 1995). For example, school-based “social influence” curricula have effectively developed resistance skills to delay initiation of tobacco, alcohol, and drug use (Ellickson & Bell, 1990).

School-based conflict resolution and peer mediation programs have proven to be effective with children and youth (Johnson & Johnson, 1996). Students who do not have skills in conflict resolution and peer mediation often use withdrawal or overt aggression strategies that damage peer relationships. In contrast, effective school-based training programs:

- increase students use of conflict resolution and mediation strategies;
- decrease destructive outcomes from conflicts;
- decrease the number of student-to-student conflicts that are referred to teachers and administrators, and therefore, reduce school suspensions.

Effective school-based conflict resolution and mediation programs have several characteristics (Johnson & Johnson, 1996), including:

- cooperative (not competitive or individualistic) school environments;

School-based conflict resolution and peer mediation programs have proven to be effective.

- skill building in communication and “integrative negotiation” in which students clearly state feelings, desires, reasons, options, and final agreements;
- integration of conflict resolution and mediation skills into *everyday* school life for students, teachers and administrators.

(See Johnson & Johnson, 1996, for full review).

Resources for successful programs. Hundreds of school-based curriculum exists to help build positive peer relationships and social competence. Some of these programs have been proven to improve peer relationships and reduce conflict. Among the programs that are *proven* to be effective are:

Talking with TJ: Conflict Resolution Services.

6, 50 minute lessons; materials and video stimulate role-playing and discussions. Grades 2-5 (not for older youth).

Talking with TJ
PO Box 419580, Dept. 323
Kansas City, MO 64141-6580

Second Step: A Violence Prevention Curriculum

Variable instruction length; puppets, film strips, teacher guide, and other materials to build impulse control, empathy, and problem-solving. Grades pre-K to 5.

Committee for Children
172 20th Avenue
Seattle, WA 98122
(800) 634-4449 or
Prevention First for training information (800) 252-8851

Teaching Students to be Peacemakers

Multiple session program that develops skills in communication, conflict resolution, and negotiation; integrates these skills into everyday school life. Among the best research, proven approaches. Grades: Elementary through high school.

Teaching Students to be Peacemakers
David Johnson & Roger Johnson
60 Peik Hall
159 Pillsbury Drive
Minneapolis, MN 55435

Positive Youth Development

Aggressors, Victims, & Bystanders: Thinking and Acting to Prevent Violence.

Twelve 45 minute lessons including role-playing and skill-building; grades 6-9.

Education Development Center
55 Chapel Street
Newton, MA 02160
(800) 225-4276

ALL of the following are available from:

**Research Press
2612 N. Maltis Avenue
Champaign, IL 61821
(217) 352-3273**

Dealing with Anger: Givin' It, Takin' It, Workin' It Out.

Video based anger management lessons for male or female African American youth.

PACT – Positive Adolescent Choices Training.

For adults (educators and staff) who work with African-American youth in any setting. Ten, 60-minute session.

The Prepare Curriculum: Teaching Prosocial Competencies.

Ten 1 hour sessions to teach problem solving and skills through modeling, role playing, and discussion. Grades 6 through 12.

RETHINK: Workout for Teens.

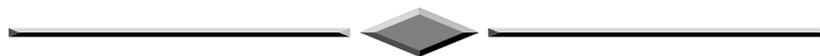
Four 1 hour sessions using videos, role-playing, and discussion to build anger management skills for teens. (RETHINK for parents is reviewed in previous section on families, page 13 of this Chapter.)

Viewpoints: A Guide to Conflict Resolution and Decision-making for Adolescents.

Twelve 1 hour group sessions using reading, instruction, role playing, and discussions to increase empathy, problem-solving skills and impulse control. Grades 6 through 12.

Aggression Replacement Training: A Comprehensive Intervention with Aggressive Youth.

Thirty hours. For adults who work with adolescents to develop anger management and prosocial skills in adolescents.



