

2008

Promoting Positive Youth Development New Directions in Developmental Theory, Methods, and Research

William M. Kurtines

Laura Ferrer-Wreder

Steven L. Berman

Carolyn Cass Lorente

Wendy K. Silverman

See next page for additional authors

Follow this and additional works at: <https://digitalcommons.georgefox.edu/gsc>



Part of the [Counseling Commons](#), [Developmental Psychology Commons](#), and the [Development Studies Commons](#)

Authors

William M. Kurtines, Laura Ferrer-Wreder, Steven L. Berman, Carolyn Cass Lorente, Wendy K. Silverman, and Marilyn J. Montgomery

Promoting Positive Youth Development

New Directions in Developmental Theory, Methods, and Research

William M. Kurtines

Laura Ferrer-Wreder

Steven L. Berman

Carolyn Cass Lorente

Wendy K. Silverman

Marilyn J. Montgomery

Abstract

The articles in this special issue report the efforts of the Miami Youth Development Project (YDP), a community-supported positive youth development program of outreach research that draws on a developmental intervention science (DIS) perspective (i.e., a fusion of the developmental and intervention science literatures). These reports illustrate how the application of DIS outreach research contributes to knowledge of human development at all levels (practical as well as methodological, theoretical, and metatheoretical). Consistent with a DIS outreach research approach, YDP is committed to the use of descriptive and explanatory knowledge about changes within human systems that occur across the life span in the development of evidence-based individual and institutional longitudinal change intervention strategies in promoting long-term developmental change. The evolution of the Miami YDP illustrates the value of DIS outreach research “in action.”

Keywords: *positive youth development, community-supported interventions; developmental intervention science; applied developmental science; program evaluation research*

The Miami Youth Development Project (YDP) had its beginnings nearly two decades ago as a grassroots response to the needs of troubled (multiproblem) young people (Arnett, Kurtines, & Montgomery, 2008, this issue). Miami, an international city at the intersection of North and South America, was undergoing (and still is undergoing) an extended period of substantial multicultural growth. The community and its youth were experiencing negative (as well as positive) impact of this change. In this context, the evolution of YDP exemplifies the practical value of conducting research based on university-community collaboration and research-related principles consistent with the outreach research approach, that is, research designed to meet community needs by generating innovative knowledge of effective change-producing strategies (e.g., community-supported interventions) that are feasible, sustainable, and affordable in “real world” settings. In developing the Miami YDP, we drew on the strengths of a developmental intervention science (DIS) approach, a fusion of the developmental and intervention science literatures.

We have adopted a DIS approach for our program of outreach research because it is specifically committed to the use of descriptive and explanatory knowledge about changes within human systems that occur across the life span in the development of empirically based, multidisciplinary/life-span intervention strategies. In the process, we have been refining a multi-stage research design, the structure and format of which is intended to realize fully the potential for conducting comparative and longitudinal program evaluation research made possible by the logic of outreach research. A distinct advantage of a community-supported outreach research program committed to remain in the community long enough for the realization of community-valued developmental goals for its youth is that this long-term commitment also creates the potential for addressing long-term, research-related-knowledge development goals for the field in ways typically not available to short-term, externally funded studies.

As this special issue illustrates, drawing on the strengths of the fusion of these literatures has the potential to bring together (a) a more empowering model knowledge development for research involvement in the community, one that includes meeting community needs as well a knowledge development needs; (b) a nuanced and contextualized notion of youth and their development; and (c) methodologies that richly reflect rather than reduce

the experiences of the young people whose development we seek to promote. Specifically, this special issue illustrates the potential of DIS outreach research to do more than generate knowledge of effective intervention strategies for meeting community needs that are feasible, affordable, and sustainable in real-world settings. It explores the potential of DIS outreach research to generate knowledge that contributes to advancing the field of human development as well.

Developmental Intervention Science (DIS)

As the 20th century ended, developmental science emerged as a core perspective in the human sciences as a result of its integration and application of a life-span/interdisciplinary orientation to basic and applied issues (Lerner, Fisher, & Weinberg, 2000). From this perspective, the term *applied developmental science* (ADS) is used to refer to scientific investigation that focuses on the use of research and application to promote positive development across the life span (Damon, 2004; Lerner et al., 2000). Applied developmental scientists adopt the view that positive individual development and family functioning is an interactive product of biology and the physical and social environments that continuously evolve and change over time. This perspective stresses the importance of understanding normative and atypical processes as they emerge within different developmental periods and across diverse physical and cultural settings. The ADS orientation is committed to the use of descriptive and explanatory knowledge about changes within human systems that occur across the life span in the development of empirically based theory that not only addresses a full spectrum of applied concerns (ranging from specific intervention strategies to broadband social policy) but is also influenced by the outcome of these community activities (Lerner et al., 2000).

