Literature Review
Positive Youth Development

What Is Positive Youth Development?

Positive youth development (PYD) is a holistic approach that focuses on the developmental characteristics—physical, personal, social, emotional, intellectual, and spiritual—that lead to positive outcomes and behaviors among young people (Durlak et al., 2007; Heck & Subramaniam, 2009). Proponents of PYD consider youths as resources to be developed (Lerner et al., 2005). They believe that in order to promote optimal development, interventions and preventive measures should focus on the behaviors and environmental factors—including protective factors—that help young people be resilient and thrive as they transition to adulthood. In short, PYD is a strengths-based, positive model of adolescence that recognizes one’s potential for change in adolescence and throughout life.

This approach represents an important shift from a previously widespread understanding of adolescence as a tumultuous period, in which youths are prone to or at risk of unhealthy or maladaptive behavior, especially as a result of biological factors. Under this model, optimal development meant the avoidance of unhealthy or maladaptive behaviors—for example, not using drugs or alcohol, engaging in unsafe sex, and participating in crime or violence (Lerner et al., 2005). This deficit model of development focused on deterring problematic behavior and reducing risk exposure by regarding adolescents as “problems to be managed” (Roth & Brooks-Gunn, 2003, p. 172).

However, as Hilliard and colleagues (2014) pointed out, mounting evidence did not support the deficit model; most youths develop along different trajectories. In fact, even those who have experienced trauma or other adversity can avoid negative outcomes as a result of protective factors, such as involvement in positive activities, support from caring adults, and economic opportunity (Development Services Group, 2013).

It is now understood that successfully transitioning to adulthood requires more than avoiding problematic behavior (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). For, as Pittman, Irby, Tolman, Yohalem, and Ferber (2003) noted, “problem-free is not fully prepared” (p. 6). Since societies have a vested interest in ensuring that young people grow to lead healthy, satisfying, and productive lives as adults, they need to help today’s youths navigate the many obstacles they face, which include “time-crunched parents, dangerous substances and behaviors, overburdened schools, and a more demanding job market” (Roth & Brooks-Gunn, 2003, p. 170).
The Five Cs of Positive Youth Development

Several frameworks for conceptualizing PYD exist (see Lerner, Phelps, Forman, & Bowers, 2009). The framework with the most empirical support is the “Five Cs Model of Positive Youth Development,” first tested by Lerner and colleagues in 2005 (Heck & Subramaniam, 2009; Bowers et al., 2010). Table 1 below lists the Five Cs and their working definitions.

<table>
<thead>
<tr>
<th>Five Cs</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence</td>
<td>Positive view of one’s actions in domain-specific areas including social, academic, cognitive, and vocational. Social competence pertains to interpersonal skills (e.g., conflict resolution). Cognitive competence pertains to cognitive abilities (e.g., decision making). School grades, attendance, and test scores are part of academic competence. Vocational competence involves work habits and career choice explorations.</td>
</tr>
<tr>
<td>Confidence</td>
<td>An internal sense of overall positive self-worth and self-efficacy; one’s global self-regard, as opposed to domain-specific beliefs.</td>
</tr>
<tr>
<td>Connection</td>
<td>Positive bonds with people and institutions that are reflected in bidirectional exchanges between the individual and peers, family, school, and community in which both parties contribute to the relationship.</td>
</tr>
<tr>
<td>Character</td>
<td>Respect for societal and cultural rules, possession of standards for correct behaviors, a sense of right and wrong (morality), and integrity.</td>
</tr>
<tr>
<td>Caring (Compassion)</td>
<td>A sense of sympathy and empathy for others.</td>
</tr>
</tbody>
</table>

Table 1. Working Definitions of the Five Cs of Positive Youth Development (adapted from Lerner et al., 2005)

Lerner et al. (2005) hypothesized that the more that young people exhibited these Five Cs, the likelier they would be to develop into adults who lead healthy, satisfying, and productive lives, and make a positive contribution (a sixth C) to themselves, family, community, and civil society institutions. Lerner, Lerner, and colleagues (2013) found that higher scores on PYD, as measured by the Five Cs, are negatively correlated with risk or problem behaviors.

Evidence-Based Positive Youth Development Programming

Successful youth development programs promote positive attributes and prevent problematic attributes (Hilliard et al., 2014). Specifically, they seek to achieve one or more of the following objectives: promote bonding, social competence, emotional competence, cognitive competence, behavioral competence, and moral competence; foster resilience, self-determination, spirituality, self-efficacy, clear and positive identity, belief in the future, and prosocial norms; and provide recognition for positive behavior and opportunities for prosocial involvement (Catalano et al., 2004).

PYD prevention and intervention programs are as diverse as they are numerous. They typically occur in three different contexts—family, school, and community—and can target the individual, a system, or both (Durlak et al., 2007). Koball and colleagues (2011) distinguished between the following two types of interventions: 1) those that focus on increasing resilience by improving young people’s overall social and emotional well-being, and 2) those that help...
young people develop the knowledge, skills, and resources needed to succeed in school and at work.

