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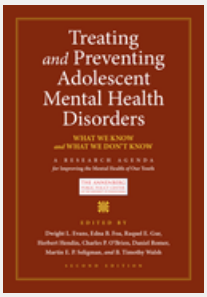

Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don't Know (2 ed.)

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The Positive Perspective on Youth Development

Chapter: (p. 543) The Positive Perspective on Youth Development

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(p. 544) Overview

> *The things that go right in our lives do predict future successes and the things that go wrong do not damn us forever.*
>
> —J. Kirk Felsman and George E. Vaillant (1987)

How can we promote and sustain the mental health of children and adolescents? Earlier sections in this volume provide one answer to this question: treat and prevent psychological disorders such as anxiety, depression, suicide, substance abuse, eating disorders, and schizophrenia among youth. It is certainly important to prevent and treat these problems, but this alone is insufficient for fostering mental health. Imagine a society in which no young person meets the diagnostic criteria for mental illness. Treatments and prevention have been so pervasively and perfectly implemented that not a single youth reports any symptoms of disorder. This would eliminate considerable amounts of individual suffering and would provide substantial economic benefits. But *such a society is still not a psychological utopia.* There are huge differences

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between a teenager who is not depressed or anxious versus one who bounds out of bed in the morning with twinkling eyes, or between an adolescent who says no to drugs versus one who says yes to meaningful involvement in family, school, and community activities.

“Mental health” has long been approached from a deficit perspective (Huppert & So, 2013). Effective treatment strategies and risk-based prevention programs like those described earlier in this volume are among our most notable scientific achievements, but they represent only a part of the journey. These traditional approaches—all based on a disease model where well-being is defined only by the absence of distress and disorder—have been challenged. Calls have been made for balanced attention to both the negative *and* the positive aspects of human development. The past decade has produced a profound shift in how mental health is defined, built, and maintained, which highlights the full spectrum of psychosocial function. From a positive psychological perspective, well-being and flourishing are not simply the absence of ill-being, but something more (Huppert & So, 2013; Seligman & Csikszentmihalyi, 2000). The spectrum of mental health ranges from severe psychological disorder to fully thriving in life. From this perspective, even those who are doing well in life can improve and strive to be the best they can be.

The reduction of youth mental disorders has been the priority for good reasons: “positive” outcomes can be a difficult sell when juxtaposed with what appear to be more pressing problems, such as depression, bullying, and suicide. But there has been ample evidence to support the contention that enhancing positive outcomes has the additional effect of reducing negative outcomes. From the positive perspective, the goals of mental health promotion are first to move people beyond deficits in function, and second to maintain good mental health once achieved. To fully prepare youth for the business of life, it is key to develop skills, talents, character, happiness, engagement, and social involvement (Benson & Scales, 2009; Pittman, 1991, 2000). As necessary as it is to reduce or eliminate problems among children and adolescents, it is just as important to help them thrive and form positive connections with the larger world. Parents want their children not only to survive the choppy waters of adolescence but also to truly thrive—being safe, healthy, happy, moral, fully engaged in life, and productive contributors to the communities in which they live (Noddings, 2003; Seligman et al., 2009).

This positive approach to mental health has been increasingly studied, accepted, and implemented across a growing array of fields, including education, counseling, health, business, neuroscience, and public policy (Rusk & Waters, 2013). In this revised chapter, we focus on three predominant approaches that explicitly target youth: (1) *positive youth development*, because of its explicit concern with how to encourage the well-being of children and adolescents; (2) *positive psychology*, because of its interest in the underlying psychological processes leading to well-being and optimal functioning; **(p. 545)** and (3) *positive education*, because of its focus on applying positive psychology principles to the classroom and creating positive institutions that support youth well-being.

Our goal is to review the positive perspective and use it to complement the problem-oriented disciplines (cf., Larson, 2000; Maton et al., 2003). A balanced view of youth must acknowledge assets along with problems, including risk factors, protective factors, and promoting factors (Pollard, Hawkins, & Arthur, 1999). As Pittman (1991, 2000) phrased this challenge, “problem-free is not fully prepared.” We have three working assumptions, each buttressed by suggestive evidence:

- Psychosocial characteristics are associated with reduced problems *and* increased well-being among youth.

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- Youth development programs can encourage positive characteristics.
- Similar features can be incorporated into classrooms and schools to support well-being both inside and outside of the classroom.

Not only are positive characteristics valuable in their own right, but they may also buffer against the development of psychological problems among youth. Attention to positive characteristics may help us promote the full potential of all youth, including those with current or past psychological problems. This contribution therefore addresses positive youth development with respect to mental illness *and* mental health. We discuss positive characteristics of youth and their settings and how these are related to thriving. We summarize what is known about programs and institutions that promote positive development. Finally, we take stock of what is known and what remains unknown within positive-oriented research and practice.

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The Positive Perspective on Youth Development

The positive approach to youth development begins with a vision of a fully able child eager to explore the world, gain competence, and acquire the capacity to contribute to the world. It recognizes the existence of adversities and developmental challenges that may affect children in various ways, but it resists conceiving of the developmental process as mainly an effort to overcome deficits and risk. The goal is to understand, educate, and engage children in productive activities rather than to correct, cure, or treat them for maladaptive tendencies and disabilities. A driving premise is that attention to what is good about a young person provides a foundation on which to base interventions. Further, children and adolescents are not miniature adults; youth have valuable perspectives and need to be understood on their own terms. This perspective thus urges us not to give up on children, no matter what challenges they may have experienced or patterns of behavior they display.

Although positive youth development, positive psychology, and positive education are relatively recent developments, they are not new perspectives (Kristjánsson, 2012). Some of the best-known youth programs in the United States were founded a century or more ago to promote the health and character of young people through structured activities outside of school (Erickson, 1999), including the YWCA (1851) and YMCA (1855), Boys Clubs (1860) and Girls Clubs (1906), Girls Incorporated (1864), American Red Cross (1881), Big Brothers (1903)/Big Sisters (1908), Boy Scouts (1910) and Girl Scouts (1912), Camp Fire (1910), and 4-H (1914). Today’s positive perspective is rediscovering and reaffirming the premise of these programs, while increasingly adding empirical evidence for their efficacy and effectiveness (Rhodes, 2014).

Also contributing to the positive perspective on development were humanistic psychology as popularized by Rogers (1951) and Maslow (1970); utopian visions of education like those of Neill (1960); primary prevention programs based on notions of wellness (sometimes called promotion programs) as pioneered by Albee (1982) and Cowen (1994); developmental theories emphasizing person–environment interactions (e.g., Bronfenbrenner, 1979; Lerner & (p. 546) Kauffman, 1985); work by Bandura (1989) and others on human agency; studies of giftedness, genius, and talent (e.g., Winner, 2000); conceptions of multiple intelligence (e.g., Gardner, 1983; Sternberg, 1985); studies of the quality of life among psychiatric patients that went beyond an exclusive focus on symptoms and diseases (e.g., Levitt, Hogan, & Bucosky, 1990); and health psychology theories and studies on prevention (e.g., Friedman, 2000).

Over the past few decades, the youth development field has had a strong interest in application (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 1999; Durlak, Weissberg, & Pachan, 2010). The focus on application arose from studies in the 1960s through the early 1990s that identified adolescence as an important period of human development, with particular focus on the plasticity of development and dynamic associations that occur between youth and their contexts (Lerner & Steinberg, 2009). From their very beginning, national youth groups embraced promotion goals, but throughout the 20th century, efforts were increasingly directed at youth problems such as school dropout, juvenile crime, alcohol and drug use, and teenage pregnancy (Catalano et al., 2012; Jessor & Jessor, 1977). Positive approaches have thus returned to the promotion-focused goals through individual and universal programs and interventions delivered inside and outside of schools. These programs aim to support youth before problems develop, immunizing and buffering them against life’s challenges. The earliest applications were informed more by common sense and intuition than by research. Yet increasingly over the past decade, research and theory have begun to guide practice (Catalano et al., 2012).

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Bronfenbrenner's (1977, 1979, 1986) *bioecological approach*, which articulates multiple contexts that impact the individual, has been particularly influential for framing and understanding youth development. Bronfenbrenner's model articulates the importance of the social ecology, including the *microsystem* with which the individual directly interacts (family, peers, school, and neighborhood) and the *exosystem*, which is made up of larger ecologies that indirectly impact development and behavior, like the legal system, the social welfare system, and mass media. At the broadest level, the *macrosystem* consists of ideological and institutional patterns that collectively define a culture. Each youth brings his or her own characteristics to the challenges of life, which influence and are influenced by these different interacting ecologies.

Under the broad umbrella of positive approaches to youth development, several specific areas of research and application have taken root. *Positive youth development* recognizes the good in young people, focusing on each and every child's unique talents, strengths, interests, and potential (Damon, 2004). It is an interdisciplinary field, with roots in developmental psychology, developmental epidemiology, and prevention science (Guerra & Bradshaw, 2008; Larson, 2000), and emphasizes the multiple contexts in which development occurs. For instance, researchers at the Search Institute in Minneapolis have studied what they call *developmental assets*, which include contextual factors like family support and adult role models and personal factors like commitment to learning, positive values, and sense of purpose (Leffert et al., 1998; Scales, Benson, Leffert, & Blyth, 2000). Youth with more of these assets not only show fewer problems but also display other valued outcomes (e.g., school success, leadership, helping others, and physical health).

A major incentive for adopting a positive youth development approach is the recognition that prevention efforts targeting a single problem overlook opportunities to adopt a more integrated approach (Guerra & Bradshaw, 2008; Romer, 2003). Many problems co-occur and have the same risk factors, so multipronged interventions can have broad effects. Part of the broadening of youth development and its applications was a call for studying and eventually cultivating desirable outcomes such as school achievement, vocational aspirations, community involvement, and good interpersonal relations. As Roth and Brooks-Gunn (2003) noted, the positive youth development approach asserts the "belief in youth as resources to be (p. 547) developed rather than problems to be managed" (p. 172).