New Problems and New Populations: Promoting Positive Youth Development

As the 21st century begins to unfold, a large and growing literature on *promoting positive youth development* (PYD) has emerged in response to a complex set of interrelated contextual changes, with transformations in the conceptual foundations of both developmental and intervention science being particularly relevant. As Lerner (2005) noted, with respect to developmental science, the PYD movement was the result of the emergence of ADS

accompanied by a shift away from the tendency to view adolescence as a period of “stress and storm” and youth as both dangerous and endangered or as “problems to be managed” (Arnett, 2000; Roth, Brooks-Gunn, Murray, & Foster, 1998). The predominant lens for conceptualizing the nature of adolescence was thus one that implicitly or explicitly used a deficit model of youth until recently when, increasingly, the study of adolescence became intermeshed with the emerging ideas associated with developmental systems theories (Lerner, 2005). These interests converged in the formulation of a set of ideas that enabled youth to be viewed as resources to be developed, and not as problems to be managed (Roth & Brooks-Gunn, 2003).

During the same period, the conceptual foundations of intervention science were also undergoing transformation. With respect to intervention science, these changes included the emergence of prevention science as a logical extension of treatment science. More important with respect to the work reported here, with its emphasis on positive adjustment and optimal functioning, prevention science dovetailed with the emerging developmental science view of youth as resources to be developed rather than problems to be managed (e.g., Masten & Coatsworth, 1998). In the prevention science literature, efforts to broaden the criteria by which prevention intervention outcomes are evaluated (beyond reducing risk factors) have resulted in the inclusion of more general indices of positive adjustment and optimal functioning to include views of psychological health and resilience (including a sense of one’s meaning and purpose) as components of well-being (e.g., Masten & Coatsworth, 1998). However, interventions developed under the prevention science model, like the treatment science model, necessarily maintain a core focus on “preventing” negative developmental outcomes rather than promoting positive ones (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 1999). The beginning of a convergence of concepts and constructs broadly related to promoting positive development in both developmental and intervention science has resulted in a recognition that intervention science needs to do more than “treat” problem behaviors or “prevent” negative developmental outcomes (Damon, 2004; Lerner, 2005; Lerner et al., 2000; Seligman, Steen, Park, & Peterson, 2005). Indeed, as Lerner (2005) noted, hundreds of millions of federal tax dollars continue to be spent each year to reduce or prevent the problems. In contrast, far less research and fewer resources have been directed toward intervention efforts promoting positive development in general (Damon, 2004) and positive development interventions for at-risk and behavior problem youth in particular (Lerner, 2005).

The emergence of the PYD movement has similarly resulted in recognition that developmental science needs to do more than generate complex

“descriptive” models of developmental systems and of relations between individuals and their real-world ecological settings. The descriptive models need to be translated into programs that can be implemented in “usual care” practice in community settings. In this context, there has been a growing interest in bringing together evolving developmental science models, what Overton (1996) refers to as model of *what* changes and *how* it changes (Lerner, 2005), and evolving intervention science models of what *to* change and how *to* change it (Holmbeck, 2002; K. R. Weisz & Hawley, 2002). To date, however, there has been a paucity of examples of this type of research in the intervention literature in general and on PYD interventions in particular. Indeed, the literature on PYD and efforts to integrate developmental and intervention science is still in its infancy relative to the well-developed (and well-funded) treatment and prevention research literatures targeting problem and risky behavior (Jensen, Hoagwood, & Trickett, 1999).

A Developmental Intervention Science (DIS) Approach

Drawing on the conceptual base provided by ADS and informed by social policy research (Lerner et al., 2000), a DIS approach is one specifically committed to the use of both descriptive and explanatory knowledge about changes within human systems that occur across the life span in the development, implementation, and evaluation of evidence-based multidisciplinary life-span intervention strategies.

In this frame, we conceptualize the work described here as directed toward creating PYD interventions that draw on the strengths of a DIS approach and extend the PYD perspective by drawing on outreach research principles in the development of community-supported positive development programs. The use of an outreach research approach in the development of programs reported here is thus broadly conceptualized within the PYD perspective (Lerner, 2005). The PYD perspective has arisen because of interest among developmental scientists in using developmental systems, or dynamic models of human behavior and development, for understanding the plasticity of human development and, as well, the importance of relations between individuals and their real-world ecological settings as the basis of variation in the course of human development (Lerner, 2005).