**Interventions to Increase Resilience**

Interventions to increase resilience aim to reduce problem behaviors; promote psychological well-being; and help young people form stable attachments, especially through mentoring, with caring adults (Koball et al., 2011).

**Cognitive Behavioral Therapy**

According to Crawley, Podell, Beidas, Braswell, and Kendall (2012), “Various forms of cognitive behavioral therapy have a common goal to help [youth] develop a constructive worldview and a problem-solving attitude” (p. 375). Therapies—such as cognitive restructuring, relaxation training, role play, and mode deactivation therapy—have been shown to be effective in helping young people with a host of behavioral issues, including anxiety, depression, aggressive behavior, exposure to trauma, suicide, and attention-deficit/hyperactivity disorder (Apsche, Bass, & DiMeo, 2010; Cary & McMillen, 2012; Ebert, Zarski, Christensen, Stikkelbroek, Cuijpers, Berking, & Riper, 2015; Klein, Jacobs, & Reinecke, 2007; Mychailyszyn, Brodman, Read, & Kendall, 2012; Ougrin, Tranah, Stahl, Moran, & Asarnow, 2015; Taylor & Montgomery, 2007; Thoder & Cautilli, 2011).

**Multisystemic and Functional Family Therapy**

Multisystemic and functional family therapy are two widely used interventions shown to reduce aggression and antisocial behavior (Sexton & Turner, 2010). They are also comparable in improving outcomes, including reducing substance abuse and criminal recidivism among juvenile offenders (Waldron & Turner, 2008; Baglivio, Jackowski, Greenwald, & Wolff, 2014). In addition, multisystemic therapy has been found to be more effective than psychiatric hospitalization in reducing suicidal behavior (Huey et al., 2004).

Multisystemic therapy is an intensive treatment program—the therapist is available at all hours—intended to promote positive social behavior and decrease antisocial behavior within the family, school, and community. It typically involves an initial evaluation to determine the goals of the therapy for the family, individual therapy with the juvenile and family members, peer interventions, crisis stabilization, and case management over several months (MST Services International, 2007).

Similarly, functional family therapy is multisystemic; however, its focus is more limited to engaging the juvenile and family members. Treatment occurs over three phases. In the first phase, the therapist works with the juvenile and the family to establish credibility, set expectations, and begin to address maladaptive perceptions, beliefs, and emotions. During the second phase, the therapist develops and implements tailored behavioral change plans for the juvenile and family members. In the third and final phase, the focus is on generalizing and maintaining positive behavioral changes (Sexton & Alexander, 2000).
Mentorship
Mentorship programs, such as Big Brothers Big Sisters of America, pair young people with caring, supportive adults who serve as role models. In a meta-analysis of 73 mentoring programs, authors DuBois, Portillo, Rhodes, Silverthorn, and Valentine (2011) found mentoring to be effective in improving participants’ outcomes across behavioral, social, emotional, and academic domains. They also found that mentoring programs involving older peers as mentors or group formats were just as effective as those that paired youths with adults. The researchers cautioned, however, that these mentoring programs only showed modest gains in outcomes.

DuBois and colleagues (2011) found that mentoring programs are more likely to be effective when

- Participating youths have either had pre-existing difficulties (including problem behavior, specifically) or been exposed to significant levels of environmental risk.
- Evaluation samples have included greater proportions of male youths.
- There has been a good fit between the educational or occupational backgrounds of mentors and the goals of the program.
- Mentors and youths have been paired based on similarity of interests.
- Programs have been structured to support mentors in assuming teaching or advocacy roles with youths.

Interventions to Develop Knowledge, Skills, and Resources
Interventions to develop the knowledge, skills, and resources that youths need to succeed in school and at work focus on increasing their human, social, cultural, and economic capital (Koball et al., 2011). These include educational programs for at-risk students, such as alternative schools; career-focused training in educational settings, such as vocational schools and community colleges; career and employment programs, such as career mentoring and internships; family-focused programs that encourage parental involvement in children’s education; and community-based programs that help young people access employment, training, educational, and supportive services.

Although these types of interventions may be beneficial to some individuals, empirical evidence of their effectiveness, especially experimental evidence, is lacking or inconclusive. For example, recent research on the efficacy of alternative schools has found that they may have some positive short-term effects (Development Services Group, 2013). Employment and vocational skills-training programs also seem to have “negligible or only very modest success” (Development Services Group, 2013).

---

1 “Human capital refers to individual-level skills, social capital refers to social connections that provide educational and employment opportunities, cultural capital refers to the knowledge of how educational and employment systems work, and economic capital represents the financial resources necessary to pursue education or job training” (Koball et al., 2000, p. 19).

NREPP Learning Center Literature Review: Positive Youth Development
Prepared in 2015 by Development Services Group, Inc., under contract no. HHSS 2832 0120 0037i/HHSS 2834 2002T, ref. no. 283–12–3702
Outcome Evidence

Mounting evidence suggests that PYD programs can nurture individual protective factors that both increase successes and positive outcomes and decrease problem behaviors (Benson & Saito, 2000).

