



Positive Youth Development Programs in the U.S: History and Effects on Adolescent Reproductive Health

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I am a board member of the Channing Bete Company, publisher of Staying Connected with Your Teen, Supporting School Success, and Guiding Good Choices used in two of 30 programs reviewed

Brief History of Positive Youth Development Programs: United States Experience

- Early 1900's Adolescence emerges as a distinct stage of development
- Service programs, YM(W)CA, Scouting, Boys and Girls Clubs, develop, education extended to be more universal
- 1950's Juvenile crime intervention and treatment programs first supported by government
- 1950-1970 Treatment programs for adolescents expand to substance use, conduct disorder, academic failure, teen pregnancy
- Mid 1960's-mid 1970's Prevention programs focused on a single problem begin to be developed, most ineffective
- Mid 1970's-1980's Prevention programs begin to focus on precursors of a single problem, some successes occur
- Late 1980's-early 1990's Critiques begin of single problem approach to prevention

Critiques of the Single Problem Behavior Focus of Early Prevention Programs

Practitioners and Policy Makers

- Focus on single problems ignores the whole child.
- Focus on the individual and downplays the role of the environment.
- Developmental needs and competencies ignored.
- Problem-free does not mean fully prepared or healthy.
- Separates promotion from prevention.

Prevention Scientists

- Overlapping risk and protective factors predict diverse problems.
- Risk and protective factors located in individual and environment.
- Developmental needs, processes and tasks often ignored.
- Protective factors often not addressed.

Recommendations for a Broader Conception of Youth Development

Practitioners/Policy Makers Prevention Scientists

- Focus on whole child
 - Focus on developmental needs and challenges.
 - Focus on the individual as well as environment.
 - Address cultural competence in program delivery
 - Include promotion and prevention.
- Address risk and protective factors for multiple problems
 - Address risk and protective factors during critical developmental periods
 - Engage multiple socialization units.
 - Understand developmental epidemiology of the community target population.
 - Include those at greatest risk.



Convergence in critiques and recommendations led DHHS Assistant Secretary for Planning and Evaluation to commission the first review of youth development program efficacy (Catalano et al., 1998)

Positive Youth Development (PYD) Concepts

- Reviewed literature that described youth development approach (1996)
- Identified concepts being discussed to define the purview of this developing field
- Augmented through subsequent national and international reviews eg., Annenberg-Sunnylands Task Force on PYD (Seligman, Berkowitz , Catalano et al., 2005)

Positive Youth Development *Concepts*

- Social, emotional, behavioral, cognitive and moral competence
 - Self-efficacy
 - Positive emotions
 - Clear and positive identity
 - Opportunities for positive social involvement and contribution
 - Recognition for positive behavior
 - Bonding
 - Positive norms
 - Self-determination
 - Belief in the future
 - Spirituality/Moral Development
 - Resiliency
 - Life satisfaction
- Catalano et al., 1998; 2002;**
Seligman, Berkowitz , Catalano et al., 2005;
Shek et al., 2007;
Catalano, Hawkins & Toumbourou, 2008

1998 PYD Review Results

25 of 77 Positive Youth Development Programs met the inclusion criteria and had evidence of effectiveness (Catalano et al., 1998)

Several subsequent articles continued the dialogue to translate this work to other fields including moral development (Catalano, Hawkins and Toumbourou, 2008), mental health (Seligman et al., 2005), positive psychology (Catalano and Toumbourou, 2009), as well as respond to comments from the field (Catalano and Hawkins, 2002)

