

REDUCING ADOLESCENT RISK

TOWARD AN INTEGRATED
APPROACH

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Positive Youth Development Is Necessary and Possible

BRIAN R. FLAY

POSITIVE YOUTH DEVELOPMENT REQUIRES COMPREHENSIVE BEHAVIORAL AND EDUCATIONAL PROGRAMS

To date, most prevention, health promotion, character education, and social-emotional learning programs (and research) neglect the obvious link with academic achievement. We need to link prevention and health promotion with success in school and life. All good education needs to include content and programs to develop positive and successful youth. This need is urgent in our society today as the public and politicians demand more accountability.

Most education dollars today are targeted to improving basic reading, writing, and math skills and conducting testing to determine if learning is actually occurring.

Although the demands on schools are ever increasing, there are also increasing demands for family, community, and after-school programs. Communities are also in crisis, with adolescent behavior getting worse, and the opportunities for positive youth development decreasing.

Risky behaviors, unhealthy behaviors, antisocial behavior, poor mental health, and poor academic achievement remain highly prevalent and continue to pose critical dilemmas for parents and educators. I argue and present evidence that these problems are highly correlated, predict and are predicted by each other, have many of the same risk and protective factors, and severely limit success and happiness in life. The logical conclusion of all this is that we need to prevent problem behaviors by promoting positive behaviors in a comprehensive, coherent, and

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integrated approach rather than by the disjointed approach to prevention and promotion taken by education today. I present preliminary evidence that such an approach can effectively prevent multiple problem behaviors and increase multiple positive behaviors and achievement.

MANY KINDS OF BEHAVIORS ARE RELATED

Evidence

The idea that different adolescent problem behaviors cluster and have the same underlying causes has been evident for many years and is evident in several theories (Jessor & Jessor, 1977). There is less clear evidence supporting the idea of a health-enhancing lifestyle, although it is clear that all health-enhancing behaviors tend to correlate negatively with health-compromising behaviors among adults and younger adolescents (Donovan, Jessor, & Costa, 1993).

Increasingly, studies are also documenting the relationships between problem behaviors of many kinds and academic achievement (Bryant, Schulenberg, Bachman, O'Malley, & Johnston, 2000; Durlak, 1998; Radziszewska, Richardson, Dent, & Flay, 1996). Studies also show that self-concept and self-esteem are correlated with both problem behaviors and academic performance (Hansford & Hattie, 1982; Hoge, Smit, & Crist, 1995; Jones & Heaven, 1998; Purkey, 1970; Skaalvik & Valas, 1999; Symons, Cinelli, James, & Groff, 1997). Data also suggest a relationship between problem behaviors and poor mental health (e.g., affective disorders, anxiety disorders), especially in clinical samples, but also in population samples (Breslau, Kilbey, & Andreski, 1991; Radziszewska et al., 1996). Psychological well-being has been reported as a mediator between learning of personal competence skills and

reduced substance use (Griffin, Scheier, & Botvin, 2001).

Although evidence for relationships between behaviors is strong, the direction of the relationships is often unclear. Does poor academic achievement lead to increased disruptive behavior, violence, and/or substance use, or vice versa? Modern theories of behavioral development would suggest that these relationships are, in fact, bidirectional, with one causal direction being dominant at some developmental stages and the other direction at other developmental stages. Thus, I consider all the relationships between problem behaviors, mental health, healthy behaviors, and conventional social behaviors to be bidirectional. Furthermore, I consider positive development in all areas to be the primary determinants of a successful and happy life.

Implications of the Correlation of Behaviors

Because all adolescent behaviors are inter-related, future prevention and health promotion programs should address all youth behavioral development in a comprehensive and coherent way.

BEHAVIORS HAVE COMMON ETIOLOGY

Empirical Evidence

The empirical literature on predictors and causes of adolescent behaviors is vast (Durlak, 1998). To understand the mass of findings, reviewers have proposed various groupings of predictors, and in contrast to many other empirical literature, there is an emerging agreement about the major predictors of youth behavior across domains (Conrad, Flay, & Hill, 1992; Dahlberg, 1998; Hawkins, Catalano, & Miller, 1992; Mrazek & Haggerty, 1994; Petraitis, Flay, &

Miller, 1995). Three generally agreed-upon categories consist of (a) *individual/person* (biological makeup, personality, character traits, and prior behaviors), (b) *social situation/context* (including family, school, peers, and neighborhood), and (c) *broader socio-cultural environmental* influences (economic, political, religious, etc).

