

## Independent Study Module from the American Nurses Association

### Anticipatory Guidance for Positive Youth

#### Abstract

The American Nurses Foundation of the American Nurses Association works with a federally funded program entitled, Partners in Program Planning for Adolescent Health (PIPPAH). These partners are working to improve the health status of America's adolescents. Health care providers are key to helping parents and other caring adults understand the needs of children as they transition into adolescence. Nurses, numbering 2.6 million, comprise the largest group of health care professionals in the United States.

The purpose of this module is to increase nurses' knowledge of anticipatory guidance for positive youth development in adolescence. Ultimately, by sharing this important information with families, nurses help teens reduce high-risk behaviors and promote health during adolescence.

Key Words: Adolescent Health; Parents; Transition from Childhood to Adolescence; Nurses; Positive Youth Development; Anticipatory Guidance; Reduction of High Risk Behaviors; Teen

#### Objectives

By the end of this module, the nurse will be able to:

1. Describe how to guide parents in the development of protective life skills in their adolescents.
2. Identify a crucial age period for providing anticipatory guidance to promote positive youth development in adolescence.
3. Describe the diversity of youth in America today.
4. List three critical social frameworks for promoting positive youth development in adolescence.
5. Define positive youth development.
6. Name three areas crucial to the parent-child relationship during pre-adolescence.
7. List four tips which parents can use to better understand their adolescent.
8. Discuss the preteens role in establishing and maintaining good "rules of conduct".
9. Gain an understanding of the impact of multimedia use.
10. Describe five strategies for encouraging school success.
11. Identify two community activities that provide constructive use of time for adolescents.
12. Explain courses of action the health care provider can use to support positive development.

#### Introduction

Children are maturing earlier than they did even a generation ago. Some of the high-risk behaviors that were formerly prevalent in the teen years are now being found in younger aged children ([Shure & Israeloff, 2000](#); [Ozer, Brindis, Millstein, Knopf, & Irwin, 2003](#)). In order to reduce this trend, primary health care providers need to take a more assertive approach in guiding children and parents in the development of protective life skills and positive behaviors rather than focusing attention on reducing problem behaviors (Moore & Lippman, 2005). These skills include the ability to recognize and resist social influences to engage in problem behaviors, as well as the

capacity to generate and suggest positive alternatives for staying out of trouble while maintaining friends, in advance of the adolescent years ([Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999](#)).

[Shure & Israeloff, \(2000\)](#) have found that children are aware of the activities of their peer group as early as eight years of age and that behavioral and emotional problems begin to peak during the fourth and fifth grades. As preteens transition to middle school or junior high they express concern about their ability to assert themselves, as well as the pressure to use drugs (Shure & Israeloff, 2000). [Melnyk and colleagues \(2002\)](#) identified the top five worries of school-age children and teens to be:

1. knowing how to cope with things that stress them,
2. anxiety,
3. depression,
4. self-esteem problems and
5. relationship with parent.

It is interesting to note that the parents of these children and teens identified concerns about similar worries for their children. Therefore, the interval between childhood and adolescence - from eight to twelve years of age - is a crucial time for anticipatory guidance.

Additionally, the changing demographics in today's society bring new complexity, opportunities, and challenges. Data from the 2000 census give important facts: almost 20 million children under the age of 18 do not live with either biological parent, over 11 million children below the age of 18 live in poverty, and over 2 million grandparents are the primary adult caretakers for their grandchildren ([Pastor, Makuc, Ruebin, & Xia, 2002](#)). Another 500,000 children live in foster care ([Howze, 2002](#)). For all adolescents, the top three causes of death are unintentional injury, homicide, and suicide. Disparities exist for different gender and racial groups. For example, over one quarter of Black youth and Hispanic youth live in poverty (Pastor et. al., 2002). With these increases in diversity, poverty, and homelessness, as well as escalating health and safety issues, nurses need access to culturally appropriate information and resources to care for adolescents and their families today. Positive youth development requires a holistic view of development encompassing the youth's physical, personal, social, emotional, intellectual, and spiritual development so that interventions take into consideration the individual's choice, values, and culture (Durlak et al., 2007).