2010 PYD Review

Sponsored by Centers for Disease
Control and Prevention

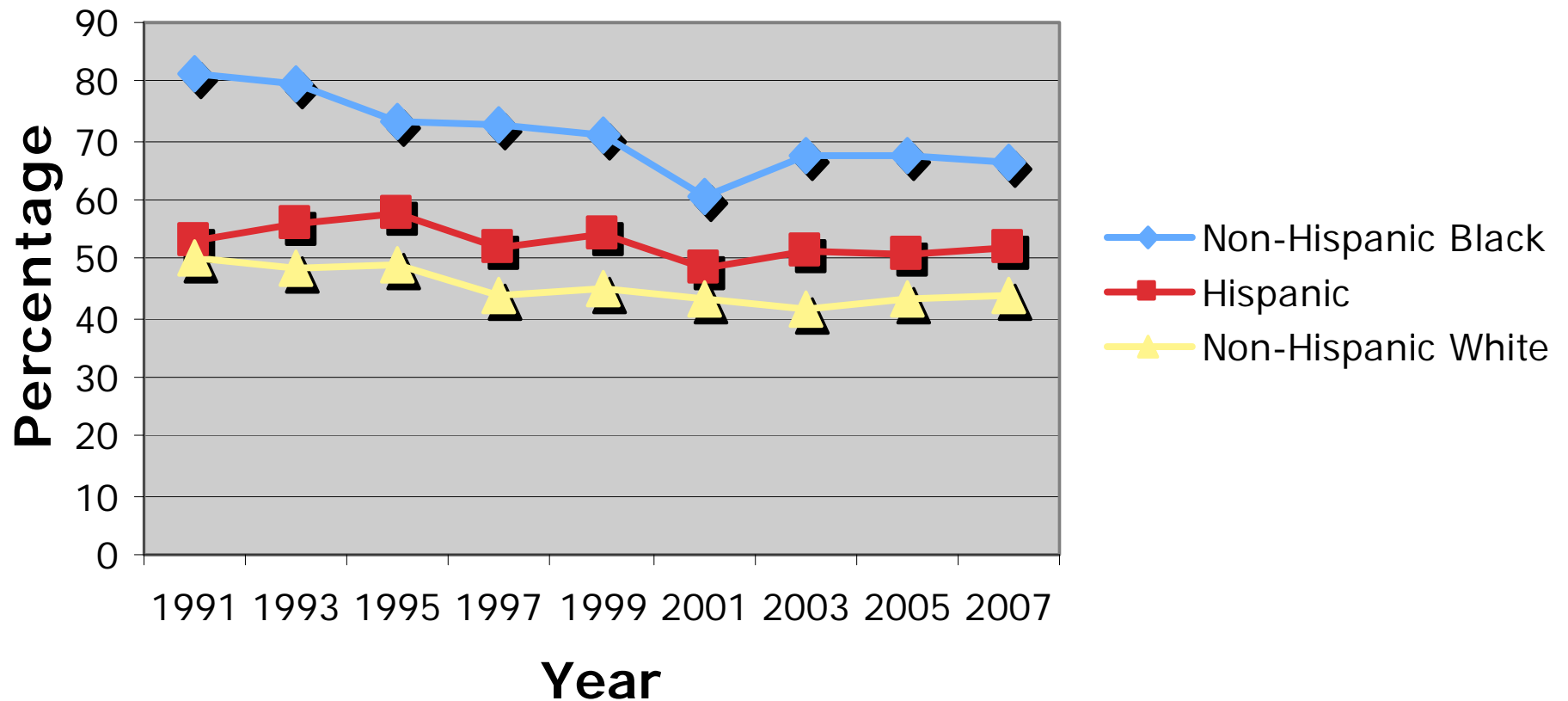
CDC and University of Texas Health
Sciences Center collaboration

Role as senior advisor

Focus on PYD studies with adolescent
reproductive health outcomes

Gavin, Catalano, David-Ferdon, Gloppen, Markham, 2010. **A review of positive youth development programs that promote adolescent sexual and reproductive health.** Journal of Adolescent Health, 46 (3 Suppl. 1)*

Percentage of high school students ever having had sex, by race/ethnicity and year--U.S., YRBS, 1991-2007



Why is Adolescent Sexual and Reproductive Health a Public Health Concern?