**Positive View of Self and One's Future:
Measurable Interim Outcomes**

Positive view of self.	Regular school attendance.
Positive future aspirations.	Normal school progress.
Positive sense of self-efficacy or personal control.	High school graduation.
Commitment to current and future education.	Depression and serious mental health problems.

Research Linkages

A positive view of the future is a critical asset throughout life. Teens who have aspirations for a positive future, including work and a stable family life, are much more likely to complete school, form positive peer relationships, and thrive despite the challenges of adolescence (Steinberg, 1993).

Hopelessness. Many adolescents do not, however, have positive views of their future. Surveys of youth indicate that:

- about one-third of adolescents are not optimistic about their future (Search Institute, 1996); and
- almost 40% of 8th and 10th graders feel they have “nothing to look forward to much of the time” (Steinberg, 1993).

Such feelings of hopelessness have potentially serious consequences, particularly if the feelings are prolonged. For example, among children and adolescents who are clinically depressed, almost 90% perceive their futures as hopeless (Chartier & Ranieri, 1984).

Positive future aspirations. In contrast, a positive view of one's future is associated with greater feelings of control over life, greater commitment to education, better mental health, and fewer social and personal problems. For example, teens who have positive future aspirations are much less likely to become pregnant, abuse drugs, commit crimes, or drop-out of school.

Teens who have aspirations for a positive future are more likely to complete school, form positive relationships, and thrive.

Positive Youth Development

Positive feelings about the future are strongly related to current *and* future educational attainment. Youth who achieve higher educational levels do, in fact, have more positive futures, including:

- higher earnings and benefits;
- lower unemployment rates;
- lower rates of dependence on public assistance programs.

Completing high school cuts the risk of future unemployment in half; graduation from college cuts the risk of unemployment in half again (Oregon Employment Division, 1995). The 1992 median earnings for high school graduates was \$25,000 compared to \$18,000 for a non-high school graduate; median earnings of college graduates were over three times that of persons who did not complete high school (Oregon Employment Division, 1995). Among white males, higher educational levels have the greatest “pay-off” in terms of future economic status.

Nevertheless, for *all* races and genders higher levels of educational attainment are associated with higher future earnings and more stable employment.

All teens, regardless of their current academic achievement, should be helped to envision and build a future that includes stable family relationships and achievement of sufficient education for viable employment. Programs directed at preventing dropouts need to be sensitive to the alienation many minority youth feel and should help teens see the connection between completing high school and a more positive future. In addition, many adolescent females, especially those who are sexually active, need support to envision and create a future in which they achieve sufficient education for viable employment.

One approach to building positive future aspirations is life skills training. For example:

- The *Going for the Goal (GOAL)* program helps 10 to 15-year old adolescents develop a sense of personal control and confidence about the future by teaching them life skills (Danish, 1997). Developed by the Life Skills Center at Virginia Commonwealth University, the main program objective is to empower youth to reduce health-compromising and promote life-enhancing behaviors. Ten 1-hour workshops include skits, individual planning, small group work, and group discussions to teach skills, to communicate information, and to help participants

All teens should be helped to envision and build a future that includes stable family relationships and achievement of education for viable employment.

develop goals. Peer leaders include program-trained college and high school students who meet the criteria of positive role models and have similar backgrounds to the early adolescent participants. Evaluations indicated that GOAL participants successfully identify positive life goals, focus on process rather than outcome as they pursue these goals, learn problem solving skills, identify health-promoting behaviors and health compromising behaviors, access social support, and transfer what they learn into other life contexts (Danish, 1997); Contact: Steve Danish, Director of Life Skills Center, Virginia Commonwealth University, Richmond, VA).

Adolescent depression. Overall, most adolescents move through the challenges of the teen years without great psychological pain. For a large minority, however, (up to 20% by some studies) depression is a serious, potentially life-threatening concern (Steinberg, 1993).