The more proximal the cause to a behavior, the more likely it is to be specific to that behavior. For example, attitudes toward violence will be predictive of violence but less predictive of substance use or mental health.

More distal influences, on the other hand, are likely to have more generalizable effects. Thus, school and home environment and parental involvement are associated with various factors affecting children's mental and physical well-being. A positive school environment both reduces the risk of substance use and delinquency (Battistich & Hom, 1997; Durlak, 1998) and improves academic achievement (Bulach, Malone, & Castleman, 1995). Parental involvement is also very important to a child's overall behavior in school, motivation to learn, grades and test scores, and long-term success (Zellman & Waterman, 1998).

A special case of distal influences concerns social disadvantage (education, income). Health-compromising behaviors seem to be a "patterned response" to disadvantaged social environments, with those from disadvantaged situations being less likely than those who are more advantaged to "mature out" of problem behaviors as they approach adulthood (Elliott, 1993). To the degree that low parental education and subsequent family poverty serves to place children at disadvantage, poor children may grow up with compromised social and economic skills.

Effects of poverty on academic achievement and children's risk for school dropout are well documented (Dubow & Ippolito, 1994). This is especially true for minorities, who represent one third of all work-age

youths (U.S. Bureau of the Census, 1994). Dropouts can expect a life of chronic unemployment or low-status, low-paying employment and disenfranchisement from society and its institutions (Steinberg, Blinde, & Chan, 1984). The resulting depressed self-esteem, dissatisfaction, and alienation experienced by many dropouts can escalate to disordered, aggressive behaviors and a greater probability of crime (Levin, 1972).

Theoretical Support

Many theories of youth risky behaviors have been proposed over the years (see Petraitis et al., 1995, for an extensive review). If research on youth problem and positive behavior is to advance, our theories need to be integrated with each other. Fortunately, a rapprochement among multivariate theories is possible because they are largely complementary, and where one theory is weak, another is usually strong. For instance, bonding theories can describe why adolescents become involved with deviant peers, social learning theories can describe how involvement with deviant peers affects an adolescent's beliefs about a particular behavior, and cognitive-affective theories describe how attitudes toward the specific behavior can affect the likelihood of the behavior. The one theory that comes closest to integrating all of the above theories, and that comprehensively accounts for the multiple empirical findings reviewed above, is the theory of triadic influence (TTI; Flay & Petraitis, 1994).

In its simplest form, TTI asserts that the various causes of behavior fall into three distinct "streams" of influence: (a) *intrapersonal factors* that affect behavior-specific *self-efficacy* or related approach and avoidance skills, (b) *social and interpersonal situations* that affect the social pressure adolescents feel to engage in problem behavior and their *social normative beliefs*, and

(c) *sociocultural-environmental contexts* that affect attitudes toward problem behavior (see Figure 36.1). Note the parallelism with the three classes of predictors of behavior noted earlier. Within each stream of influence, there are two substreams, representing control and affective factors (e.g., values and evaluations, bonding and motivation to comply, self-determination) and identity and cognitive factors (e.g., expectancies, normative beliefs, social skills). TTI then asserts that each stream flows through seven tiers of influence, ranging from a variety of *ultimate* and *distal* variables that might affect problem behavior only indirectly (e.g., parental divorce) to a few *proximal* variables that affect problem behavior fairly directly (e.g., smoking-related intentions). Consistent with cognitive-social theories, in TTI all predictors of behavior are ultimately mediated by the cognitive-affective construct of intentions (or decisions).

TTI further posits that each instance of a behavior has a feedback influence on its predictors (not shown in Figure 36.1). Thus, adolescents' experimentation with smoking might change their relationships with peers and family, their own perceptions of the physiological effects of smoking, and their "knowledge" about the personal and social effects of use. These changes might occur toward the top of streams of influence and then filter down just as original causes did. However, they might also occur at the proximal level—that is, smoking alters one's expectancies about and attitudes toward smoking, one's expectations of reinforcement from others, and one's self-efficacy for refusing offers to smoke.