- 750,000 teens get pregnant every year
- 1 in 4 young women (26%) aged 14-19 years – or 3.2 million teenage girls – is infected with at least one of the most common sexually transmitted infections (STI)

Inclusion Criteria*: Program Characteristics

- Addresses one PYD “concept” in multiple socialization domains (family, school or community), or two or more concepts in one socialization domain
- At least 50% of program activities focus on promoting general PYD concepts (v. focus on direct sexual health content)
- Program focused on promotion or prevention
- Youth were less than 20 years of age

*Adapted from Catalano et al 1998

Inclusion Criteria: Study Methods

The evaluation must have:

- An experimental or quasi-experimental design
- Appropriate statistical methods
- An appropriate unit of analysis
- Assessed the program's impact on at least one reproductive health outcome measured during adolescence (e.g., sexual initiation, use of condom of birth control, pregnancy, STI)

Review Methods

- Electronic search of 8 online databases plus review of grey literature (1985-2007)
- Identified studies summarized using a standard review form
- Each summary prepared independently by two reviewers who then met to reach consensus
- Program summaries were confirmed by original program developers (~70%)

Results

- 30 PYD programs met the eligibility criteria
- 15 of 30 programs improved at least one reproductive health outcome:
 - Delayed initiation of sexual intercourse (7)
 - Decreased frequency or recency of sex (3)
 - Increased use of birth control or condoms (6)
 - Decreased number of sexual partners (2)
 - Fewer pregnancies or births (6)
 - Fewer reported STIs (2)
- Most efficacious programs sustained impact well beyond the end of intervention
- Many affected other youth outcomes

Effective Programs

Pre-and Elementary School Age

PYD Program

ARH outcomes

Other outcomes

Abecedarian Project
(Campbell, Ramey et al., 2002)

Teen birth

Academic achievement, employment, substance use

High/Scope Perry
Preschool
(Schweinhart et al., 1992, 2005)

Teen pregnancy

Crime, academic achievement, family relationships, substance use, employment

Seattle Social
Development Project
(Hawkins et al., 1999; Lonczak, Hawkins et al., 2005; 2008)

Ever sex, # of partners, delayed initiation, condom use, STI, pregnancy or birth

Academic achievement, high school graduation, crime/delinquency, violence, mental health, SES

Effective Programs Middle School Age

PYD Program

ARH outcomes

Other outcomes

Aban Aya – SCI
(Flay et al., 2004)

Recent sex, condom
use

Violence, school
delinquency, substance use

Reach for Health (O'Donnell
et al., 1998, 2002)

Recent sex, ever sex

Violence

Adult Identity Mentoring
(Clark et al., 2005)

Ever sex

Academic achievement,
school suspensions

Gatehouse Project
(Patton et al., 2006)

Ever sex

Substance use, antisocial
behavior

Keepin' it REAL
(Dilorio et al., 2002; 2006)

Condom use last sex

Staying Connected with
Your Teen (Haggerty et al.,
2007)

Ever sex

Substance use, violence

New Beginnings
(Wolchik, Sandler et al., 2002, 2007)

of partners

Mental health, substance
use

Effective Programs Middle – High School Age

PYD Program

ARH outcomes

Other outcomes

Teen Incentives Program
(Bayne Smith, 1994)

Frequency of sex,
contraception use

Adolescent Sibling
Pregnancy
Prevention
(East et al., 2003)

Ever sex, pregnancy,
condom use

Substance use, gang
activity, school
truancy

CAS-Carrera Program
(Philliber et al., 2002)

Ever sex, contraception
or condom use, teen
pregnancy

Familias Unidas
(Prado et al, 2007)

STI, unprotected sex

Substance use

Teen Outreach Program
(Allen, Philliber et al., 1997)

Teen pregnancy

Academic achievement

Characteristics of Youth Served by Efficacious Programs

- Most programs targeted youth exposed to multiple risk factors (e.g., poor, living in disorganized neighborhoods, single-parent households, siblings of parenting teens, school drop outs, children of divorce)
- 14 of 15 programs delivered to mixed gender groups of youth
- 8 of 15 focused on a single racial/ethnic group:
 - African American 5 programs
 - Latino/a 1 program
 - White 2 programs