Depression rates increase in adolescence and girls are especially susceptible to depression (Steinberg, 1993). Thus, serious, prolonged feelings of negativity about the future, particularly in combination with other symptoms of depression must be recognized and responded to quickly.

Distinguishing “normal” mood shifts among adolescents from depression is sometimes difficult. However, if an individual displays three or more signs of depression (hopelessness, pessimism, sadness, apathy, sleeplessness or excessive sleep, low self-esteem, and others) for 2 weeks or more, depression should be considered (Steinberg, 1993).

Responding to depression demands sensitivity and professional action. Among the most *ineffective* responses are:

- Denying feelings (such as “You don’t really think that”);
- Minimizing feelings (such as “what do you have to feel bad about – you’ve got everything”); or
- Ignoring feelings and signs of depression and suicide (most adolescents who are severely depressed or suicidal, indicate their feelings in words and behavior).

If an individual displays signs of apathy, sadness, or abnormal sleep patterns for 2 weeks, depression should be considered.

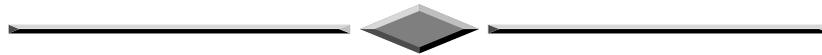
Positive Youth Development

In contrast, *effective* responses include:

- supportive interactions with adults;
- antidepressant medication;
- psychotherapy including cognitive approaches; and
- family therapy, as needed, to reduce family conflicts and increase supportive interactions.

***Depression is
a highly
treatable
condition.***

At all ages, depression is a highly treatable condition that is responsive to a variety of supports. *It is critical that parents, teachers, youth leaders, others who work with youth, and youth themselves be able to recognize and respond to signs of depression among teens.*



Positive Youth Development

Table 6-1
Oregon's 1997 Benchmark Indicators^a Related to OCCF Wellness Goal: Positive Youth Development

	1990	1995/96	2000	2010
EDUCATION BENCHMARKS				
• High school drop out rate (#22)^b	6.6	7.4	5.7	4.6
• Percentage of 8 th graders who achieve established skill levels (#23) ^b				
a. Reading	---	89%	92%	100%
b. Math	---	84%	89%	100%
• Percentage of high school students that have completed a structured work experience, including a practicum, clinical experience, community service learning, or school-based enterprise program (#25)	---	21%	65%	100%
• Percentage of Oregon adults (age 25 and older) who have completed high school or an equivalent program (#27)	85%	91%	94%	100%
HEALTH AND PROTECTION BENCHMARKS				
✓ • Pregnancy rate per 1,000 females age 10-17 (#43)	19.7	19.2	15	10
• Annual percentage of new HIV cases with an early diagnosis (before symptoms occur) (#47)	72%	78%	85%	98%
✓ • Percentage of 8th grade students who used: (53)				
a. Alcohol in the previous month	23%	30%	26%	21%
b. Illicit drugs in the previous month	14%	22%	15%	12%
c. Cigarettes in the previous month	12%	22%	15%	12%
PUBLIC SAFETY BENCHMARKS				
✓ • Total juvenile arrests per 1,000 juvenile Oregonians per year (#65)	46.5	58.6	46.5	37.2
• Percentage of students who carry weapons (#66)	---	19%	15%	9%
DEVELOPMENTAL BENCHMARKS (No baseline or targets are yet established)				
• Percentage of students who attain a Certificate of Initial Mastery (CIM) (Developmental Benchmark #14)	---	---	---	---
• Percentage of students who attain a Certificate of Advanced mastery (CAM) (Developmental Benchmark #15)	---	---	---	---
• Juvenile Crime Index (Developmental Benchmark #20)	---	---	---	---

^a Oregon Shines II: Updating Oregon's Strategic Plan, 1997; Oregon Progress Board.

^b Benchmark number in Oregon Shines II

✓ Key Benchmark to be tracked by Progress Board

Bold = Benchmark tracked by OCCF, 1995-97