TTI is one of the most comprehensive models of behavior to date, in that it provides a single, unifying framework that organizes the constructs from many other theories, including theories of social control and social bonding (Elliott, 1993), social development (Hawkins & Weis, 1985), peer

clustering (Oetting & Beauvais, 1986), personality (Kaplan, 1975), cognitive-affective predictors (Fishbein & Ajzen, 1975), social learning (Akers, Krohn, Lanza-Kaduce, Radosevich, 1979), social cognitive theory (Bandura, 1986), biological vulnerability (Sher, 1991), and other integrative theories (Jessor & Jessor, 1977). Furthermore, TTI also provides dozens of testable hypotheses about causal processes, including mediation, moderation, and reciprocal effects. Thus, TTI provides the framework for generating hypotheses and integrating results concerning direct and indirect effects, interactions between predictors, and feedback effects that represent the immediate and long-term consequences of prior behavior, including ongoing changes in problem behavior and its predictors. Indeed, the theory can be applied to all of the behaviors under consideration in this chapter. Note, however, that the more distal or ultimate the predictors, the more commonality they have with the multiple behaviors, and the more proximal the predictors, the more specific to the behavior they must be (Flay & Petraitis, 1994).

Implications of Common Etiology

All behaviors have many of the same causes, especially at the ultimate or distal levels. Social influences—families, schools, peers, neighborhoods, and communities—are particularly important during adolescence. All are amenable to health promotion and educational efforts. Thus, future prevention and health promotion programs need to involve whole schools, families, and communities in an integrated and coherent way. Classroom curriculum can teach content and social skills. To be most effective, curricula must be schoolwide, encompassing every grade level in a carefully scoped and sequenced (developmentally appropriate) way. Cultural appropriateness may also be important (Pasick, Otero-Sabogal, & D'Onofrio, 1996).

Intra-
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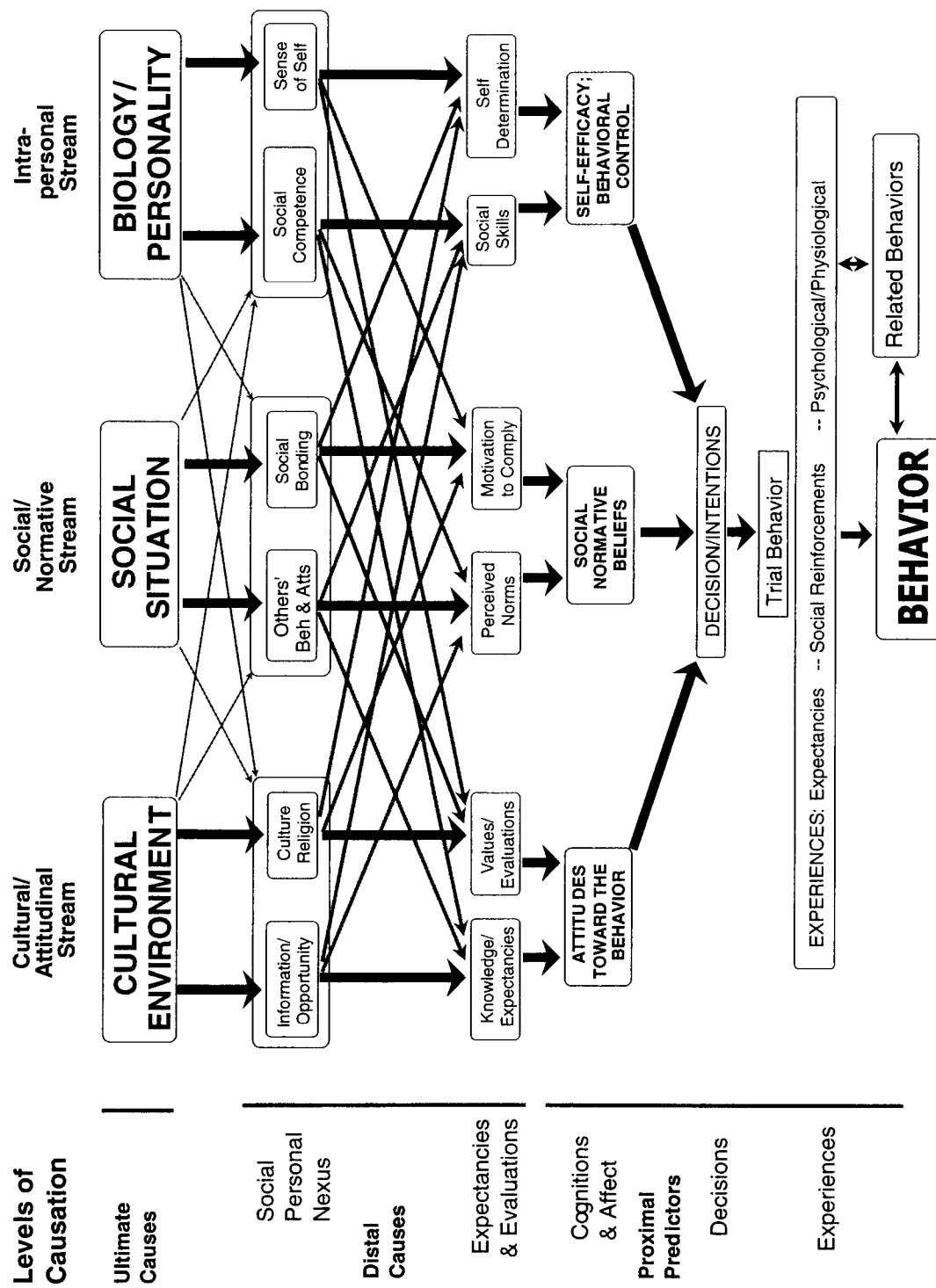