PYD Concepts Addressed among Efficacious Programs

# programs	PYD Concepts
Half or more	Bonding, opportunities for prosocial involvement, cognitive competence, social competence, emotional competence, belief in the future, self determination
One-third	Behavioral competence, moral competence, self-efficacy, prosocial norms
One-quarter	Clear and positive identity
None	Spirituality



Seattle Social Development Project (SSDP): Example of PYD Long Term Effects

Investigators:



Funded by:

National Institute on Drug Abuse, Office of Juvenile Justice and Delinquency Prevention, Robert Wood Johnson Foundation, National Institute on Alcoholism and Alcohol Abuse, National Institute on Mental Health, Burlington Northern Foundation, Seattle Public Schools



SSDP Design

- Quasi-experimental study
- 18 elementary schools assigned to 3 conditions

Full treatment (grades 1-6)	n=	149
Late treatment (grades 5-6)	n=	243
Control	n=	206
- 77% of the 5th grade student population constitute the longitudinal study sample
- At least 91% of students retained at ages 18-30

S D

R G

SSDP Addressed PYD Concepts

- x ■ Social, emotional, behavioral, cognitive and moral competence
- x ■ Self-efficacy
- Positive emotions
- Clear and positive identity
- x ■ Opportunities for positive social involvement
- x ■ Recognition for positive behavior
- x ■ Bonding
- x ■ Positive norms
- Self-determination
- x ■ Belief in the future
- Spirituality
- Resiliency
- Life satisfaction

S	D
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SSDP Also Addressed Risk Factors

Risk Factors		Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Depression & Anxiety	Violence
Family							
X	Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
X	Family Management Problems	✓	✓	✓	✓	✓	
X	Family Conflict	✓	✓	✓	✓	✓	✓
X	Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	
School							
X	Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
X	Lack of Commitment to School	✓	✓	✓	✓	✓	
Individual/Peer							
X	Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
	Alienation and Rebelliousness	✓	✓		✓		
X	Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
X	Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓		
X	Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓	
	Constitutional Factors	✓	✓			✓	✓