Here is where positive youth development converges with *positive psychology*, a scientific, strengths-based approach that examines optimal functioning and aims to discover and promote factors that allow individuals, organizations, and communities to thrive (Gable & Haidt, 2005; Seligman & Csikszentmihalyi, 2000). The positive psychology perspective contends that the absence of mental illness is not the same as flourishing; rather, what makes life worth living deserves its own field of inquiry. It does not simply disregard negative emotions and experiences; rather, it aims to provide a more complete and balanced scientific understanding of human experience that incorporates both the positive and negative ends of the mental health spectrum.

Positive psychology has provided an umbrella term for what previously were isolated lines of theory and research. Although officially arising from psychology, it may now more aptly be called "positive science" or "well-being science." Similar concepts and terms are rising across disciplines, including medicine, education, sport science, organizational behavior, neuroscience, social science, and public health (Rusk & Waters, 2013). For example, health becomes not only treating disease and disability that occurs, but also promoting healthy behaviors and wellness (Snyder, Schactman, & Young, 2015). The virtuous workplace is not only a place of business but

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also a place that enhances the well-being of employees and consumers impacted by that business (Cameron & Caza, 2004; Cameron, Dutton, & Quinn, 2003).

The concerns of positive psychology can generally be parsed into four related domains that reflect different socioecological levels: *positive subjective experiences* (e.g., happiness, pleasure, fulfillment, flow), *positive individual traits* (e.g., character strengths, talents, interests, values), *positive interpersonal relationships* (e.g., relationships between friends, parents and child, and teacher and students), and *positive institutions* (e.g., families, schools, businesses, organizations). Growing interest in applications to public policy has added a fifth domain of *enabling societies*. Studies and scholarship in positive psychology have focused primarily on subjective experiences and individual traits, whereas positive organizational scholarship has focused on enabling institutions. Bridging these multiple domains, *positive education* combines the concepts and ideas of positive psychology with best practice guidelines from education to promote student flourishing within the school environment (Norrish, Williams, O'Connor, & Robinson, 2013).

There are multiple reasons why schools are an important place for implementing positive psychology. Throughout adolescence, youth spend a considerable amount of time at school. Parents and educators generally believe that schools are responsible for developing student character (Cohen, 2006), and student well-being is a core value for many educational institutions (Seligman et al., 2009). Schools are one of the few institutions that consistently provide funds and resources for youth (Clonan, Chafouleas, McDougal, & Riley-Tillman, 2004). In addition, education has a rich history of identifying best practices for learning and teaching.

Early evidence suggests that positive education approaches are building student well-being (see Waters, 2011 for a review), with some links to greater achievement as well (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). However, schools are complex organizations, with multiple levels of influence. Although student well-being may be the target, teachers and staff are often the ones who implement curriculum and intervention-type activities. If the staff members are burned out or believe that teaching well-being is just one more thing to add to an already over-packed curriculum, they will be unmotivated to teach positive skills and mindsets. Further, staff members are affected by the leadership and policies of the school, which in turn are affected by educational policies and cultural norms. Beyond incorporating specific activities, change will be most effective when a whole-school approach is taken (Kern, Adler, Waters, & White, 2015; Waters & White, 2015). As Waters (2011) notes, "a school-wide positive education framework is required to ensure that schools move beyond **(p. 548)** the use of specific programs conducted within selected classrooms to adopting a whole-school approach that becomes the general way of life at the school" (p. 85). Schools need to be enabling institutions, with moral goals that help both students and staff members become responsible, productive citizens of society (Peterson, 2006; Waters & White, 2015).

Positive youth development, positive psychology, and positive education emphasize the importance of creating positive institutions that enable the development of a positive culture, which supports positive relationships, which in turn facilitate positive traits and subjective experiences (Park & Peterson, 2003). The word "enable" avoids strict causal language. It is possible for people to be happy or content even in the absence of character strengths, and good character can operate against the interpersonal and institutional grain, but people are at their best when institutions, relationships, traits, and experiences are in alignment (Lerner & Steinberg, 2009; Lerner et al., 2013). Indeed, doing well in life represents a coming together of all five domains.

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The positive perspective can sound at times rather Pollyanna-ish—encapsulating the feel-good parts of life while ignoring life's challenges. Yet beyond simply "doing well," positive youth development and positive education explicitly target building resilience by teaching youth the mindsets, attitudes, skills, and behaviors that will allow them to successfully ride the waves of life. The term *resiliency* is used to describe the quality that enables young people to thrive even in the face of adversity (Masten, 2001; Werner, 1982). Children can and do overcome adversity and thrive (Werner & Smith, 2001). Resiliency is characterized by persistence, hardiness, goal-directedness, an orientation to success, achievement motivation, educational aspirations, a belief in the future, a sense of anticipation, a sense of purpose, and a sense of coherence (Benard, 1991; Luthar, 2006; Luthar, Cicchetti, & Becker, 2000; Masten, 2011, 2014). However, resiliency does not operate in a vacuum: few if any children are impervious to unrelenting adversity, and without appropriate environmental or social support, children will likely succumb to problems. On the flip side, effective parenting and other protective factors can buffer risks (Masten, 2001; Werner & Smith, 2001). Change in the developmental trajectory, for positive or negative, occurs at many different points, and the context can guide youth toward pathology or resilience (Sroufe, 1997). Young people thrive through a combination of individual hardiness *and* protective factors embedded in socializing institutions (cf. Luthar, 2006).

Accordingly, the assets of youth that protect against problems and allow young people to do well include not only individual psychological characteristics like talents, competence, character strengths, and constructive interests, but also characteristics of their social settings such as family support, parental involvement in schooling, adult role models outside the family, high expectations within the community, and the availability of creative activities (e.g., Benson, 1997; Masten, 2001; Wang, 2009). The agenda of the positive approach is to maximize the potential of young people by encouraging both personal and environmental assets. To do so requires recognition of the reciprocal relations among the multiple socioecological levels that surround youth (Agans et al., 2014; Brändstadter, 1998; Bronfenbrenner & Ceci, 1994; Lerner et al., 2010, 2013).

Positive Youth Development: Core Components

Positive approaches to youth developmental take a deliberately broad perspective on the qualities of young people that should be promoted. A wide range of researchers in the positive youth development field (e.g., Catalano et al., 2004; Guerra & Bradshaw, 2008; Lerner et al., 2010; Roth & Brooks-Gunn, 2003) have primarily focused on six domains, which intersect with core concepts of positive psychology and positive education. Perhaps the best-known system, popularized by Lerner et al. (2000) and Roth and Brooks-Gunn (2003), is the *five C's*: Connection, Competence, Confidence, Caring, and Character. Pittman, Irby, and Ferber (2001) added a sixth C, **(p. 549)** Contribution, which is believed to result from the other five. We organize our discussion around these concepts inasmuch as Lerner et al. have amply demonstrated that these components are interrelated and subsumed by a higher-order construct of positive youth development across adolescence (Lerner et al., 2005). Furthermore, youth who exhibit high levels of the 5 C's tend to engage in fewer harmful activities such as drug use, experience less depression, and are more closely attached to family and school, among other positive outcomes (Arbeit et al., 2014; Hoyt, Chase-Lansdale, McDade, & Adam, 2012; Lerner, Phelps, Forma, & Bowers, 2009).

Connection

Connection refers to bidirectional emotional and committed bonds between a youth and others in the family, peer group, school, community, or culture (Geldhof et al., 2014). Studies by Ainsworth et al. (1978) and Bowlby (1969, 1973, 1980) have demonstrated the importance of

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early bonding and attachment processes for the development of social connections with others. The quality of early bonds with caregivers has considerable impact on the manner in which the child later bonds to peers, school, the community, and culture(s) and is an essential aspect of positive development into a healthy adult (Brophy, 1988; Brophy & Good, 1986; Dolan, Kellam, & Brown, 1989; Hawkins, Catalano, & Miller, 1992; Poortinga, 2012). Notably, in Lerner et al.'s (2005) factorial studies of the five C's in adolescents, Connection stands out as the most influential component of positive youth development.

Positive bonding with an adult is crucial to the development of a capacity for adaptive responses to change and has been related to numerous biopsychosocial outcomes throughout childhood and adolescence, including good peer relationships, social-emotional competence, cognition, and physical and mental health (Catalano et al., 2004; Ranson & Urichuk, 2008; Schneider, Atkinson, & Tardif, 2001). Good bonding establishes the child's trust in oneself and others. Poor bonding establishes a fundamental mistrust of others, and insecure attachments can negatively influence peer relationships throughout adolescence, resulting in internalizing or externalizing disorders and behaviors (Allen et al., 2007; Brook, Brook, Gordon, Whiteman, & Cohen, 1990; Mikulincer & Shaver, 2012; Ranson & Urichek, 2008).

Although parents or primary caregivers are often the key point of connection in the early years, relationships with peers, teachers, and other non-parental adults also matter (Bowers et al., 2012; Erickson, McDonald, & Elder, 2009; Greenberger, Chen, & Beam, 1998; Rhodes, Ebert, & Fischer, 1992; Zimmerman, Bingenheimer, & Notaro, 2002). Parents and other adults also interact to have complementary, compensatory, or detrimental effects on youth outcomes (Bowers et al., 2014). Schools in particular can provide a positive environment that can have salutary effects on a range of health outcomes. Adolescents attending schools with better social climates tend to experience less drug use, depression, and bullying (Allen, Kern, Vella-Brodrick, Hattie, & Waters, in press; Cohen, 2006; Larusso, Romer, & Selman, 2007), possibly due to the better relationships that students experience with teachers and peers (Allen et al., in press; Larusso & Selman, 2003) as well as the clear establishment of healthy norms of behavior (Baumrind, 1998). Social-emotional learning curricula that promote positive connections with others along with the development of skills can buffer adolescents at risk for antisocial behavior (Caplan et al., 1992; Dryfoos, 1990; Durlak et al., 2011; Hawkins et al., 1999; Roth & Brooks-Gunn, 2003).