Outreach Research

Applied developmental scientists have increasingly recognized the importance of effective university-community collaborative models in achieving

positive development goals (Damon, 2004). Such models involve a learning collaboration between scholars and community members and can be essential to knowledge-generation processes (Eccles, 1996; Keys, Bemak, & Lockhart, 1998). The recognition of this need, however, is recent, and the development of outreach research models has lagged behind other types of research models. In the area of intervention science, for example, Jensen et al. (1999) described two distinct models of research relevant to nationally funded treatment and prevention intervention research (e.g., by the National Institutes of Health).

The first and most prominent model they described was efficacy research (Jensen et al., 1999), a model that focuses on generating knowledge of the efficacy of intervention strategies primarily developed by funded research evaluated in well-controlled studies conducted in university clinic and laboratory settings. The profusion of funded efficacy research has resulted in substantial support for the efficacy of a wide range of treatment and prevention interventions for youth under the problem/risky behavior reduction model, at least when conducted under well-controlled conditions (Ferrer-Wreder, Stattin, Lorente, Tubman, & Adamson, 2004; Kazdin & Weisz, 1998; Ollendick, King, & Chorpita, 2006). One consequence of the emphasis on the use of rigorous experimental procedures to control for unwanted sources of variation in research designs has been that when applied in real-world settings (i.e., without benefit of experimental control), the effectiveness of such interventions has been of concern. That is, they have proven difficult to transport into usual-care practice because the utility and validity of the resulting interventions, when applied in real-world settings, is unclear. Consequently, a gap has emerged between evidence for the efficacy of the interventions when they were being developed in controlled clinic or laboratory settings and evidence for their effectiveness when they were applied in real-world settings without the advantages of control (J. R. Weisz, Donenberg, Han, & Kauneckis, 1995). Furthermore, there is currently little evidence that the gap has narrowed very much over the last decade (Spoth, Greenberg, Bierman, & Redmond, 2004).

Moreover, as Spoth et al. (2004) have pointed out, too frequently efficacious interventions implemented in schools and communities through grant funding fail to survive the withdrawal of that funding (Adelman & Taylor, 2003). A chief reason for the limited sustainability of interventions begun by research projects may be because successful research implementation of the project does not build the local ownership and infrastructure capacity required for the institutionalization of interventions (see Lerner, 1995).

A second and far less prominent model was referred to as outreach research, a model that has been rarely and poorly funded relative to the

efficacy research model. In contrast to theory-driven clinic or lab-based efficacy research and effectiveness research as an extension of this process (Schoenwald & Hoagwood, 2001), outreach research adopts an alternative perspective and starting point. Outreach research uses a bottom-up rather than a top-down approach to developing intervention strategies (Kurtines & Silverman, 1999; Silverman & Kurtines, 1997). Outreach research emerges out of and remains in community or usual-care practice settings because it is rooted in local and particular needs in real-world community settings. Because such intervention strategies initially emerge to meet local and particular needs and are implemented and evaluated in real-world community settings with respect to their capacity to do so from the beginning, effectiveness is built into intervention strategies developed under this model. Therefore, there is no need to address issues of transportability, dissemination, and implementation, because such approaches have never been in a clinic or lab from which they have to be transported.

Another distinct advantage of a community-supported outreach research program is that this long-term commitment also creates the potential for addressing (in ways that are typically more difficult and costly to address by short-term, externally funded projects) long-term, research-related-knowledge development goals for the field. Because of its long-term community commitment, an important advantage of outreach research is its use of both short-term designs (i.e., randomized clinical trials or quasi-experimental) *and* long-term designs (i.e., multistage longitudinal *and* comparative) in evaluating long-term, community-supported outreach programs for both internal *and* external validity. Moreover, with respect to external validity, employing “long term” designs are useful in evaluating not only the “efficacy” of a DIS program’s specific intervention strategies, but also in evaluating the “effectiveness” of its service delivery program (Arnett, Kurtines, & Montgomery, 2008, this issue).