Two of the first researchers (Conrad & Hedin, 1981) in this area studied 4,000 adolescents in 30 experiential education programs, using survey data. Six programs had comparison groups composed of students in nonexperiential programs. The researchers found that students in the treatment group demonstrated improvement in personal and social development, moral reasoning, self-esteem, and attitudes toward community service and involvement. Other early research on PYD demonstrated improved ego, moral development (Cognetta & Sprinthall, 1978), and sense of social responsibility and competence (Newman & Rutter, 1983).

A more recent series of studies has been published, based on findings from the 4-H Study of Positive Youth Development, which uses a longitudinal sequential design (Lerner et al., 2005). The first wave of data was collected on fifth graders in 2002–2003 and was designed to follow students through grade 12. As of 2013, the study included about 7,000 youths from 42 states. Findings from this study provide evidence for the Five Cs constructs, including the sixth C, contribution (Lerner et al., 2013).

Systematic reviews of studies on PYD have also indicated that it results in positive outcomes. Scales and Leffert (1999) reviewed several studies concerning the constructive use of time. The authors found that participation in these developmental activities produced several positive outcomes, including

- Increased safety
- Increased academic achievement
- Greater communication in the family
- Fewer psychosocial problems, such as loneliness, shyness, and hopelessness
- Decreased involvement in risky behaviors, such as drug use and juvenile delinquency
- Increased self-esteem, increased popularity, increased sense of personal control, and enhanced identity development
- Better development of life skills such as leadership and speaking in public, decision making, dependability, and job responsibility

Catalano, Berglund, Ryan, Lonczak, and Hawkins (2004) conducted an analysis of 25 program evaluations done by the Social Development Research Group at the University of Washington. The programs included in the analysis all concentrated on promoting competencies and social, emotional, or cognitive development and were evaluated using strong research designs. The analysis found that some of the programs improved many positive behaviors (self-control, assertiveness, problem solving, interpersonal skills, social acceptance, school achievement, completion of schoolwork, graduation rates, parental trust, self-efficacy, and self-esteem). In addition, the analysis found that these programs decreased negative behaviors (hitting; carrying weapons; vehicle theft; school failure; negative family events; teen pregnancy; skipping classes;...
school suspensions; and alcohol, tobacco, and other drug use). They noted that the themes common to successful programs included methods to

- Strengthen social, emotional, behavioral, cognitive, and moral competencies
- Build self-efficacy
- Shape messages from family and community about clear standards for youth behavior
- Increase healthy bonding with adults, peers, and younger children
- Expand opportunities and recognition for youth
- Provide structure and consistency in program delivery
- Intervene with youths for 9 months or longer (Catalano et al., p. 117).

Durlak and colleagues (2007) reviewed 526 studies that included universal competence promotion outcomes. Based on the 24 percent of studies that provided sufficient quantitative data to calculate effect sizes, the analysis found that some effect sizes were statistically significant, ranging from modest to large in magnitude. Durlak, Weissberg, and Pachan (2010) conducted a meta-analysis of afterschool programs that promoted personal and social skills in children. Their findings confirmed the positive outcomes of previous research. They found that, compared with controls, participants of the programs experienced significant reductions in their problem behaviors and significant increases in their self-perceptions and bonding to school, positive social behaviors, school grades, and levels of academic achievement (Development Services Group, 2013).

**Conclusions**

Developmental experts have rejected the nature versus nurture debate (Development Services Group, 2013), and have debunked the notion that adolescence is invariably a turbulent period in which all young people teeter on the precipice of delinquency. On the contrary, evidence of the impact of PYD prevention and intervention programs, of which there are many, demonstrates that young people should be considered assets, not problems to be managed.

**Additional Resources**

The Interagency Working Group on Youth Programs, composed of representatives from 18 federal agencies, supports youth-focused programs and services. Its website contains a variety of resources, including a section dedicated to PYD: [www.youth.gov/youth-topics/positive-youth-development](http://www.youth.gov/youth-topics/positive-youth-development).

The National Institute for Justice’s website, [www.crimesolutions.gov](http://www.crimesolutions.gov), is a clearinghouse for programs and practices to improve outcomes and reduce recidivism among criminal offenders, including juveniles. Based on empirical evidence, programs and practices are labeled *effective, promising, or no effects*. They are further distinguished by whether the evidence comes from one study or multiple studies.

The Institute for Applied Research in Youth Development at Tufts University, [http://ase.tufts.edu/iaryd/](http://ase.tufts.edu/iaryd/), led the recently concluded 4-H Study of Positive Youth Development, **NREPP Learning Center Literature Review: Positive Youth Development**

Prepared in 2015 by Development Services Group, Inc., under contract no. HHSS 2832 0120 0037i/HHSS 2834 2002T, ref. no. 283–12–3702
a longitudinal study that assessed key characteristics of PYD, including the Five Cs model of positive development.

The nonprofit Search Institute, www.search-institute.org, is a prominent researcher in PYD.

References


NREPP Learning Center Literature Review: Positive Youth Development
Prepared in 2015 by Development Services Group, Inc., under contract no. HHSS 2832 0120 0037i/HHSS 2834 2002T, ref. no. 283–12-3702