Figure 36.1. Theory of Triadic Influence

Schoolwide climate change can provide a safe learning environment and provide a common language and consistent reinforcement of positive behaviors, as can integrated family and community programs. Family programs can also teach improved parenting skills in a way consistent with a coherent program, and community components can strengthen school and community links and provide opportunities for students to observe and engage in community service.

COMPREHENSIVE YOUTH DEVELOPMENT IS NECESSARY AND POSSIBLE

What Does Comprehensiveness Entail?

Multiple reviews and commentaries during recent years indicate that prevention science is advancing our knowledge of what is efficacious for the prevention of problem behaviors. Social influence and social skills programs, especially interactive programs with 18+ program hours that include skills development and changing of normative beliefs, are effective for all kinds of behavior change (Durlak, 1998), including the prevention of substance use (Tobler & Stratton, 1997), violence (Derzon, Wilson, & Cunningham, 1999), unsafe sexual behaviors (Kirby, 2001a, 2001b; Moore, Sugland, & Blumenthal, 1995), character education (Berkowitz, 2002; Licona, Schaps, & Lewis, n.d.), and mental health promotion (Durlak & Wells, 1997; Mrazek & Haggerty, 1994).

However, emerging programs, even those meeting all the above conditions, still appear to be only somewhat effective, and not consistently so. In addition, the effects decay rather quickly. For optimum effectiveness, programs need to meet all the following conditions (Hechinger, 1992). They must be (a) comprehensive—covering multiple

health-compromising and health-enhancing (positive) behaviors; (b) developmentally appropriate; (c) continuous and longitudinal—over several grades, with carefully designed review, reinforcement, and extension; (d) culturally sensitive; and (e) school and classroom focused, although not limited to the school. They should also (f) use peers, where appropriate, to demonstrate skills and alter norms; (g) include proper training of teachers and other school personnel involved in delivery; (h) involve parents actively in homework exercises and other activities; (i) be adapted to local conditions with input from students, parents, school leaders, and community leaders; (j) include school improvement and reorganization components; and (k) include ongoing evaluation at all stages of development, implementation, and institutionalization.

Selected Programs With Comprehensive Effects

There is already a trend toward more comprehensive and multimodal programs that address multiple behaviors and that involve families and community. This appears to be contrary to early views of behavior change. Relying on theories of behavior that considered only the more proximal predictors, researchers often claimed that programs had to target specific behaviors to be effective. The assumption was that programs that targeted multiple behaviors would be less effective because teaching of skills had to be specific to the behaviors being prevented. However, with recognition that many of the social skills being taught were also relevant to multiple behaviors, researchers started to address multiple behaviors.

Several research groups have reported comprehensive schoolwide programs that both reduce multiple problem behaviors and enhance achievement. In the earliest of such reports (Elias, Gara, Schuyler, & Branden-Muller, 1991), a social-emotional learning

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program both reduced problem behaviors and enhanced achievement. Durlak and Wells (1997) found that some mental health programs that reduced subsequent maladaptation also improved school performance. Evaluation of the Child Development Project found that students in program schools where program implementation was high were less likely than students in matched comparison schools to use alcohol or marijuana, carry a weapon, steal a car, skip school, or threaten another with harm up to 2 years after (Battistich, Schaps, Watson, & Solomon, 1996). The Seattle Social Development Group has reported program effects on behavior, school bonding, and achievement (Abbott et al., 1998). Results from the Aban Aya Youth Project (Flay, Graumlich, Segawa, et al., 2002) confirm that a comprehensive program that is culturally specific (African American), developmentally appropriate, long-lasting (approximately 20 scoped and sequenced sessions per grade for Grades 5–8), and involves parents and community can reduce multiple problem behaviors—substance use, violence, and unsafe sexual behavior. A version of the program that included higher parent and community involvement was more effective than a version that was classroom based only.