We do not suggest outreach effectiveness research as a replacement for efficacy research. On the contrary, it should be employed *in addition to* efficacy research. Outreach research is viewed as an approach to be employed in ways that are contingently and contextually complementary to efficacy research. A view of efficacy and outreach research as complementary is consistent with this tradition and suggests that a researcher’s choice of intervention development strategy (e.g., efficacy research *or* outreach research *or* mixed efficacy/outreach research) is (or should be) contingent upon factors relevant to the research issue in question, that is, type of problem (narrowband vs. broadband), type of intervention (treatment, prevention, positive development), type

of outcome (short-term, long-term), the type of population (child, youth, adult, elderly), and/or the level of implementation (public sector vs. private sector).

In addressing a relatively narrowband and short-term problem (e.g., symptom/risk reduction), for example, a researcher might choose to initially develop and refine an approach under relatively controlled settings in a university clinic or laboratory setting and subsequently extend that approach to usual-care practice in the community (i.e., efficacy/effectiveness research as defined in the current literature). On the other hand, in addressing a relatively broadband and long-term problem in the public sector (changing negative life-course trajectories in troubled youth in multicultural urban communities undergoing social transition), a researcher might choose to first develop and refine an approach under relatively uncontrolled settings in real time in a real-world community setting, then establish its basic utility and validity under those conditions, and finally conduct a long-term outcome evaluation of the program itself as well as the program participants, that is, outreach research as defined in the emerging literature. As described here, we adopted this approach in our work.

As noted previously, there has been a differential pattern of nationally funded research that targets relatively narrowband and short-term problems (e.g., symptom/risk reduction) over the past decades, with a strong tendency to focus on developing intervention approaches under relatively controlled settings and subsequently seeking to extend them to usual-care practice in the community (i.e., efficacy/effectiveness research). A concomitant pattern of disappointing outcome results and little evidence for the sustainability of interventions developed under this approach in usual-care practice in community settings prompted a call for an expansion of approaches. Jensen et al. (1999) made this point specifically concerning the need for outreach research. They noted with respect to the question of how many youth intervention programs have successfully addressed issues of feasibility, sustainability, affordability, and so forth, the current answer is “very few (if any), indeed.” To change this to “many, if not most,” Jensen et al. acknowledged that new approaches are needed and that more effective partnerships need to be created between universities and communities. When it comes to research that is pertinent to the promotion of youth development, Jensen et al. also believe that there must be a qualitative change in the way universities interact with communities (cf. Eccles, 1996; McHale & Lerner, 1996).

Jensen et al. (1999) acknowledged that university-community partnerships should be based on research-related principles that maximize internal validity. However, they propose that to be effective, such university-community collaborations should also be based on research-related principles

that (1) enhance the focus on external validity and on the pertinence of research to the actual ecology of human development (Bronfenbrenner, 1979; Hultsch & Hickey, 1978); (2) incorporate the values and needs of community collaborators within research activities (Kellogg Commission on the Future of State and Land-Grant Colleges, 1999; Spanier, 1999); (3) utilize a full conceptualization and assessment of outcomes, that is, a commitment to understanding thoroughly both the direct and the indirect effects of an intervention on youth and their context and to measuring these outcomes; (4) display a willingness to make modifications to research methods in order to fit the circumstances of the local community (Weiss & Greene, 1992); and (5) embrace a long-term perspective, that is, the commitment of the university and its programs to remain in the community for a time period sufficient to see the realization of community-valued developmental goals for its youth.

To this, Lerner et al. (2000) add that the principles of “best practice” articulated by Jensen et al. (1999) may be merged with or, perhaps better, built upon those discussed by Eccles (1996) and McHale & Lerner (1996). These principles include colearning (between two expert systems—the community and the university); humility on the part of the university and its faculty so that true colearning and collaboration among equals can occur; and cultural integration, so the university and community can recognize and appreciate each other’s perspective.

It has been proposed (Lerner et al., 2000) that through the conduct of research consistent with the outreach frame described by Jensen et al. (1999), the blurring of the distinctions between science and practice in developmental science will be facilitated. Moreover, such scholarship will provide needed vitality for future progress in the field of human development and, according to Lerner et al., for the very viability of the academy (Eccles, 1996).