Family

School

Individual/Peer

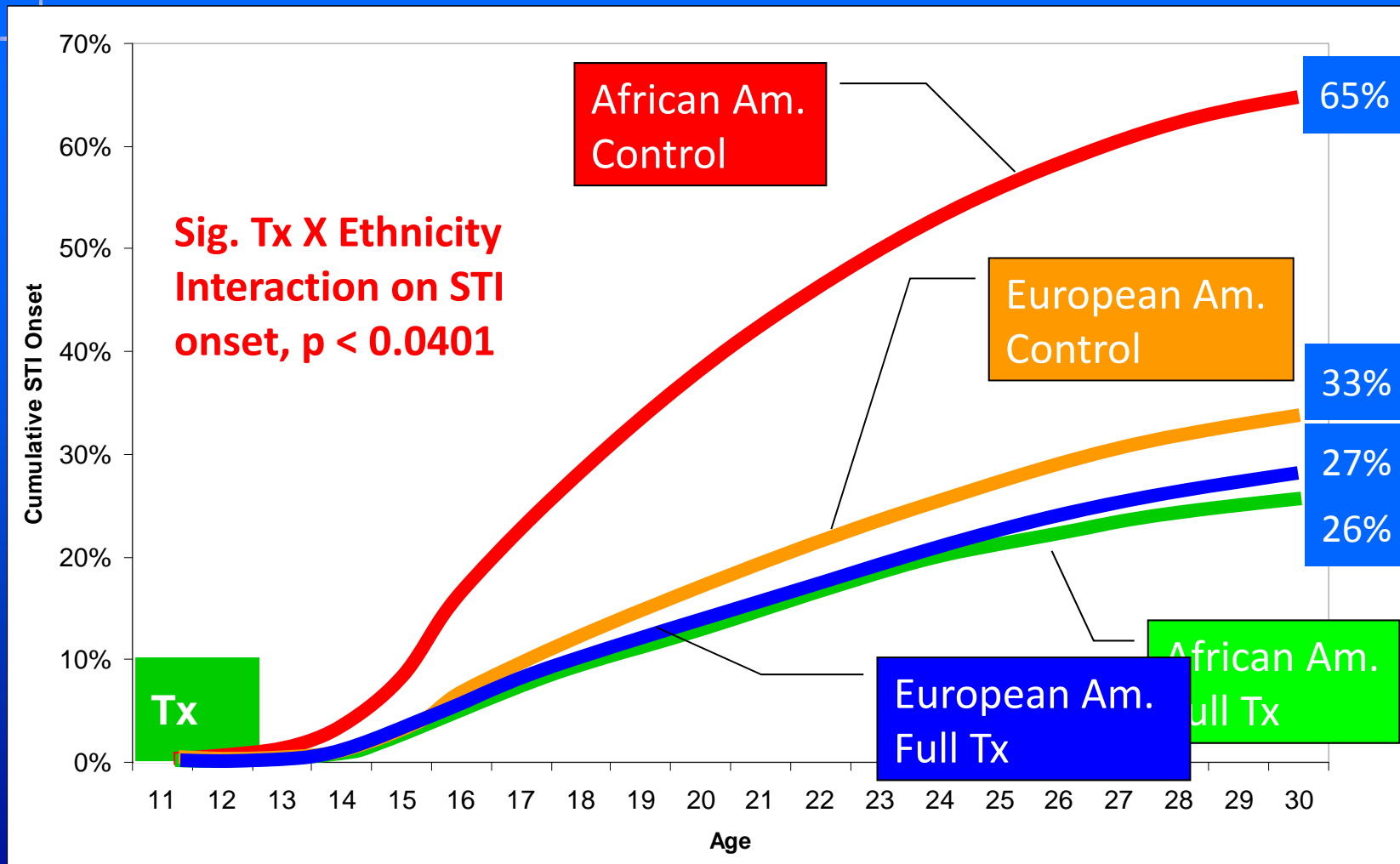
SSDP

Intervention Components

- Component One: *Teacher Training in Classroom Instruction and Management*
- Component Two: *Parent Training in Behavior Management and Academic Support*
- Component Three: *Child Social, Emotional and Cognitive Skill Development*



SSDP Reduced Disparities in Sexually Transmitted Infections



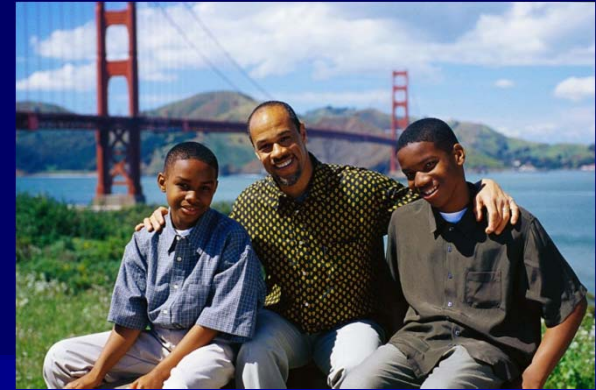
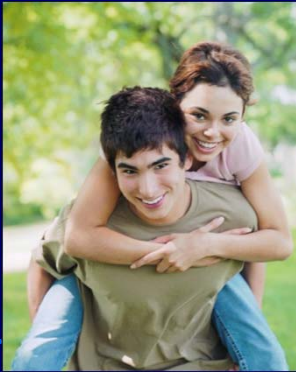
Conclusions

There is evidence that PYD programs:

- Promote adolescent reproductive health, and many promote other positive outcomes as well
- Have a relatively robust and sustained impact
- Have the potential to reduce health disparities

Recommendations

- Support implementation of PYD programs with evidence of promoting ASRH (eg., Office of Adolescent Health Initiative on evidence based teen pregnancy prevention)
- Support dissemination/implementation research of these programs
- Support identification of more PYD programs that promote ASRH; evaluate new & existing programs
- Encourage measurement of multiple outcomes so the full impact of PYD programs can be discovered



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