The American Medical Association addresses cultural diversity in the publication *Delivering Culturally Effective Health Care to Adolescents* ([Fleming & Towey, 2001](#)). The American Psychological Association (APA) provides a thorough summary of adolescent development in *Developing Adolescents* ([APA, 2002](#)). Information about effectively communicating with adolescent clients is available in the American Nurses Association's continuing education unit entitled, *Working with Adolescents: A Time of Opportunity* ([Krisman-Scott, Buxby, Weill, Bosnick, & O'Sullivan, 2002](#)). This current module focuses on helping nurses empower parents and other primary adult caretakers. By appreciating the early changes in adolescent development, the transition from childhood to adulthood becomes a time of opportunity for successful and affirmative growth. Supporting the critical social frameworks for adolescence - home, school, and community - promotes positive youth development.

### **Positive Youth Development and Critical Social Frameworks**

The American Nurses Foundation (ANF), supported by the Office of Adolescent Health (OAH) of the Maternal Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), participates in interorganizational activities focused on the promotion of adolescent health and positive youth development. In a document entitled *Toward a Blueprint for Youth: Making Positive Youth Development a National Priority*, ([U.S. Department of Health and Human](#)

[Services, 2003](#)) positive youth development is defined as "an approach toward all youth that builds on their assets and their potential and helps counter the problems that might affect them." The key elements of positive youth development, supported by a number of youth serving organizations, are presented in [Table 1](#).

Another view of positive youth development by Eccles & Gootman (2002) and Lerner (2004) includes psychological, behavioral, and social characteristics which they call the "Five Cs" as described in [Table 2](#). The Cs are competence, confidence, connection, character, and caring/compassion. When adolescents develop these "Five Cs", they are considered to be succeeding in life. In addition, these researchers believe youth develop a sixth "C" called contribution (to self, family, community and society).

While critical social frameworks for the adolescent are the home, school, and community, youth first learn to develop a sense of self in the safe context of home and family ([Neumark-Sztainer, 1999](#); [Resnick et al., 1997](#)). Scales et al. (2008) investigated through a national poll of 4,000 teenagers and their parents, the extent to which American children and youth experience the five Promises of the America's Promise Alliance (2006). The five Promises are: 1) Caring adults; 2) Safe places and constructive use of time; 3) A healthy start and healthy development; 4) Effective education for marketable skills and lifelong learning; and 5) Opportunities to make a difference through helping others. They found that far fewer children and adolescents enjoy the fullest of helping others. They found that far fewer children and adolescents enjoy the fullest of developmental input that propel positive youth development. In fact, 30% of 12-17year olds and 13% of 6-11year olds experience only 0-1 of the Promises. No wonder America's Promise and its Alliance Partners (2007) have initiated a national action strategy – "15 in 5" – with the goal over the next five years of adding at least one Promise to the lives of 15 million young people not experiencing them. One exciting finding from the poll was that when young people in different demographic differences seen in positive developmental outcomes seem either to disappear or become significantly smaller (pg. 140). This personal growth is then cultivated in the school and community environments by supportive adult and peer relationships and in the positive activities of youth serving organizations. Being a valued member of a group creates conducive attachments and builds mutual regard and encouragement. This process begins in the family ([Kington & O'Sullivan, 2001](#)).

### **Role of the Family**

Between eight and twelve years of age, preteens develop an increasing allegiance toward peers and a growing independence from family. Often, young people show a preoccupation with their attractiveness with the impending physical changes of puberty. Conflicts with parents and pressures to engage in high-risk behaviors mount ([Green, 2002](#)). This is a very confusing and anxious time for both the adult caregivers and their preteen as things seem to change rapidly during this period.

Importantly, despite these rapid changes, parents and other primary adult caretakers promote the sense of identity, respect, belonging, security, and inclusion that adolescents are seeking. In addition, an adolescent's strong self-worth has been shown to provide protection against engaging in unsafe conduct ([Alessi, 2000](#); [Resnick, 2000](#); [Resnick et al., 1997](#)). Quality time with caring parents builds protective life skills during the preteen years. Three major areas are crucial to the parent-adolescent relationship: a sense of connection, adult monitoring, and support in the development of psychological autonomy ([Focus Adolescent Services, 2003c](#)).