Perhaps the most impressive of the programs having effects on multiple behaviors and academic achievement is the Positive Action (PA) Program (Allred, 1995). PA is grounded in a broad theory of self-concept (Purkey & Novak, 1970) that posits that people determine their self-concepts by what they do; that actions, more than thoughts or feelings, determine self-concept; and that making positive and healthy behavioral choices results in feelings of self-worth. The program consists of integrated classroom curriculum materials for K–12, school preparation and teacher training, schoolwide climate change, a family program with student-parent interaction, and community components. It uses proven strategies and

methods, such as active learning, positive classroom management, a detailed curriculum with almost daily lessons, a schoolwide climate program, parental support and involvement, and community involvement. The program teaches children what actions are positive, that they feel good when they do positive actions, and that they then have more positive thoughts and future actions. This approach is consistent with the new positive psychology movement (Seligman & Csikszentmihalyi, 2000). The program also trains teachers and parents to identify and reinforce positive feelings, thoughts, and actions by students, leading to continual reinforcement of positive actions and enhanced student bonding with parents and school.

Data from various comparison group designs involving about 300 elementary schools delivering the PA program demonstrate consistent positive effects of the program on student self-concept (using various measures), school performance (attendance, achievement), school behavior (discipline, suspensions), and other behavior (crime, violence, substance use) (Flay & Allred, in press; Flay, Allred, & Ordway, 2001). These results were obtained from all sorts of schools with varying minority representation, mobility rates, and poverty levels, in different states, at different times (late 1970s through 2001). Several thousand other schools have reported similar results of PA from individual case studies. All effects were equally positive or better in schools with high versus low minority representation and different levels of poverty. This pattern of results is very compelling, because most other evaluated programs do not work as well in schools with high proportions of minority students or students living in poverty.

Implications of Comprehensive Programming

Comprehensive, long-term, schoolwide interventions that involve families and communities

but that are not too difficult to implement, can successfully reduce multiple problem, risky, unhealthy, and antisocial behaviors and increase multiple positive, healthy, and prosocial behaviors, improve mental health and self-concept, and enhance academic performance.

SUMMARY

In this chapter, I have provided evidence that multiple positive and negative behaviors are highly correlated and are predictive of each other. One conclusion from this is that youth behavioral development should be addressed by a comprehensive, coherent, and integrated approach rather than the disjointed approaches to prevention and promotion taken by education today. We must link problem behavior prevention, health promotion, mental health development, and character development, not only with each other, but also with academic achievement.

I also argued that all forms of youth behavior have many of the same causes. This is especially true of causes at the distal and ultimate levels. A person's genetic predispositions, family social circumstances, cultural background, and learning environment all have profound influences on the development of his or her behavioral patterns—directly, in interaction with each other, and indirectly through other variables. Much empirical etiological data and many theories of behavioral development support this. The clear conclusion from this knowledge is that prevention and health promotion programs that address those distal and ultimate influences that are amenable to change should affect multiple behaviors and outcomes.

I presented several examples of comprehensive approaches to prevention and health promotion that appear to prevent multiple problem behaviors and to increase multiple positive behaviors and outcomes at the same time. Curricula can address multiple behaviors effectively. Schools that actively respond to problem behaviors and cultivate a positive, healthy environment can have lasting effects on students' long-term behaviors in adolescence and beyond. Providing an environment that is prochild and that responds to a child's needs will increase a child's positive behavior and academic performance.

My analysis also suggests that programs that also alter social contexts, such as school climate, families, and communities, can have larger and longer-lasting effects on a broader array of behaviors. Findings from multiple studies suggest that comprehensive programs that involve curriculum, teacher training, schoolwide climate change, and involvement of parents and community can affect multiple outcomes, including academic achievement. Although such programs hold great promise for producing more young adults headed into a productive and happy life, we have much more work to do before we can develop these programs with confidence in their effectiveness. The need for such programs is urgent in our schools, homes, and society today; the public and politicians demand more accountability, not only for enhanced student learning, but also for improved student behavior. The ultimate success and happiness of future generations, and their ultimate contribution to a civil society, depends on our being able to develop comprehensive, coherent, and integrated prevention and health promotion programs that are effective across multiple domains.

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