Competence

Competence covers several areas of youth functioning, including social, emotional, cognitive, and vocational skills that are basic to healthy behavior (Lerner et al., 2009; Roth & Brooks-Gunn, 2003). While the enhancement of competence can help to prevent negative outcomes (Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995), competence can also be specified (p. 550) and measured as an important outcome in its own right, indicative of positive development (Weissberg & Greenberg, 1997).

In an early study of the importance of competencies for mental health, Kornberg and Caplan (1980) reviewed research on biopsychosocial risk factors for mental disorder and concluded that competence training to promote adaptive behavior and mental health was one of the most significant developments in primary prevention. In the education space, growing focus has been given to social and emotional learning, which focuses on teaching students a range of interpersonal skills that help youth integrate feelings, thinking, and actions in order to achieve specific social and interpersonal goals (Caplan et al., 1992; Durlak et al., 2011; Weissberg, Caplan, & Sivo, 1989). For instance, the Collaborative for Academic, Social, and Emotional Learning (CASEL) provides strategies to teach students how to recognize, interpret, and

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respond to social and emotional cues, including accurately interpreting those cues; generating effective solutions to interpersonal problems; realistically anticipating consequences and potential obstacles to one's actions; and translating social decisions into effective behavior.

Some research has focused on particular cognitive competencies involved in the development of self-control (Guerra & Bradshaw, 2008). For example, Rothbart and Posner (2006) have identified effortful self-control as a critical competence in children, and Moffitt et al. (2013) have observed its beneficial effects across the lifespan in their study of the Dunedin birth cohort. Children and adolescents with greater self-control tend to experience fewer problems with impulse control, such as drug use and early sexual activity (Duckworth, Gendler, & Gross, 2014). Greater self-control is also associated with less persistence of negative affect and better academic performance (Duckworth et al., 2014; Duckworth & Seligman, 2005).

Character

Character refers to a moral and ethical disposition that respects cultural and societal values (Geldhof et al., 2014). Following in the Piagetian tradition (1965), Kohlberg (1963, 1969) defined moral development as a multistage process through which children acquire increasingly advanced powers of reasoning regarding society's standards of right and wrong. Gilligan (1982) countered that morality is as much about relationships and caring about the welfare of others as about obeying abstract rules, and Hoffman (1981) proposed that the roots of morality lie in empathy, which has a neurological basis and can be either fostered or suppressed by environmental influences (Feshbach & Feshbach, 2009). Several scholars have argued that character is core to moral competence—good character drives an individual to do what is right (Baumrind, 1998; Park & Peterson, 2006). To acknowledge, measure, and build moral competencies, much of the research and application in positive psychology and positive education centers around strengths of character, as described in greater detail below.

Caring

Caring refers to the ability to sympathize and empathize with others (Geldhof et al., 2014). Empathic concern for others is regarded as a necessary condition for understanding others and resolving conflicts with them (Eisenberg, Huerta, & Michalska, 2012). Related to the personality trait of agreeableness, caring individuals are more likely to have high-quality and harmonious relationships with others, good school performance, less bullying and victimization, and lower levels of depression (Jensen-Campbell, Knack, & Gomez, 2010; Kern et al., 2013). Caring thus is an important foundation for establishing positive relationships with peers, teachers, and others.

Confidence

Confidence refers to an internal sense of self-efficacy and self-worth (Geldhof et al., 2014). Although Bandura (1993) regarded self-efficacy as domain-specific, youth who understand their capabilities and feel confident in their ability to **(p. 551)** act on them are more likely to engage in appropriate levels of goal striving and achievement (Deci & Ryan, 2000, 2011).

Contribution

Arising from the 5 C's, *Contribution* to one's community is seen as an outgrowth of successful development (Lerner et al., 2009; Pitman et al., 2001). Indeed, Lerner et al. (2013) find that programs such as the 4-H club encourage activities that contribute to community and civic engagement. In the National Longitudinal Study of Adolescent Health, connections with parents, schools, and the community related to greater likelihood of being a good citizen in young

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adulthood—voting, volunteering in the community, and being involved socially (Duke, Skay, Pettingell, & Borowsky, 2009). Other research indicates that schools also play a role in encouraging civic engagement (Torney-Purta, Richardson, & Barber, 2004).

Additional Components from Positive Psychology

Positive psychology has added components that characterize or contribute to youth well-being. Whereas positive youth development has maintained a strong theoretical base centered on the 6 C's, positive psychology scholarship includes a broader range of constructs, which are less structured, speaking to the diversity of scholars and perspectives that fall under the positive psychology umbrella. Over the past two decades, scholarship in the field has focused primarily on adults, but it is increasingly focusing on youth and adolescents, through the lens of positive education.

Subjective Well-Being and Flourishing

A core focus in positive psychology is the theoretical understanding of *subjective well-being* (also commonly referred to as flourishing, thriving, optimal functioning, and so forth). At its most basic level, flourishing can be defined as "feeling good and functioning well" (Huppert & So, 2013, p. 839). It is a combination of high levels of mental health and low levels of mental illness (Keyes, 2002). Scholarship surrounding well-being has generally encompassed two traditions: hedonic happiness, which centers on positive emotions, and eudaimonic happiness, or the good life, encompassing aspects such as purpose in life, self-acceptance, mastery, and relationships with others (Deci & Ryan, 2008; Forgeard et al., 2011; Ryff & Keyes, 1995; Seligman, 2011). Early in the field, scholars primarily discussed happiness and well-being from the hedonic perspective, in part because emotions are easier to measure, manipulate, and change than the more abstract eudaimonic components (Biswas-Diener, 2015). As the field has matured, definitions and measures of well-being have become increasingly multidimensional, with flourishing defined in terms of a profile across mental, physical, social, and functional domains (Forgeard et al., 2011; Seligman, 2011). Notably, this returns to the World Health Organization's (1946) definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Within and across the broader hedonic and eudaimonic domains, there are multiple (often overlapping) models of well-being and flourishing. Across models, *positive emotions*, such as joy, excitement, and contentment, are central. Positive emotions feel good, but seemingly have other benefits as well. Fredrickson (2001) proposed that whereas negative emotions narrow our focus, positive emotions broaden and build cognitive, psychological, and social skills and abilities (see also Fredrickson, 2013a). They help connect us to others (Fredrickson, 2013b) and have been linked with greater creativity, financial gain, better physical health, and even longevity (Diener & Chan, 2011; Howell, Kern, & Lyubormirsky, 2007; Lyubomirsky, King, & Diener, 2005; Pressman & Cohen 2005; Tugade, Fredrickson, & Feldman Barrett, 2004). Emotions vary throughout the day and across contexts, but evidence suggests that up to a point, it may be most adaptive to have a greater proportion of positive versus negative emotions during the day (Fredrickson, 2013c).

(p. 552) Diener et al. (1985) defined subjective well-being in terms of high positive affect, low negative affect, and high *life satisfaction*, thus adding a cognitive component to the affective evaluation. Life satisfaction refers to the overall judgment that one's life is going well (Diener, 1984). Measures of general satisfaction have been used for decades and are increasingly being considered as a complement to economic measures in public policy for evaluating how a nation is doing (Diener, Inglehart, & Tay, 2012). Life satisfaction among youth is pervasively associated

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with the presence of desirable psychological characteristics (e.g., self-esteem, resiliency, health-promoting habits, and pro-social behavior) and the absence of negative characteristics (anxiety, depression, loneliness, school discipline problems, drug and alcohol use, teenage pregnancy, and violence) (Gilman & Huebner, 2003; Huebner, 2004; Huebner, Funk, & Gilman, 2000; Park, 2004).

On the eudaimonic side, *meaning in life* is a core part of most models of flourishing. Meaning in life includes two dimensions: *comprehension*, or having a sense of direction in life and feeling connected to something larger than oneself, and *purpose,* or long-term aspirations that align with one's values and motivate activity (Steger, 2012). With youth, definitions have focused on the purpose sub-domain, and some evidence suggests that adolescents define purpose in life similar to adults (Hill, Burrow, O'Dell, & Thornton, 2011). In adults, a sense of purpose in life is associated with reduced mortality risk (Boyle et al., 2009; Hill & Turiano, 2014), and in adolescents, purpose relates to well-being and hope (Bronk et al., 2009; Burrow, O'Dell, & Hill, 2010).

A sense of meaning is something that must be developed over time; young adults are more likely to be searching for a sense of meaning than older adults (Steger, Oishi, & Kasdan, 2009). The presence of meaning in life has been related to greater reported life satisfaction, more positive affect, higher levels of optimism, better self-esteem, and fewer psychological problems (Damon, 2008; Mariano & Going, 2011; Steger et al., 2009). However, although positive emotion and meaning often are positively correlated, the meaningful life is not always a happy one (Baumeister, Vohs, Aaker, & Garbinsky, 2013). It is possible that positive youth development programs might help youth discover a sense of meaning and purpose at an earlier age, reducing the struggle to find meaning that often occurs in young adulthood.

Adding in the social component, most models of flourishing include *positive relationships with others*. There is considerable evidence for the importance of social relationships (cf., Taylor, 2011). Put simply, "other people matter" (Peterson, 2006, p. 249). On the flip side, loneliness is a major risk factor for physical morbidity, mental illness, poor cognitive function, and mortality (Cacioppo, Hawley, & Berntson, 2003; Hawkley & Cacioppo, 2010). This again is where positive youth development sets the stage for positive adult outcomes; both connection and caring feed into better perceptions of social relationships and better interactions with others, reducing loneliness and improving physical, mental, and cognitive outcomes.