*A Sense of Connection.* The relationship between connected parents and adolescents is characterized by warmth, kindness, love, and stability. By making time, on a daily basis, to talk and listen to the preteen, caretakers discover how the child feels and thinks about diverse topics. Utilizing open-ended questions to understand both the "what" and the "why" of the youth's point of view, parents encourage the preteen to give voice to thoughts and feelings. Parents then present

their own views and together, with the older child, consider the consequences of individual opinions.

Through this type of sensitive discussion, the adult caretaker demonstrates in both words and action that the child is a unique, important individual. This encourages the young person to develop a sense of personal power and control along with the ability to problem-solve in a variety of situations ([Shure & Israeloff, 2000](#)). Pre-adolescents with a strong sense of self use reason and judgment to resist other points of view that have no merit and to seek out other friends who share the same values and ideals ([Blum, Beuhring, & Rinehart, 2000](#)). Research has confirmed that the more open the communication with parents, the safer the adolescent is from high-risk behaviors ([Alessi, 2000](#); [Resnick et al., 1997](#); [Santelli, DiClemente, Miller, & Kirby, 1999](#)). [Table 3](#) summarizes addition tips on understanding young adolescents.

Caring adults also communicate through observable behavior. Adolescents are bombarded with mixed messages that simultaneously denounce and glorify high-risk behaviors. Smoking, drinking, violence, and sexual activity are topics foremost in the mind of the "adult-in-training". Although dialogue regarding these issues is imperative, demonstration by action has been shown to have an even greater effect ([Alessi, 2000](#)). Adolescents want their parents to model the behavior they expect by avoiding high-risk behaviors themselves.

Adolescents need to feel connected in groups as well. The family provides for the first appropriate group activities. Considering the busy schedule of all family members, parents have a difficult role in creating strategies for family connection, involvement, and caring. Protecting family routines and activities is an important parental task. Adolescents appreciate that if you are a part of a group you "hang out together". If teens do not get this sense of belonging and cohesiveness from the family then they may seek it elsewhere ([Bauman & Riche, 1998](#); [Resnick, 2000](#)).

Adolescents need to belong to groups outside the family as well. Resiliency research has shown that exposure to beneficial social environments outside the family can exert a protective influence thereby enhancing the teen's social skills and effective coping mechanisms (Scudder, Sullivan, & Copeland-Linder, 2008). Caretaker support of youth serving groups that promote positive development is especially worthwhile. Parental participation in teen activities as well as approval and recognition of other group members strengthens the benefits of positive youth programs. In addition, engaging in activities that reflect each member's interests shows appreciation of each member's uniqueness. Caring adults have another difficult task in balancing how they communicate and maintain family bonds while encouraging adolescent independence in outside relationships.

*Parental Monitoring.* Parental monitoring is the second major area crucial to the parent-adolescent relationship. Adolescents are less likely to get into trouble when their parents know who their friends are and what they are doing during their free time. Parents who limit their teen's exposure to high-risk environments provide a protective setting in which they can develop personal strengths (Scudder et al., 2008). Again balance between supervision and the promotion of adolescent's growing independence is important ([Green, 2002](#)). According to Green (2002), health providers play an important role in helping families negotiate this balance.

Parents must also be aware of the use of multimedia access by their teen including popular social networking Web sites such as MySpace, YouTube, and Facebook. These sites allow adolescents to explore their identity, communicate with their peers and become members of a group, all important developmental tasks of this age. However, use of these sites does not come without risk. A review of the 2008 MySpace group public profiles of 16 and 17 year olds, showed that 47% of these profiles disclosed sexual activity or substance use. Display of this information may affect all teens by normalizing risky behavior. The media, in all of its forms, exerts an intense influence (Kunkel, Eyal, Finnerty, Biely, & Donnerstein, 2005) on teen behavior. Its effects cut across virtually every concern that parents and health care providers have regarding adolescent

behaviors (Strasburger, 2006). Parents need to encourage an open dialogue regarding use of these venues (Moreno, Parks, & Richardson, 2007).