References

- Adelman, H. S., & Taylor, L. (2003). On sustainability of project innovations as systemic change. *Journal of Educational & Psychological Consultation, 14*(1), 1-25.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*, 469-480.
- Arnett, J. J., Kurtines, W. M., Montgomery, M. J. (Eds.) (2008, this issue). Promoting positive youth development [Special issue]. *Journal of Adolescent Research, 23*.
- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist, 34*(10), 844-850.
- Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H., & Hawkins, J. D. (1999). *Positive youth development in the United States: Research findings on evaluations of*

- positive youth development programs*. Washington, DC: U.S. Department of Health & Human Services.
- Damon, W. (2004). What is positive youth development? *Annals of the American Academy of Political & Social Science*, 591, 13-24.
- Eccles, J. S. (1996). The power and difficulty of university-community collaboration. *Journal of Research on Adolescence*, 6, 81-86.
- Ferrer-Wreder, L., Stattin, H., Lorente, C. C., Tubman, J., & Adamson, L. (2004). *Prevention and youth development programs: Across borders*. New York: Kluwer Academic/Plenum.
- Holmbeck, G. N. (2002). A developmental perspective on adolescent health and illness: An introduction to the special issues. *Journal of Pediatric Psychology*, 27, 409-416.
- Hultsch, D. F., & Hickey, T. (1978). External validity in the study of human development: Theoretical and methodological issues. *Human Development*, 21, 76-91.
- Jensen, P., Hoagwood, K., & Trickett, E. (1999). Ivory towers or earthen trenches? Community collaborations to foster "real world" research. *Applied Developmental Science*, 3(4), 206-212.
- Kazdin, A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology*, 66(1), 19-36.
- Kellogg Commission on the Future of State and Land-Grant Colleges. (1999). *Returning to our roots: The engaged institution*. Washington, DC: National Association of State Universities and Land-Grant Colleges.
- Keys, S. G., Bemak, F., & Lockhart, E. J. (1998). Transforming school counseling to serve the mental health needs of at-risk youth. *Journal of Counseling and Development*, 76, 381-388.
- Kurtines, W. M., & Silverman, W. K. (1999). Emerging views of the role of theory. *Journal of Clinical Child Psychology*, 28, 558-562.
- Lerner, R. M. (1995). The place of learning within the human development system: A developmental contextual perspective. *Human Development*, 38(6), 361-366.
- Lerner, R. M. (2005, September). *Promoting positive youth development: Theoretical and empirical bases*. White paper: Workshop on the Science of Adolescent Health & Development, NRC/Institute of Medicine. Washington, DC: National Academies of Science.
- Lerner, R. M., Fisher, C. B., & Weinberg, R. A. (2000). Toward a science for and of the people: Promoting civil society through the application of developmental science. *Child Development*, 71(1), 11-20.
- Masten, A. S., & Coatsworth, D. J. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, 53(2), 205-220.
- McHale, S. M., & Lerner, R. M. (1996). University-community collaborations on behalf of youth. *Journal of Research on Adolescence*, 6, 1-7.
- Ollendick, T. H., King, N. J., & Chorpita, B. F. (2006). Empirically supported treatments for children and adolescents. In P. C. Kendall (Ed.), *Child and adolescent therapy: Cognitive-behavioral procedures* (3rd ed., pp. 492-520). New York: Guilford.
- Roth, J., Brooks-Gunn, J., Murray, L., & Foster, W. (1998). Promoting healthy adolescents: Synthesis of youth development program evaluations. *Journal of Research on Adolescence*, 8, 423-459.
- Roth, J. L., & Brooks-Gunn, J. (2003). What exactly is a youth development program? Answers from research and practice. *Applied Developmental Science*, 7, 94-111.
- Schoenwald, S. K., & Hoagwood, K. (2001). Effectiveness, transportability, and dissemination of interventions: What matters when? *Psychiatric Services*, 52, 1190-1197.
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410-421.

- Silverman, W. K., & Kurtines, W. M. (1997). Theory in child psychosocial treatment research: Have it or had it? A pragmatic alternative. *Journal of Abnormal Child Psychology*, 25, 82-94.
- Spanier, G. B. (1999). Enhancing the quality of life: A model for the 21st century land-grant university. *Applied Developmental Science*, 3(4), 199-205.
- Spoth, R., Greenberg, M., Bierman, K., & Redmond, C. (2004). PROSPER community-university partnership model for public education systems: Capacity-building for evidence-based, competence-building prevention. *Prevention Science*, 5(1), 31-39.
- Weiss, H. B., & Greene, J. C. (1992). An empowerment partnership for family support and education programs and evaluations. *Family Science Review*, 5, 131-148.
- Weisz, J. R., Donenberg, G. R., Han, S. S., & Kauneckis, D. (1995). Child and adolescent psychotherapy outcomes in experiments versus clinics: Why the disparity? *Journal of Abnormal Psychology*, 23(1), 83-106.
- Weisz, K. R., & Hawley, J. (2002). Developmental factors in the treatment on adolescents. *Journal of Consulting & Clinical Psychology*, 70(1), 21-43.