Other components of flourishing depend on the theoretical model. For instance, Seligman (2011) adds accomplishment and engagement in life to positive emotion, relationships, and meaning. Other scholars include constructs such as self-acceptance, mastery/competence, optimism, vitality, self-esteem, resilience, and engagement in life (e.g., Diener et al., 2010; Huppert & So, 2013; Ryff & Keyes, 1995).

Although well-being is treated at times as a predictor of other outcomes (e.g., happiness leading to health and longevity outcomes; Diener & Chan, 2011; Howell et al., 2007), it is a multidimensional outcome that results from attitudes, behaviors, skills, circumstances, and experiences that occur through life (Friedman & Kern, 2014). It can be measured at a point in time but is also fluid and shifts, depending on mood, circumstance, and a host of other factors. As an analogy, consider a flower garden. When in full bloom, it is flourishing and provides us with a sense of pleasure. But it requires care to continue to thrive. Weeds that threaten the blossoms must be removed, and water and nutrients need to be provided. Likewise, thriving in life does not simply **(p. 553)** occur but needs support and care, removing ill-being and supporting wellness. Flourishing in life (however it is defined), then, is an outcome that ideally

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will result from the personal strengths developed in adolescence through positive youth development and positive education programs.

Individual Characteristics

Positive psychology and positive education also highlight various individual characteristics that contribute to well-being. Positive youth development explicitly suggests that to promote positive outcomes in youth, alignment between individual strengths and contextual assets is critical (Agans et al., 2014).

One of the most dominant areas of research and application has focused on *character strengths*. Peterson and Seligman (2004) suggested 24 strengths that are valued across cultures: appreciation of beauty and excellence, bravery, capacity to love and be loved, creativity, curiosity, fairness, forgiveness/mercy, gratitude, honesty, hope/optimism, humor, kindness, judgment/open-mindedness, leadership, love of learning, modesty/humility, perseverance, perspective/wisdom, prudence, self-regulation/self-control, social intelligence, spirituality, teamwork, and zest. The Values in Action (VIA) survey was developed to assess the strengths, and millions of people have completed the measure. Across over one million participants from 75 nations, there is considerable consistency across nations (McGrath, 2015a), and the characteristics cluster into three higher-order factors: caring, inquisitiveness, and self-control (McGrath, 2015b).

Character strengths have been linked to numerous positive outcomes (see Niemiec, 2014, for a summary of research findings). Among young people, such strengths have been linked to higher well-being, life satisfaction, achievement, school performance, and social functioning, and reduced behavior problems (Park & Peterson, 2009; Shoshani & Slone, 2013; Toner, Haslam, Robinson, & Williams, 2012; Weber & Ruch 2012). Strengths form a main component of most positive education programs (e.g., Norrish et al., 2013; Seligman et al., 2009; White & Waters, 2015). In many of these programs, students learn to identify and use their top strengths and practice spotting strengths in others. Strengths-based language might be incorporated into the curriculum and extracurricular activities. Strengths-focused positive education programs have been linked with improved skills, school engagement, life satisfaction, and school success (Proctor et al., 2011; Seligman et al., 2009). Although such programs show early signs of success, research is needed on the contextual nature of strengths; depending on the goal and circumstances, a different combination of strengths may be best (Hogan, 2008).

A growing amount of research has centered on specific strengths, and we focus here on those that have been most directly applied to youth through positive education. *Gratitude* is both a positive emotion and a life orientation that involves noticing and appreciating positives in the world (Morgan, Gulliford, & Kristjánsson, 2016; Wood, Froh, & Geraghty, 2010). In adults, gratitude relates to lower levels of depression and negative affect, greater life satisfaction and positive affect, good social relationships, and pro-social behavior (see Wood et al., 2010, for a review), with a similar pattern of positive associations in youth (Froh, Yurkewicz, & Kashdan, 2009; Waters, 2011). Some evidence suggests that gratitude is an important part of recovering from traumatic experiences (Davis, Nolen-Hoeksema, & Larson, 1998; Joseph & Linley, 2005; Linley & Joseph, 2004). Various interventions have been developed to increase gratitude, such as listing what one is grateful for (e.g., “what went well” exercises, gratitude boards), counting one’s blessings, and writing and giving a gratitude letter to someone else, and generally boost positive affect, at least temporarily.

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Kindness includes the motivation to be kind to others, recognition of kindness of others, and regularly behaving in kind ways. Engaging in acts of kindness has been related to greater well-being and happiness (Aknin et al., 2012; Lyubomirsky, Sheldon, & Schkade, 2005; Parks & Biswas-Diener, 2013). (p. 554) Across 19 classrooms in Vancouver, acts of kindness were found to be related to positive social outcomes, such as better emotional adjustment, increased cooperation, reduced likelihood of being bullied, and more satisfying friendships (Layous & Lyubomirsky, 2014).

Hope involves having goals for the future, motivation or agency to move toward those goals (willpower), and pathways to achieve those goals (waypower) (Snyder, 1994). In youth, hope relates to greater life satisfaction, self-esteem, and perceived competence (Valle, Huebner, & Suldo, 2006). Underlying this future-minded drive is *optimism*, a generalized favorable expectation about the future. Optimism is the road that says the future will be positive, and hope is the vehicle that drives the individual there. Optimism is a relatively stable individual difference and relates to better physical health, longer life, proactive coping strategies, persistence in educational and occupational domains, and better social relationships (cf., Carver, Scheier, & Segerstrom, 2010). Cognitive-behavioral techniques appear to be the most effective approach for shifting levels of optimism, although it is questionable how much change can be expected as patterns of thought and behavior become more ingrained and habitual over time (Friedman, 2000). Adolescence is a core period in which relatively stable levels of hope and optimism are developed. Programs such as BounceBack! (McGrath & Noble, 2003) and the Penn Resiliency Program (Gillham, Jaycox, Reivich, Seligman, & Silver, 1990) embed optimistic thinking into curriculum units, teaching mindsets and behaviors within the classroom.

The character strengths of perseverance and self-regulation are particularly relevant for achievement and success. Both are part of the Big Five personality construct of conscientiousness, which predicts better physical and mental health, longer life, healthy behaviors, academic and professional success, and good social relationships (Kern & Friedman, 2008; Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007; Roberts et al., 2014). *Perseverance* refers to the ability to focus on longer-term or superordinate goals, and to stick with the pursuit of these goals over time, despite setbacks and obstacles that occur along the way. Applied to education, academically tenacious students tend to be more engaged in their learning, work hard, seek challenges, and are not derailed by difficulties (Dweck, Walton, & Cohen, 2014). *Self-control* refers to the ability to regulate attention, emotion, and/or behavior, despite temptation (Duckworth & Gross, 2014). It involves voluntarily regulating oneself in the moment to align with personal or societal values, standards, or goals (Duckworth & Kern, 2011). Combining elements of perseverance and self-control, Duckworth et al. have popularized the concept of *grit*, in which an individual tenaciously pursues an overarching goal, despite setbacks that might occur along the way (Duckworth, Peterson, Matthews, & Kelly, 2007). Self-control involves "resisting the hourly temptations," whereas grit involves "passion and effort sustained over years," pursuing a particular goal (Duckworth & Gross, 2014, pp. 319–320). Grit is particularly relevant for academic and professional outcomes, characterizing those who achieve at the highest levels and remain in school and teaching (Duckworth et al., 2007; Duckworth & Seligman, 2005).

Beyond character strengths, two other individual characteristics appear to be particularly important for academic achievement. First, the capacity to engage in learning contributes to success both in and out of the classroom. Like well-being, *engagement* is multidimensional, with cognitive, affective, and behavioral domains, and is inconsistently defined and measured (Appleton, Christenson, & Furlong, 2008). Definitions include a capacity to become absorbed in and focused on what one is doing (cognitive engagement), involvement in interesting life activities and tasks (behavioral engagement), and commitment, passion, enthusiasm, focused

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effort, and energy (psychological/affective engagement). Both the quality and amount of support received at home and school, along with the student's levels of intrinsic and extrinsic motivation, influence levels of engagement in the classroom, which in turn impact academic, social, and emotional outcomes (Appleton et al., 2008; Connell & Wellborn, 1991). The positive psychology (p. 555) literature has focused primarily on the psychological domain. In particular, Csikszentmihalyi (1990) introduced the idea of *flow*, a state of extremely high psychological engagement where one is completely focused on and immersed in the task at hand, such that time seemingly stands still. Flow occurs when both challenge and skill levels are high. Frequent experience of flow during adolescence foreshadows long-term desirable consequences, such as achievement in creative domains (Rathunde & Csikszentmihalyi, 1993), reduction of delinquency, and academic achievement (Nakamura & Csikszentmihalyi, 2009).

A second core characteristic is mindset. Those with a *fixed mindset* tend to see intellectual ability as something that one either does or does not have, and worry about proving their intellectual ability. This can lead to destructive thoughts, feelings, and behaviors when that ability is threatened or challenged (Dweck et al., 2014). In contrast, those with a *growth mindset* view intelligence as malleable and developed through effort and learning, and tend to respond to challenges with more constructive thoughts, feelings, and behaviors. One's mindset impacts goal selection, the extent to which one seeks help and support, and achievement and motivation both in the classroom and beyond, and it ultimately can impact self-esteem, perceived competence, hope, and perseverance toward future goals (Dweck, 2006). Notably, mindset is malleable. Feedback by others matters; constructive praise focuses on the process of learning, including effort given and strategies involved (e.g., "you worked hard, making great revision notes"), whereas destructive praise focuses on the person and the outcome (e.g., "you are smart and kind").