*Development of Psychological Autonomy.* Rules are powerful tools in the development of psychological autonomy. Adolescents who learn to abide by a set of rules regarding conduct fare better than their peers in avoiding high-risk behaviors ([Resnick, 2000](#)). Caring adults have the responsibility to establish the family "rules of order" regarding acceptable methods of behavior during early childhood years. As children mature into adolescents, however, young people will learn to set and abide by rules as this process becomes more collaborative ([Shure & Israeloff, 2000](#)). Establishing rules with appropriate consequences guide decision-making as the teen matures into adulthood.

Relinquishing some control regarding the decision-making process can be frightening for parents but it is essential for healthy adolescent development. Beginning during the preteen years, young people are able to learn how rules are made, what they mean, and what the consequences are when they are not followed through active participation in family decisions. The young person internalizes family values when everyone is given the chance to talk about the merits of agreed upon rules as well as the opportunity to decide collectively when they need to change. The shift in control regarding appropriate behaviors from the adult to the adolescent is gradual as the teen demonstrates responsible behavior. Parents also have the opportunity to continually reinforce morals and values while inviting their adolescent to do the same.

Consistency provided by rules and consequences gives stability to a teen's life when they make sense to the teen ([Shure & Israeloff, 2000](#); [Smith, 2001](#)). Natural and logical consequences motivate young people to make responsible decisions ([Bauman & Riche, 1998](#)). When consequences are not enforced, adolescents learn to rationalize or minimize culpability. Likewise, when adolescents receive praise for positive results, psychological autonomy is supported. Guidelines for this process can be found in [Table 4](#).

## **Role of the School**

While parents and family have been identified as the primary protective influence on an adolescent's inclination towards high-risk behaviors, the school environment plays a very important role as well ([Neumark-Sztainer, 1999](#); [Resnick et al., 1997](#)). This is where young people spend the majority of their time and develop most of their personal relationships. A supportive school environment, evidenced by high academic standards, praise, incentives and developmental opportunities, has been shown to provide a defensive function for high-risk individuals (Scudder, Sullivan, & Copeland-Linder, 2008). The transitional year between elementary school and junior high is often fraught with feelings of uncertainty and stress due to the number of developmental changes that are occurring ([Lingren, 2001](#); [Shure & Israeloff, 2000](#)). The teen who has a positive attitude toward school is more likely to proceed through adolescence without engaging in such behaviors as drinking, smoking, drug use, violence, and early, unprotected sexual activity (Resnick, et. al., 1997; [Resnick, 2000](#)).

Academic success may not be attainable if the adolescent's basic need for self-actualization and belonging are not achieved. Schools provide the setting for peer interactions, known to take on even greater significance in adolescent years. In addition school attachments are crucial because adolescents need positive, supportive relationships with other caring adults. Parents get to know the other adults who also have a dramatic in their teen's life by attending teacher conferences and school activities. When parents show that school involvement is important to them then the adolescent will be exhorted to feel the same. Having previously engaged the preteen in ongoing conversations about what is important and interests him or her, caring adults now encourage the maturing child to expand talents by participating in various school activities.

An early indication that an adolescent may be at risk for school failure is the lack of connection with the school ([Focus Adolescent Services, 2003b](#)). Other indications include absenteeism, poor grades, attention problems, and lack of confidence, as well as limited goals for the future and grade retention. Parents and teachers who are aware of these early indications may be able to intervene more effectively. Additional strategies for encouraging school success are presented in [Table 5](#).

Child Trends in Washington DC is a great resource when looking for the most recent research results on a topic like positive youth development. Out-of-school time (OST) settings such as organized activity programs have been highlighted in a recent brief (February, 2008) and document their importance in youth development. Zarrett & Lerner (2008) found that children and adolescents who spend their time in more than two to four OST activities fare better developmentally than their peers who are not at all involved or who participate in just one activity. Involvement in more than one activity is also thought to help buffer children/adolescents against a negative experience in one activity (such as a bad experience with a coach or troublesome peer).