In sum, positive psychology emphasizes numerous concepts relevant for youth. Strengths, mindsets, and other individual characteristics contribute to the 5 C's of positive youth development, and positive education is applying these concepts to the classroom and school environment. By developing such characteristics, behaviors, and attitudes in youth, both within schools through positive education approaches and outside of school through positive youth development programs, a foundation is laid for youth to develop into flourishing, contributing adults.

Programs that Cultivate Positive Development

Researchers have identified many of the precursors of the aforementioned positive youth characteristics and are now turning their attention to their deliberate cultivation (Seligman, 2011; Seligman, Steen, Park, & Peterson, 2005). One of the early demonstrations of the positive youth development approach was the work of Hawkins and Catalano in their Seattle Youth Development Project (Hawkins et al., 1992). This project applied positive youth development principles to build competencies in children and bonding to both teachers and parents across the elementary school years. The project produced favorable outcomes that lasted over at least 15 years, with enhancements in educational outcomes and community engagement and reductions in mental health disorders and sexual risk outcomes (Hawkins et al., 2008). Notably, the program has been estimated to produce a benefit-to-cost ratio of greater than 2 to 1 (Catalano et al., 2012).

Another notable program led by Botvin (1998) developed a competency-based intervention for middle school youth that built life skills for healthier decision making by teaching drug resistance, self-management, and social skills. This program has been shown to reduce drug and substance use and violence by 40% to 80%, with effects that last for several years beyond the

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program; however, careful and complete implementation of the program is important, and booster sessions may be needed to maintain gains (Botvin, 2000). This program has been estimated to produce a sizeable benefit-to-cost ratio of greater than 40 to 1 (Catalano et al., 2012).

The most direct test of the positive youth development model comes from the 4-H Study of Positive Youth Development, led by Lerner et al. at Tufts University. Beginning in 2002–2003, the study has prospectively followed a (p. 556) sample of diverse youth and their parents to understand individual and environmental factors that influence positive, healthy development (Lerner et al., 2005). The study aims to empirically understand the individual and contextual processes through which positive youth development emerges. Many findings have arisen from the study (see Lerner et al., 2009, and the 2014 special issue of *The Journal of Youth & Adolescence* for detailed findings and discussions of the study). For instance, participation in sports and youth development programs helps promote positive youth development and prevent youth problems. Further, promoting positive youth development is not the same as preventing problem behaviors.

Perhaps one of the most significant developments in the field of positive development over the last decade has been the proliferation of school-based programs designed to promote *social and emotional learning* (SEL) of children and youth, led primarily by CASEL (www.casel.org). Extensive research shows that social and emotional competencies are associated with success in school and life. That is, students who appreciate themselves and their abilities realistically (confidence), who recognize and regulate their emotions and behaviors appropriately (self-control), who are able to take the perspective of and care about others (caring), who handle conflicts effectively and build and maintain good relationships (relationship and problem-solving skills), and who make ethical and sensible decisions (character) are more likely perform better academically and less likely to engage in problem behaviors. Durlak et al.'s (2011) meta-analysis confirmed the effectiveness of school-based interventions to promote these competencies with effect sizes in the range of $r = .30$. They have also identified effects of after-school programs, especially those with a clear focus on SEL objectives, but with smaller effect sizes, in the range of $r = .15$. These programs tend to have positive effects on a range of outcomes, including improved academic performance and reduced problem behaviors and emotional distress.

A growing number of positive education programs have been developed, many of which draw together different positive psychology concepts into the curriculum. The Penn Resiliency Program, spearheaded by Gillham et al., developed a positive education curriculum based on cognitive-behavioral therapy for increasing mental resilience. The intervention strategies have been shown to reduce depression and associated conditions in adolescents by as much as 50% (Gilham et al., 2013; Seligman et al., 2005; Sin & Lyubomirsky, 2009). A modification of the program has been developed for the U.S. Army, following a train-the-trainer approach (i.e., train the masters in command, who in turn train army personnel under their command; Reivich, Seligman, & McBride, 2011). Evidence suggests that the program has reduced diagnoses of mental health problems and substance abuse after deployment (Harms, Herian, Krasikova, Vanhove, & Lester, 2013).

Schools are incorporating positive psychology concepts into their curricular and extracurricular areas. For instance, a secondary education program at Strath Haven High School in suburban Philadelphia integrated various positive activities into the language and literature curriculum, with a focus on developing positive emotions, meaning, and purpose and identifying and using signature strengths (Seligman et al., 2009). Wellington College in the United Kingdom includes biweekly lessons on thriving and practical living skills (Green, Oades, & Robinson, 2011). The BounceBack! program in Australia has developed various curricula for primary schools focused

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on coping and resilience, courage, optimism, emotion regulation, social relationships, and skills for achieving success (McGrath & Noble, 2011). Numerous programs focus on identifying, reinforcing, and using character strengths, including Happy Classrooms in Spain (Rey, Valero, Paniello, & Monge, 2012), Celebrating Strengths in the United Kingdom (Fox Eades, 2008), and Strengths Gym (Proctor et al., 2011), Strong Planet (Fox, 2008), and SMART Strengths in the United States (Yeager, Fisher, & Shearon, 2011).

Although mostly focused on curriculum, some schools are starting to approach positive education from a whole-school approach, more (p. 557) directly addressing the context and system of the school. For example, beginning in 2008, Geelong Grammar School in Victoria, Australia, began applying the concepts of positive psychology, focusing on six domains: positive emotions, engagement, accomplishment, purpose, relationships, and health, underpinned by character strengths (Norrish et al., 2013). Following a "live it, teach it, and embed it" framework, the program focuses first on training staff and supporting their well-being, next teaching well-being to students implicitly and explicitly, and then embedding well-being across the multiple stakeholders and policies of the school to create a culture centered on well-being. St. Peter's College, Adelaide, South Australia, similarly has incorporated a whole-school strategy by incorporating well-being into the strategy of the school, working with leadership to build top-down support, training and supporting teachers and staff, and incorporating well-being and strengths education implicitly and explicitly into curricular and extracurricular activities (Kern et al., 2015; Waters & White, 2015).

To date, few data are available that evaluate the long-term effects of these programs, but the results are promising in terms of reducing youth problems and promoting positive outcomes such as academic achievement and mental health (Gillham et al., 2013). Many of these positive strategies and positive interventions (e.g., counting our blessings exercise) are simple and ordinary and thus could be easily incorporated into various interventions, preventions, or promotion efforts in the classrooms; after-school programs; and mental health service settings. Such strategies can successfully influence emotions, peer relationships, and classroom behaviors, although what works best, for whom, when, and where is unknown. It is unlikely that a simple exercise will have much lasting impact, but as such exercises become part of the culture of the school or program, it may have an influence on mindsets, attitudes, and behaviors, with lasting impact.

Of the many thousands of youth development programs worldwide, at most several hundred have been evaluated, and only a few dozen of these evaluations satisfy rigorous methodological standards (Durlak et al., 2011). Often, the reviews conclude by identifying a small number of model programs (as judged by rigorous evaluations) that are then described in detail. Box 26.1 lists some of the frequently cited model programs and their design features. (More detailed descriptions of most of these programs as well as many others are available at http://www.casel.org/guide/programs.) These programs are not the only ones that work, but the evidence for their effectiveness is especially solid because it usually involved evaluation with random assignment, multiple outcome measures, and long-term follow-up.

Box 26.1 Model Youth Development Programs

Big Brothers/Big Sisters **(Tierney & Grossman, 2000)**

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- Ongoing community-based mentoring program (3–5 contact hours per week) that matches low-income children and adolescents, many from single-parent homes, with adult volunteers with the expectation that a caring and supportive relationship will develop
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included academic achievement, parental trust, violence, alcohol and drug use, truancy.

Caring School Community (Solomon, Battistich, Watson, Schaps, & Lewis, 2000)

- 25-session school-based program that targets drug use and violence through community-building exercises
- Evaluated with quasi-experimental design using multiple comparison groups, long-term follow-up
- Outcome measures included social acceptance, alcohol and drug use, loneliness, social anxiety, antisocial behavior (weapon carrying, vehicle theft).

Communities That Care (CTC) (Hawkins et al., 2007)

- A coalition-based community system operating through a five-phase process to help decision makers in the community select and implement tested, effective prevention policies and programs to be implemented
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included academic success, substance abuse, delinquency.

Penn Resiliency Program (Gillham & Reivich, 2004)

- 12-session school-based program for preventing depression among children and adolescents by teaching cognitive-behavioral skills, especially those involved in optimistic thinking
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included depression and anxiety (symptoms and diagnoses), physical health, violence, optimism.

Positive Action Program (Flay & Allred, 2010)

- A comprehensive school-based social-emotional and character development (SACD) program that consists of 140 lessons of K–12 classroom lessons (15–20 minutes daily) as well as school climate development and family and community involvement
- Evaluated with quasi-experimental and experimental design, long-term follow-up
- Outcome measures included academic achievement, problem behaviors, problem-solving skills, pro-social behavior, healthy school climate.

Promoting Alternative Thinking Strategies (PATHS) (Greenberg & Kusche, 1998)

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- Multiple-year school-based program to promote social and emotional competencies and reduce problem behaviors for young children to sixth-graders from various backgrounds, such as regular education students, deaf children, and at-risk students. It has both classroom/school and parent components.
- Evaluated with a randomized controlled trial design, long-term follow-up
- Outcome measures included emotional knowledge, self-control, positive behaviors, conduct problems, skills for social planning, and social problem solving.

Quantum Opportunities Program (Hahn, Leavitt, & Aaron, 1994)

- Year-round multiple-year community-based program (750 contact hours per year) for very poor adolescents that provides educational, community service, and development activities and financial incentives for participation
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included high school graduation, college attendance, positive attitudes, volunteer work, criminal activity.

Seattle Social Development Project (Hawkins, Kosterman, Catalano, Hill, & Abbott, 2008)

- School-based program for grades one through six to promote healthy behaviors and positive social development; provides teacher training in classroom instruction and management, child social and emotional skill development, and parent training
- Evaluated with nonrandom-assignment design, 15-year long-term follow-up
- Outcome measures included functioning in school and work, mental health, sexual behavior, crime, substance use, court records.

Skills, Opportunities, and Recognition (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999)

- Multiple-year school-based program infused into the entire curriculum that targets positive development and academic competence by reducing risk factors and increasing connections to school and family; provides teacher training in classroom instruction and management, child social and emotional skill development, and parent training
- Evaluated with random-assignment design, long-term follow-up
- Outcome measures included pro-social bonds, academic achievement, commitment to school, violence, substance use, sexual behavior.

Box 26.2 summarizes some of the major reviews of empirical studies of the effectiveness of youth development programs in reducing problems and/or promoting well-being. As can be seen, each of the reviews was able to point to empirical evidence that at least some programs achieved one or more of their stated goals, as shown by demonstrable effects on the outcomes of interest. These are largely consistent with the summary reports provided by Eccles and Gootman (2002), Nation et al. (2003), Park and Peterson (2004), and Durlak et al. (2011). The core messages stemming from these reviews is that well-designed and well-executed youth development programs can promote the positive and reduce the negative. However, caution is needed as there are inconsistent measures across studies, especially for positive outcomes, and in most cases long-term follow-up data (i.e., years after the program is done) are lacking. Program

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evaluations rarely assess fidelity of implementation; when the program turns out as not effective, it is difficult to know whether it is because the program was not implemented as intended or if there were problems with the design of the program. Further, returning to the contextual nature of positive youth development, consideration of personal and social factors that moderate program effects are needed.

Box 26.2 Reviews of Empirical Studies of Youth Development Programs

Berkowitz & Bier (2007)

- Reviewed 78 studies of different character education programs; included only studies with character-relevant outcomes, comparison groups, and pre-to-post (change) data
- Results: Total 51% of targeted outcomes were significantly impacted by programs, with 62% of “head” (knowledge and reasoning), 49% of “hand” (action), and 45% of “heart” (caring) outcomes.

Casel (2003)

- Reviewed 242 school-based programs whose descriptions were rated by experts as satisfying the principles of how to impart social and emotional intelligence, and in particular the 80 programs that covered multiple years
- Results: The review identified the 22 most effective and comprehensive SEL programs. Effective programs improved sense of connection to school, self-regulation, character development, responsibility, skills for goal setting and problem solving, and academic achievement.

Catalano, Berglund, Ryan, Lonczak, & Hawkins (2004)

- Reviewed 77 promotion programs for youth, and 25 in detail; included only programs with comparison groups and at least one significant result
- Results: 76% of programs improved positive behaviors, including interpersonal skills, quality of relationships, self-control, problem solving, competencies, self-efficacy, commitment to schooling, and academic achievement. 96% of programs reduced problem behaviors, including smoking, drug and alcohol use, school misbehavior, aggressive behavior, truancy, and high-risk sexual behavior. Two thirds of the effective programs operated in multiple settings including the school, the family, and the community. Programs with multiple methods, multiple components, and longer, structured, and consistent delivery were more effective.

Durlak, Weissberg, & Pachan (2010)

- Reviewed 68 after-school programs that offer activities between the ages of 5 and 18; included only programs with comparison groups and with the promotion of personal and social development as goals, about 35% with randomized design
- Results: Only SAFE (sequenced, active, focused, and explicit) programs were associated with significant reductions in conduct problems and drug use, and improvements in self-

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perceptions, school bonding, positive social behaviors, school attendance, and academic achievement. Of the 68 programs, 60% were identified as SAFE programs.

Durlak, Weissberg, Dymnicki, Taylor, & Schellinger (2011)

- Reviewed 213 school-based, universal SEL programs for youth between the ages of 5 and 18 without adjustment or learning problems; included only programs with comparison groups, about 47% with random assignment
- Results: Programs improved students' social and emotional skills, attitudes toward self and others, positive social behaviors, and academic performance, and decreased problem behaviors and emotional distress. The SAFE (sequenced, active, focused, and explicit) practices moderated program outcomes.

Gavin, Catalano, David-Ferdon, Gloppen, & Markham (2010)

- Reviewed 30 positive youth development programs that offer activities to foster general positive youth development outcomes in multiple socialization domains; included studies with experimental or quasi-experimental evaluation design
- Results: 50% of programs had evidence of moderate and sustained effects on improving adolescent sexual and reproductive health outcomes. Effective programs significantly strengthened the school context and delivered activities in a supportive way. Effective programs also tended to empower youth, engage youth in real activities, improve relationships and bonding, strengthen the family, build new skills, and communicate expectations clearly, and were relatively longer in duration.

Greenberg, Domitrovich, & Bumbarger (1999)

- Started with 130 prevention programs that were either universal (targeting all youth), selective (targeting at-risk youth), or indicated (targeting youth showing early signs of disorders but not meeting diagnostic criteria) and reviewed 34 in detail that included a comparison group, pre- and post-test measures, and a written manual specifying theory and procedures
- Results: Short-term prevention programs produce short-term benefits, while multiple-year programs fostered lasting effects on reducing internal and external problems. For at-risk or serious problems groups, ongoing programs starting in the preschool and early elementary years were more effective at reducing resistance and morbidity. Programs focusing on risk and protective factors were more effective than categorical problem behaviors. Effective programs were directed at changing multiple domains including family, school, and community as well as individuals.

Hattie, Neill, & Richards (1997)

- Reviewed 96 evaluations of adventure programs (e.g., Outward Bound) and excluded nine as being of poor scientific quality. Also excluded school-based programs as insufficiently challenging. Included only programs that had comparison groups, adequate measures, and detailed methodological descriptions.
- Results: The greatest effects on outcomes related to a sense of control, self-regulation, self-confidence, self-understanding, decision making, and responsibility; the effects were

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long-lasting and the gains were sustained. Selective programs with older participants, longer program length, and quality of instructors were effective.

Nelson, Westhues, & Macleod (2004)

- Reviewed 34 programs for at-risk preschoolers in terms of positive and negative outcomes classified as cognitive or socioemotional. Included studies with comparison groups and long-term follow-ups.
- Results: Cognitive impacts were at kindergarten to eighth grade, with the greatest in the preschool period. Socioemotional impacts were at kindergarten to eighth grade and high school, and parent/family wellness impacts were at preschool and kindergarten to eighth grade.

Roth & Brooks-Gunn (2003)

- Drawing on earlier reviews to identify programs, these researchers evaluated 48 studies of programs that targeted one or more of these positive youth outcomes; notable was the attempt to categorize programs according to program goals, program atmosphere, and program activities, and relate these features to effectiveness.
- Results: All programs with enhancing competency, character building, and caring goals, 68% of programs with confidence goals, and 54% of programs with connections goals were met with success. For the success of programs, atmosphere and activities of programs were not important, but modest goals of programs were.

Roth, Brooks-Gunn, Murray, & Foster (1998)

- Reviewed 60 community-based prevention and intervention programs for youth and selected 15 for their final review; included only studies with comparison groups
- Results: Long-term programs with more elements that engaged youth and viewed young people as resources were the most effective. Resistance skills-based prevention programs were the least effective. A caring adult–adolescent relationship was proven to be important in the positive youth development outcomes.

In general, various youth development programs have produced positive results, but not all programs are effective. Indeed, in one large evaluation of seven youth development programs delivered to students in third through fifth grade, there was little evidence of positive **(p. 558) (p. 559)** impacts, especially for high-risk students (Social and Character Development Research Consortium, 2010). Thus, there is room for improvement within current programs. Too little is known about what the critical components of successful programs are, and what the process and mechanisms are that lead to effective outcomes. Most of the programs do not separate the effects of each component of the program and do not evaluate different combinations of components. Also, although reviews found that programs benefited children from diverse geographic, socioeconomic, and racial, ethnic, and cultural backgrounds, more research is needed to understand how programs uniquely work for children with special challenges such as parent divorce, poverty, and disabilities and how to improve their effectiveness for the children's social and emotional well-being.

And what about communities? Epidemiologic research tells us that problems are more likely to occur in some communities than others, but the studies are not fine-grained, and in any event we know that problems co-occur. Not enough is known about the features of community settings

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that help youth thrive in all the ways that we have described, with a few exceptions (e.g., Theokas & Lerner, 2006). It is disappointing that in the extensive study of positive youth development in youth participating in various after-school activities, greater participation in school and after-school activities in resource-poor communities was associated with increased risky behavior in boys and greater depression in girls (Phelps et al., 2007). These findings suggest that despite the best efforts of positive youth development programs, the obstacles posed by poor communities can outweigh the potential benefits of those programs.