### **Role of the Community**

Just as the roles of the family and the school are not viewed as a single dimension, so too, the role of community includes a variety of direct and indirect influences on adolescents' high-risk behaviors. Directly, communities offer opportunities for health-enhancing or health-compromising behaviors through the availability and monitoring of cigarette vending machines, food selections available at the corner store, the existence of bike lanes on major streets and the enforcement of curfews or alcohol minimum age laws. Indirectly, the media (exposing adolescents to models of unprotected sex, violence, and alcohol consumption), the local school board (through school policy), or a city council (with local ordinances) affects a teen's behavior. Dissonant images enhance confusion and weaken the intended message. When programs are designed to be consistent at a community level, high-risk behaviors may be postponed or prevented.

Community-wide approaches to preventing or reducing opportunities for high-risk behaviors are successful when one has agreement on, commitment to and coordination of the messages to be delivered and the strategies to be developed ([Perry, Kelder, & Komro, 1993](#)). For example, consider the coordination of efforts on prom nights. Multiple interventions deliver the same consistent message: don't drive when drunk or ride with a drunken friend, call for a ride any time and no questions will be asked, or rent vans or limos to go to the many parties before and after proms. Additionally, many communities sponsor all night parties in the neighborhood at a community center, eliminating the need for transportation by car to continue the celebration.

Youth -serving organizations, churches, community agencies and schools can provide programs that promote pro-social attitudes and activities, enhance adolescents' self-esteem, present positive role modeling, and give supervision for young people. Rather than substituting for parental monitoring, these programs provide additional resources and settings to strengthen and extend parental monitoring ([Rinehart & Kahn 2000](#)). While the goals of most organizations are "prevention, motivation, and stimulation," teens want "fun and friends" and parents wish for "safety and opportunities for success." Positive youth serving organizations can achieve all these goals simultaneously. Specific tips on advocating for "youth as assets" communities are presented in [Table 6](#).

A major improvement in some communities is the availability of after-school programs for young people. These programs offer physical, educational, and social opportunities. For example, involvement in team sports socializes preteens to community norms on issues such as fair play and provides an opportunity to interact with significant adults such as coaches. In addition, teens who participate in a range of exercise/sports activities with parental involvement were also found to have more favorable adolescent risk profiles (Nelson & Gorden-Larsen, 2006). Tutors who help

with homework promote academic success while leaders of special interest activities give more opportunity for developing relationships with caring adults and peers.

The community also offers older adolescents the opportunity for work. Besides developing a sense of productivity and accomplishment, employment helps many teens become more responsible with their time and money. Working too much, however, can have a negative effect. Adolescents who work more than 20 hours a week experience greater fatigue, report higher levels of emotional stress, have more leisure income to buy and use illicit drugs, and often engage in earlier sexual activity ([Carnegie Council on Adolescent Development, 1992](#); [Green, 2002](#)). Unfortunately, some teens do not participate in any positive activities. Early adolescents who have been labeled as "troublemakers" may have difficulty fitting into the group and some youth workers may lack the skill and training to work with these teens ([Loeber & Farrington, 2000](#)). Additionally, fewer interesting programs exist for older adolescents ([Pettit, et al., 1999](#)). Other barriers include problems with transportation and cost and knowledge deficits about available programs.

Positive youth organizations are no longer a luxury but a necessity. Successful outreach is vital to engage the participation of at-risk youth. Efforts have shown that adolescents who use community centers demonstrated higher self-esteem and were less likely to engage in identified risky behaviors. Access to and involvement in community programs has been associated with protective health benefits beyond weight and fitness (Nelson & Gordon-Larsen, 2006). Family and youth-friendly communities are created when parents and caring adults exercise their voting rights and citizen responsibilities. Advocacy for assets-based communities where adolescents are valued is imperative ([Rinehart & Kahn, 2000](#)). Community-supported interventions must be affordable, readily available, effective and sustainable in order to maximize their potential to strengthen positive long-term life course change (Kurtines et al., 2008).