Taking Stock of What We Know

Over the past three decades, advances in research and practices have bolstered our understanding of various individual and contextual factors linked to youth's health and well-being, as well as effective ways to cultivate them. Labels vary, but there is general agreement about the positive characteristics of youth. These characteristics exist in degrees, not types. Children and adolescents are not simply doing well or doing poorly; they range and move along a spectrum. Accordingly, we need to take a broad and nuanced view of the goals of positive youth development. Indicators and indices of positive youth development must do more than ascertain the absence of disorder and distress; they must also promote the existence and cultivation of wellness and hope. Much more work needs to be done to craft generally useful measures of positive constructs, and to see that these are routinely used in evaluations of youth programs (Lippman, Moore, & Mcintosh, 2011; Moore, Lippman, & Brown, 2004). **(p. 560)** **(p. 561)**

(p. 562) Importantly for the purpose of this volume, positive characteristics *can* buffer against the development of the most common psychological disorders among youth (Gillham et al., 2013; Pollard et al., 1999). There is the potential to immunize youth against ever experiencing mental disorder, or at least minimizing the severity of disorders that might occur. SEL programs and early successes in positive education further suggest the value of incorporating positive development within and outside of schools. Empirical reviews and meta-analyses suggest that comprehensive and well-integrated positive youth development programs contribute to youth well-being and health by reducing unhealthy behaviors and emotional problems, while cultivating and improving social skills, pro-social behaviors, competencies, positive relationships, and learning (Durlak et al., 2010, 2011). Furthermore, there is agreement that we can encourage optimal development through youth programs, either those that already exist (e.g., Big Brothers/Big Sisters) or those explicitly designed by psychologists, prevention scientists, and youth development practitioners for this purpose.

Despite some limitations, there are several common threads across reviews about what makes programs more effective. There is generally agreement that programs are apt to be most successful—increasing positive outcomes and reducing negative outcomes—if they have the following features:

1. **More is better.** Longer-term programs are more effective. Hour-long or weekend workshops are not effective interventions; however, programs in which youth spend more extended periods of time are likely to be more effective in reducing negative outcomes and encouraging positive outcomes. However, the frequency and the intensity of intervention needed to achieve success is unknown. This is important to resolve, given the limited resources typically available in schools and other settings (Roth, Malone, & Brooks-Gunn, 2010).

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2. **Begin early, but with appropriate timing**. In general, the most effective programs do not wait for their participants to enter adolescence, but begin with younger children (cf. Zigler & Berman, 1983). As a preventive approach, the more that youth can learn before entering rocky periods of life, the greater skills and resources they will have to buffer and face stresses that occur. However, the optimal range of ages remains unclear (Nelson, Westhues, & MacLeod, 2004). Interventions and programs need to be developmentally appropriate. Any program that requires metacognitive skills on the part of participants needs to be sure that these skills exist (e.g., Gillham & Reivich, 2004). In the preschool years, for instance, it might be most beneficial to target parents and caregivers rather than the youth themselves. Care needs to be taken that youth do not become bored, lest the programs backfire and lead to rebellion. And some preventive programs might be best at the ages when youth are encountering triggers. For example, one meta-analysis found that eating disorder prevention programs had larger effects for participants over age 15 (Stice & Shaw, 2004).
3. **Structured and accurate.** Effective programs have a clear plan that is monitored on an ongoing basis, and are implemented with fidelity. Practices that use the sequenced, active, focused, and explicit (SAFE) approach (i.e., they provide youth with an opportunity for active involvement, have explicit goals, and focus on reaching them) tend to be more effective (Bond & Hauf, 2004; Durlak, 1997; Durlak et al., 2011; Dusenbury & Falco, 1995). Manuals that spell out the program components in detail are helpful for maintaining program fidelity.
4. **Supportive.** The best programs are those in which youth have at least one supportive relationship with an adult. Successful programs focus on building supportive (p. 563) relationships between youth participants and group leaders, teachers, and parents.
5. **Active.** The most effective programs actively teach skills related to the target outcome through hands-on and minds-on engagement. Youth need to be empowered to take control of their own learning, well-being, and development.
6. **Broad.** The most effective programs target several systems simultaneously, such as home and school. General life skills provide a broader base of influence than specific resistance skills. Programs that work best provide ways for youth to think differently and also to act differently.
7. **Contextually relevant.** Programs work best when they are tailored to the cultural background of their participants and take a sophisticated “person-in-environment” approach. They do not address just internal factors like character strengths, and they do not address just external factors like school safety. Instead, they address both.
8. **Theory-based.** Programs work best when guided by explicit theories about the causes of outcomes and the mechanisms of change. A working theory or model informs the structure of the program, the activities used, outcomes of interest, and measures of success.
9. **Multipronged.** Effective programs use multiple components that intervene at various levels: individual, teacher, family, friends, school, and community. They also use various strategies (e.g., classroom learning, after-school programs, activities) that enhance social, emotional, behavioral, cognitive, and moral competencies.

What We Need to Know

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These broad principles of “what works” give some guidance, but there is much we do not know, in large part due to lack of rigorous evaluations, inadequate measurement, and the complexity of factors involved in development. Although evaluations suggest statistically significant improvements, the size of such effects is unclear. We do not know which features are more versus less important in producing outcomes, which combination might be needed, the timing involved, or individual and social moderators. We do not know if promotion programs help troubled youth as much as they help youth in general, although violence prevention programs and eating disorder prevention programs seem more successful when they target at-risk individuals (e.g., Stice & Shaw, 2004). Further, almost nothing is known about the cost-effectiveness of different programs (or program features) with respect to various outcomes (see Newman, Smith, & Murphy, 2000).

To provide guidance for future research, we propose two areas of studies that would advance our knowledge and practice of positive youth development vis-à-vis mental health and mental illness.

The Natural History of Positive Youth Development

What is a healthy and thriving youth? We have concluded that the positive perspective provides a consensual answer to this question, but it is only a snapshot. We know relatively little about who these young people are except that they can be found in all walks of life. We need detailed descriptions of youth who are naturally doing well—where they come from, where they go, what choices they make, and what routes they take in between. A good first step has been taken by studies already under way that use existing samples followed over many years (e.g., Hawkins et al., 1992). For example, the Terman Life Cycle Study (a prospective longitudinal study that followed gifted individuals from childhood through death; Friedman & Martin, 2011) and the Harvard Grant Study (a prospective study of Harvard graduates followed across their lives; Vaillant, 2012) have provided in-depth descriptions of people’s lives, with in-depth characterizations of factors that influence health, well-being, career success, societal contribution, and social relationships.

Numerous archival datasets, with both quantitative and qualitative information, large samples, longitudinal designs, and (p. 564) multiwave assessments, are increasingly available. Secondary analysis of archival data will be useful for understanding trajectories, key turning points, and mechanisms and moderators of positive development. However, it will be important for studies to incorporate youth from a broad range of socioeconomic backgrounds.

Beyond existing data, additional measures can be added to ongoing longitudinal studies. Such studies should include measures of positive characteristics (positive emotions, flow, character strengths, positive relationships, skills, talents, and life purposes), measures of risk, and measures of problems (negative emotions, risky behaviors, symptoms, and psychological disorders). That is, the full spectrum of psychosocial function and behaviors should be included. It would be a shame if the positive psychology perspective leads researchers to repeat the error of business-as-usual psychology by ruling out a balanced view of youth and the adults they become. Including both positive and negative measures over time allows the critical questions we have posed to be answered with hard data (cf. deVries, 1992). Do positive characteristics preclude recurrence of problems? Do they limit them? Do they allow youth to learn lessons from crises, episodes of disorder, and misfortunes? Which positive characteristics provide the best buffers against depression, substance abuse, or anxiety disorders?

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The data from such studies can be productively examined with the techniques of causal modeling that use statistical techniques to evaluate the adequacy of causal relationships between variables (e.g., Connell, Gambone, & Smith, 2000; Gambone, 1997; Halpern, Barker, & Mollard, 2000; Walker, 2001). Sample sizes must be large enough, especially to discern interactions between and among variables. But with adequately powered designs, these models allow inferences about what might prevent what and why. As already emphasized, explicit theory is imperative to specify hypothesized links prior to causal modeling.

Although studies often rely on quantitative data, qualitative information can highlight narratives of life. Realistic portrayals of young people, including their flaws and problems and how they cope with them, might inspire other teenagers to focus on what they do well and to eschew a victim mentality (Shih, 2004). There are plenty of examples, in the past and the present, of people who live successful personal and professional lives while they live with mental disorders. Deserving of study are the more mundane among us who go to school or show up at work or raise our families even when we are depressed or anxious. What is their everyday life like? How do they deal with challenges and difficulties? How and why are some people with mental disorders better adapted than the others?

Dissemination of information about youth who are thriving might help combat negative stereotypes about teenagers. For example, a retrospective study conducted with several thousand adults asked respondents if they had ever experienced a severe psychological disorder, and if so, how well they had recovered from it (Peterson, Park, & Seligman, 2006). The study also measured their life satisfaction and various strengths of character. Individuals who had fully recovered from a disorder were just as satisfied with their lives as those who had never experienced a disorder. At least for some, there is light at the end of the psychopathology tunnel: "'Tis an ill wind that blows no good." And individuals who had fully recovered from a disorder also reported higher levels of appreciation of beauty, bravery, creativity, curiosity, forgiveness, gratitude, love of learning, and spirituality, compared to those who had never experienced a psychological disorder. Whether these character strengths were in place before the disorder and helped in recovery or whether they represent lessons learned during difficult days is unclear from the research design, but the need for a richer prospective study is implied.

Positive Interventions for At-Risk and Troubled Youth

With respect to needed intervention studies, we believe that there are two promising research avenues to pursue. First, *positive prevention* would use already-established best-practice youth development interventions to (p. 565) help at-risk youth. Although we know that these interventions in general make disorder less likely, we need to know more about why and how prevention works when it does, especially among those at risk. We have proposed that positive prevention programs are effective because they cultivate the ingredients of the good life, such as positive emotions, strengths of character, competencies, and social engagement. An opposing hypothesis is that prevention only works when it undoes biological risks to disorder. By this view, the cultivation of the positive should be irrelevant in predicting who benefits from prevention programs, especially in the long run.

The questions of immediate interest are who does or does not develop a disorder and whether some disorders are more easily prevented than others. But we are also interested in what happens to those youth who do develop a disorder in spite of the interventions. Some will show recurrent problems, and some will not. What predicts differing courses following initial episodes? The positive psychology prediction is that even if cultivated positive characteristics do

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not prevent a disorder, they might well limit recurrence and allow the eventual achievement of a good life.

Second, *positive rehabilitation* again uses existing best-practice youth development programs with troubled teens during or after an episode. With adults, numerous reviews find that psychotherapy is as effective, if not more so, than pharmacological approaches, depending on the type of disorder, therapy, and drug (e.g., Anderson et al., 2008; Casacalenda, Perry, & Looper, 2002; Steinbrueck, Maxwell, & Howard, 1983). However, most adults with serious mental disorders can also expect to be in and out of treatment for the rest of their lives. At its worst, this phenomenon is dubbed “revolving-door psychiatry.” Even at its best, this phenomenon leads to perpetual aftercare in the form of support groups, booster psychotherapy sessions, and/or prophylactic medication (Weissman, 1994). Further, among adults, it seems clear that prognosis worsens with age for almost all psychological disorders (e.g., Seivewright, Tyrer, & Johnson, 1998). Although the apparent magnitude of this effect may be an artifact of studying patient samples rather than community samples, past psychological problems remain the best predictor of future psychological problems.

Matters may be different for young people. A depressed middle-aged adult will likely become depressed again, no matter how effective treatment may be in the short term, but young people who become depressed may not become depressed again if early intervention takes place (e.g., Birmaher, Arbelaez, & Brent, 2002; Clarke et al., 2001; Lewinsohn, Pettit, Joiner, & Seeley, 2003; but cf. Weissman et al., 1999). The same is true for many other problems, such as anxiety disorders (Dadds et al., 1999). Indeed, among adolescents showing early (prodromal) symptoms of schizophrenia, early intervention may help stave off the full-blown disorder (Cannon et al., 2002; Harrigan, McGorry, & Krstev, 2003; McGorry et al., 2002; Phillips, Yung, Yuen, Pantelis, & McGorry, 2002). And it is clear that many teenagers experiment with drugs or alcohol without dooming themselves to a life in recovery (Spooner, Mattick, & Noffs, 2001). At least for some young people and for some disorders, it becomes meaningful to speak of curing mental illness, which provides a powerful rationale for the focus on youth taken by this volume.

We know that some youth who enter the mental health system are successfully treated and are never seen again, just as we know that the majority of young people who enter the juvenile justice system never return again (Snyder & Sickmund, 1999). The skeptic might argue that these cases are not really cures—maybe the initial diagnoses were simply wrong, maybe the problems recurred but further treatment was not sought, and so on. The positive perspective suggests that we take this phenomenon at face value and fill in its details with the facts. The natural history studies we have proposed would begin to yield critical information about single-episode individuals.

Why are young people different? We speculate that it is not age per se that is the crucial factor but rather the number of untreated episodes someone experiences and the psychosocial **(p. 566)** consequences of these episodes that determine long-term prognosis—the doors closed by lost time, missed opportunities, and pervasive stigma. Indeed, the more episodes of a disorder, the greater the likelihood of still more episodes and the worse the prognosis for an individual. If this downward spiral can be interrupted early enough, perhaps the business of life can take over as a curative agent.

Consistent with this analysis, Joiner (2000) grappled with the self-propagating nature of depression and argued that interpersonal processes like excessive reassurance seeking and conflict avoidance are largely responsible for its persistence and/or recurrence. Other interpersonal processes by implication set the person on a different course that entails true recovery. Perhaps youth development programs and positive interventions can preclude

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recurrence of depression—and other psychological problems—by imparting appropriate strengths and competencies on which the person can rely when troubled. To the degree that young people have more life satisfaction, greater character strengths, and better social support and are more engaged with learning and new experiences, they may be set for an upward spiral of positive life experiences and experience fewer problems in the wake of difficulties.

The studies of positive rehabilitation that we propose would go further in trying to influence prognosis by deliberately cultivating the ingredients of a healthy life. In the field of positive psychology, there has been some success with positive psychotherapy, which incorporates positive psychology concepts into clinical work. Positive psychotherapy accentuates the positive resources that clients have for treating psychopathology (Rashid, 2015; Seligman, Rashid, & Parks, 2006). It assumes that people inherently desire growth and happiness, that strengths are authentic and real, and that therapeutic relationships can focus on strengths and use of resources, not just weakness and distress. Validation studies to date provide early evidence for the effectiveness of this approach.

Further, studies of *psychosocial rehabilitation* for troubled youths add additional support for such an approach. Psychosocial rehabilitation embraces an educational model, as opposed to a disease model, attempting to teach psychological and social skills that facilitate productive community reintegration of youth following treatment (Byalin, Smith, Chatkin, & Wilmot, 1987; Fruedenberger & Carbone, 1984). Such programs are effective in reducing recurrence of a variety of problems and appear to be cost-effective (e.g., Barasch, 1994; Mishna, Michalski, & Cummings, 2001; Rund et al., 1994). The positive psychology perspective goes beyond typical psychosocial rehabilitation to specify the active ingredients that allow imparted skills to be deployed to best effect.

Studies of positive rehabilitation would use the same general research design already sketched for studies of positive prevention: randomly assign research participants—in this case adolescents with disorders—to intervention and comparison groups, and do a thorough assessment of both positive and negative characteristics before, during, and after the intervention. Measures of perceived stigma would be an informative addition to the assessment battery. Those in comparison groups would of course receive conventional (business-as-usual) aftercare. Both specific and general programs should be included. It might also be of interest to see if the timing of positive rehabilitation matters: should it begin during treatment of a disorder (in the middle of the episode) or following symptom relief (after the episode)?

Studies of positive prevention and especially positive rehabilitation for youth would represent a strong test of the perspective put forward here. If the positive perspective on youth development has legs, it should be able to move young people not only from +2 to +5, but also from −3 to +5—and to keep them there.

Conclusion

Research findings over the past three decades have brought empirical support for key premises of positive youth development and (p. 567) provided important insights into what constitutes positive youth development and what individual and contextual factors might relate to youth thriving. The goal of positive youth development goes beyond merely surviving in the face of adversity to thriving. Evidence is accumulating that positive characteristics play important roles in positive youth development, not only as protective factors, preventing or mitigating psychological and behavior problems, but also as enabling conditions that promote resilience and a flourishing life. These sets of positive characteristics can be cultivated by

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appropriate parenting, schooling, various youth development programs, and caring communities.

Future studies will continue to refine measures and to use empirical findings to understand its development, effective interventions, and the processes that give rise to positive development. All young people with or without problems have unique strengths and the capacity to grow. It is our responsibility to help them to realize their potentials and build a life worth living for themselves and for society.

Glossary

5 C's
– system of five positive qualities (connection, competence, character, caring, and confidence) that should be promoted in young people, according to positive youth development theory and scholarship, resulting in a sixth C, contribution
Bioecological approach
– Bronfenbrenner's approach to development emphasizing the multiple contexts in which behavior occurs
Caring
– the ability to sympathize and empathize with others
Character
– a moral and ethical disposition that respects cultural and societal values
Character strengths
– positive traits (individual differences) like curiosity, kindness, hope, and teamwork that contribute to fulfillment
Competence
– having a positive view of oneself across social, emotional, cognitive, and vocational domains
Competencies
– social, emotional, cognitive, behavioral, and moral abilities
Confidence
– an internal sense of self-efficacy and self-worth
Connection
– bidirectional emotional and committed bonds between a youth and others in the family, peer group, school, community, or culture
Contribution
– productive involvement in the community, which is seen as an outgrowth of successful development
Engagement
– a multidimensional characteristic, with definitions including a capacity to become absorbed and focused on what one is doing (cognitive), involvement and interesting life activities and tasks (behavioral), and commitment, passion, enthusiasm, focused effort, and energy (psychological/ affective)
Flourishing
– feeling good and functioning well, which combines high levels of mental health and low levels of (or absent) mental illness
Flow
– psychological state that accompanies highly engaging activities
Gratitude

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– a positive emotion or a life orientation that involves noticing and appreciating positives in the world

Grit

– the tenacious pursuit of an overarching goal, despite setbacks that might occur along the way

Growth mindset

– a tendency to view intelligence as malleable and developed through effort and learning

Hope

– a characteristic that involves having goals for the future, motivation or agency to move toward them, and pathways to achieve them

Life satisfaction

– overall judgment that one's life is going well

Meaning in life

– having a sense of direction in life, feeling connected to something larger than oneself, or long-term aspirations that align with one's values and motivate activity

Optimism

– a generalized favorable expectation about the future (p. 568)

Perseverance

– the ability to focus on longer-term or superordinate goals and stick with the pursuit of these goals over time, despite setbacks and obstacles that occur along the way

Positive education

– application of positive psychology in educational settings; combines positive psychology concepts with best-practice guidelines from education and learning

Positive emotions

– emotions like joy, contentment, and love that are thought to "broaden and build" cognitive and behavioral repertoires

Positive prevention

– positive youth development programs that prevent problems by encouraging assets

Positive psychology

– a scientific, strengths-based approach that examines optimal functioning and aims to discover and promote factors that allow individuals, organizations, and communities to thrive

Positive rehabilitation

– positive youth development programs that promote recovery by encouraging assets

Positive youth development

– umbrella term for approaches that recognize and encourage what is good in young people

Prevention programs

– interventions that prevent problems

Promotion programs

– interventions that promote well-being

Resiliency

– quality that enables young people to thrive in the face of adversity

Self-control

– the ability to regulate attention, emotion, and/or behavior, despite temptation

Social-emotional learning (SEL)

– the process of acquiring social and emotional skills in five domains: self-awareness, social awareness, responsible decision making, self-management, and relationships management

Subjective well-being

– often used interchangeably with flourishing; high life satisfaction and positive affect and low negative affect

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