### **Role of Health Care Provider**

The health and welfare of children depend on the ability of families and their community support systems to foster the adolescent's development of positive social and personal assets and skills. There is much that the health care provider can do to nurture and support these entities. The health care provider can engage in a relationship with parents based on collaboration and shared decision making so that parents feel and become more competent in their role modeling capacity (AMA, 2003). Screening for family circumstances that may impact on the ability to effectively parent, thereby putting children at risk, is essential in order to assist in the recognition of available resources. Identification of topics of parental concern and patient risk can promote targeted guidance (Norikin, Dworkin, & Bernstein, 1999) to determine if these behaviors are developmentally appropriate for the adolescent or are significant enough to put the adolescent at risk for morbidity or mortality (Bartlett, Holditch-Davis, & Belyea, 2007). The value of information provided is not always significant if the individual doesn't identify it as an area of concern. The use of the traditional, direct educational approach is also advantageous as some risky behaviors may go undetected by providers until an adolescent develops health problems related to those behaviors. Utilizing directives developed to specifically target this age group, such as *Guidelines for Adolescent Preventative Services (GAPS)* (AMA, 1994) can serve as a baseline measure.

Adolescents should receive an annual physical exam that includes a screening interview focusing on topics including risky or problematic behaviors (AMA, 1994). Pediatric health practitioners frequently report that problem behaviors are the most common reason they see clients in their practices (Lahey, Schwab-Stone, Goodman, Waldman, & Canino (2000); however according to Norikin, Dworkin & Bernstein (1999) time devoted to anticipatory guidance during adolescent health supervision visits averaged 120 seconds per visit. A systematic approach must be used to efficiently address multiple areas of risk during the visit. A variety of screening tools, materials, brochures and web sites are available to enable the provider to efficiently and effectively promote social and personal skills for healthy, psychosocial functioning.

Health care providers often ask how they could quickly screen in order to help identify behavioral issues before they become a problem for the child, parent or teacher. Goodman and Scott, (1999), compared the Strengths and Difficulties Questionnaire (SDQ) properties with the Child Behavior Checklist (CBCL) and found that scores from both were highly correlated and equally able to discriminate psychiatric from dental cases. Mothers of low risk children were twice as likely to prefer the SDQ to the CBCL. The SDQ is 25 questions, the CBCL is 118 questions. The SDQ takes only five minutes to complete and there are versions for parents or teachers of 4 to 16 year olds (Goodman, 1997) and a parallel self-report version for completion by 11 to 16 year olds (Goodman, Meltzer & Bailey, 1998). The SDQ may provide a more useful measure of inattention and hyperactivity and be suited for screening in community studies where response rates are influenced by the length of the questionnaire. The CBCL covers a broader range of problems, especially rare as well as common forms of childhood psychopathology.

A midcourse review of the Healthy People 2019 objectives for adolescents and young adults, which included areas related to the consequence of high risk behaviors, showed little or no improvement on these objectives (Park, Brindis, Chang, & Irwin, 2008). Preventative interventions are critical to limit the potential consequences of problem behaviors among adolescents.

Involvement in community-based collaborative efforts, via multimedia enterprises, is also essential in emphasizing the potential and strength of community to positively enhance youth development. Facilitating a partnership between adolescents and community leaders to promote an awareness of, development, and use of quality preventive services is a health care provider responsibility in primary prevention efforts.

## **Conclusion**

Since multiple social, environmental, and personal factors interact to influence teen behavioral patterns, a multifaceted approach is needed to help parents motivate adolescents to make mature choices. Learning to problem-solve when young and then practicing on everyday kinds of problems with appropriate consequences can reduce the incidence of high-risk behaviors in adolescents. A young person who trusts his or her ability to make sound choices is empowered to resist compelling outside pressures to engage in hazardous behaviors. Placing an emphasis on the adolescent's strengths, resources, and potential rather than stressing an avoidance of risk, enhances their sense of control and ability to affect positive changes (Durlak et al., 2007; Scudder, Sullivan, & Copeland-Linder, 2008). Implementing preventive interventions at a younger age, rather than waiting for full-blown problems, exerts an enduring positive effect on academic development and the avoidance of health-risk behaviors. Collaborative efforts among adolescents, parents, schools, and communities are imperative to provide each adolescent with resilience to confront multiple risks and avoid negative outcomes ([Resnick, 2000](#)). Health care providers can help ease the transition from childhood and adolescence by imparting essential anticipatory guidance to both the young person and the caring adults in her or his life. The family, school, and community context are the most fundamental forces that reduce adolescent high-risk behaviors. Interventions aimed at promoting connectedness in these environments will do much to build protective life skills and ultimately promote the health of our youth.

**Table 1. Key elements for promoting positive youth development**

- Providing youth with safe and supportive environments.
- Fostering relationships between young people and caring adults who can mentor and guide them.
- Providing youth with opportunities to pursue their interests and focus on their strengths.
- Supporting the development of youths' knowledge and skills in a variety of ways, including study, tutoring, sports, the arts, vocational education, and service-learning.
- Engaging youth as active partners and leaders who can help move communities forward.
- Providing opportunities for youth to show that they care-about others and about society.
- Promoting healthy lifestyles and teaching positive patterns of social interaction.
- Providing a safety net in times of need.

Note: Adapted from [US Department of Health and Human Services, 2003](#).

**Table 2. The “5 Cs” of Positive Youth Development**

“C”	Definition
Competence:	Positive view of one’s actions in specific areas, including social, academic, cognitive, health, and vocational. Social competence refers to interpersonal skills (such as conflict resolution). Cognitive competence refers to cognitive abilities (e.g., decision making). Academic competence refers to school performance as shown, in part, by school grades, attendance, and test scores. Health competence involves using nutrition, exercise, and rest to keep oneself fit. Vocational competence involves work habits and explorations of career choices.
Confidence:	An internal sense of overall positive self-worth and self-efficacy.
Connection:	Positive bonds with people and institutions that are reflected in exchanges between the individual and his or her peers, family, school, and community in which both parties contribute to the relationship.
Character:	Respect for societal and cultural norms, possession of standards for correct behaviors, a sense of right and wrong (morality), and integrity.
Caring/Compassion:	A sense of sympathy and empathy for others.

Note: Adapted from America’s Promise – The Alliance for Youth 2005.

**Table 3. Tips for understanding your adolescent**

1. Try to understand first, and then be understood.
2. Pay attention-this means not watching TV or talking on the phone when you’re talking to your teen.
3. Listen patiently as though you have plenty of time.
4. Encourage talking and avoid cutting teens off before they have finished speaking.
5. Watch the nonverbal messages such as tone of voice, facial expressions, energy level, posture, or changes in their behavior patterns.
6. Keep your perspective and share your thoughts even if they are different from your adolescent’s.
7. Stamp out secrets wherever you can...they are not the same as privacy.
8. Remember your sense of humor - it often creates new possibilities.

Note: Adapted from [American Medical Association, 2000](#), p. 4 and [Focus Adolescent Services, 2003a](#).

**Table 4. Guidelines to establishing and maintaining rules of conduct**

1. Set and implement a reasonable set of rules.
2. All rules must have value and purpose.
3. State your rules clearly.

4. Limit the number of rules you impose.
5. Expect your teen to test the rules.
6. Change the rules only when it is reasonable and appropriate to do so.
7. Make sure that your rules can be enforced.
8. Make sure you are willing to enforce the consequence of your teen's behavior before you tell him about it.

Note: Adapted from [Smith, 2001](#).

#### **Table 5. Strategies for Encouraging School Success**

- Be a model of respectful, cooperative, positive behavior.
- Participate in school events.
- Show interest. Be involved with your child's academic activities.
- Maintain regular contact with your child's teacher.
- Monitor your child's homework completion and work with him or her that on homework assignments that involve family participation.
- Be present when things go wrong.
- Meet your child's friends, and their parents.
- Ask school leaders what you can do to support them.
- Volunteer at school.
- Nominate effective school leaders for local awards.

Note: Adapted from [Blum, Beuhring, & Rinehart, 2000](#).

#### **Table 6. Youth as Assets Communities**

1. Start with the gifts, talents, knowledge, and skills of young people. Find out what they like to do and what they are good at doing.
2. Look for the positives in each unique individual.
3. Explore useful work and service opportunities for young people.
4. Distinguish between real work and games or simulations, because young people can.
5. Eliminate age segregation. Youth today are the most age-segregated generation in our history.
6. Let those who can, help those who can't.
7. Ensure active participation for youth on community boards.
8. Cultivate opportunities for young people to teach and lead.
9. Reward and celebrate creativity, energy and effort - loudly and with spirit.
10. Appreciate young people, they are our solution.

Note: Adapted from [Rinehart & Kahn, 2003](#).

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