

Child TRENDS RESEARCH BRIEF

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Publication #2002-57



Building a Better Teenager: A Summary of "What Works" in Adolescent Development

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November 2002

Overview Most American adolescents are psychologically, socially, and physically healthy. A vast majority are good citizens who are free of major mental, behavioral, and addictive disorders;²⁷ an increasing percentage volunteer in their communities; and declining numbers are violent, become pregnant, or smoke.²⁸ Despite these encouraging facts, adolescence remains a time of considerable change and risk.

One of the most obvious changes during adolescence, puberty, often coincides with entry into new schools with larger social networks. Not only are peer groups larger in middle and high schools, but also homework tends to be more intensive, class sizes are bigger, students are given more independence, and teachers are less accessible than in elementary school. There are changes at home, as well, as parents try to strike a balance between monitoring teens' behavior and giving them more independence. Young people spend less time at home and more time alone or with friends, and most launch an identity search to figure out who they are. Exposure to risks, such as drugs, cigarettes, alcohol, and a range of sexual and other negative behaviors, accompanies these life changes.

Young people need tools to navigate the inevitable challenges and opportunities of adolescence and the subsequent transition into adulthood. Effective initiatives to promote adolescent well-being can ease that transition, and research can suggest which strategies are best. To tackle the question of what works to promote well-being among America's teens, Child Trends undertook a comprehensive review of the many contributing influences and programs that lead to positive behavior in seven areas: mental health, emotional well-being, educational adjustment and achievement, physical health and safety, reproductive health, social competency, and citizenship.

In this executive summary of Child Trends' American Teens series, we looked across these seven reviews, based on more than 1,100 research articles, to identify ten findings to help program designers, policy makers, and parents promote positive adolescent development. In brief, these findings suggest that **relationships are key** to adolescent well-being: parent-child interactions and bonding greatly influence adolescents' choices and attitudes; peer relationships – including positive ties among teens – are important; and siblings, teachers, and mentors can provide additional support to young people. Significantly, research indicates that supportive relationships seem to trump lectures that simply tell teens "to do" or "not to do" something as a strategy to enhance adolescent development. Program developers and policy makers should view adolescents as whole people, not just as students, patients, or delinquents, and not expect a "silver bullet" solution to improve teens' lives. They should also work to engage teens, target desired outcomes, start when adolescents are young, and ensure that programs are well-implemented. Finally, those involved with youth need to overcome the tendency to think of young people solely in negative terms.

Adolescent behaviors often cluster.

Considerable evidence suggests that teens with one positive or negative characteristic have other corresponding characteristics. For instance, adolescents who are depressed often also have an anxiety disorder and use drugs or alcohol.²⁹ And young people who drink alcohol, take drugs, and smoke cigarettes are also more likely to take part in risky sexual

behaviors, have poor sleep habits, and be physically unhealthy.¹³ Likewise, teens who have one positive characteristic are more likely to have other positive characteristics. Thus, young people who are engaged in civic activities also tend to do better in school, to be in better psychological health, and to take part in fewer risky behaviors.³⁰ These young people are also

more likely to have good social skills and be friends with other adolescents with similar positive characteristics.¹¹ For program developers and policy makers, this clustering means that programs and policies can bring about change in a number of areas even if their primary focus is on one or two areas. Also, if an adolescent has one problem (like alcohol abuse), parents and program providers should be alert for additional problems (like risky sexual activity).

Parent-child relationships are vital to adolescent well-being.

Although the role parents play in children’s development is still being examined, and more rigorous research is needed about the cause-and-effect association between the two, numerous studies indicate that parent-child ties are strongly related to adolescent well-being. Four factors are key:

■ **Relationships.** Teens who have warm, involved, and satisfying relationships with their parents are more likely to do well in school, be academically motivated and engaged, have better social skills, and have lower rates of risky sexual behavior than their peers.^{11, 17, 24, 29} Conversely, teens with poor relationships with their parents are more likely to have psychological and other problems.²⁹

■ **Modeling.** Teens whose parents demonstrate positive behaviors on a number of fronts are more likely to engage in those behaviors themselves,^{2, 30} and teens whose parents take part in risky behaviors are more likely to do the same.^{13, 17, 29}

■ **Monitoring/Awareness.** Parents who know about their children’s activities, friends, and behaviors, and monitor them in age-appropriate ways, have teens with lower rates of risky physical and sexual behaviors, as well as lower rates of drug, alcohol, and tobacco use than their peers.^{8, 13, 17, 29} And teens who perceive that their parents are taking on this monitoring role are more likely to do well academically and socially.^{11, 24}

■ **Approach to Parenting.** Research shows that teens whose parents are supportive and caring, but who also consistently monitor and enforce family rules, are more likely to be motivated and successful in school, as well as psychologically and physically healthy.³ In contrast, adolescents whose parents are overly strict and do not give them any independence are more likely to engage in risky behaviors.^{11, 17} Similarly, when parents are warm but permissive, adolescents tend to be impulsive and engage in risky behaviors.¹¹

These findings suggest that parents need to remain actively and positively involved in the lives of their teenagers, while also allowing adolescents to take

on greater independence for their conduct, as appropriate for their ages. Moreover, program developers should be aware of the influence parents have on adolescent development and incorporate parents in programs and activities, when possible.

Peer influences are important and can be positive.

Many adults think peers can only be negative influences, but the evidence suggests that adolescents often influence each other positively, by either modeling behaviors or pressuring each other to behave in certain ways or adopt certain attitudes and goals. However, the direction of this association is not as obvious as is often thought. For example, “bad kids” seem likely to seek out other “bad kids,” while “good kids” seem more likely to seek out other “good kids.” In addition, peer acceptance is probably more likely for teens whose attitudes and behaviors correspond to those of the group. At the very least, research suggests that peer relationships perpetuate adolescents’ behaviors. Teens whose friends smoke, drink alcohol, take drugs, engage in other deviant behaviors, and engage in sexual intercourse are more likely to take part in those behaviors themselves, while adolescents whose friends have high educational aspirations, achieve academically, and engage in other positive and healthy behaviors tend to behave similarly.^{11, 13, 17, 24, 29}

An important research note: In our review, we examined the psychological, physical, and social components of adolescent health and well-being, analyzing findings from more than 1,100 rigorous studies. For our examination of what works, we restricted our review to studies that used a randomized experimental-control group design (the gold standard for making conclusions about cause-and-effect). To suggest promising approaches or “best bets,” we also examined quasi-experimental comparison studies (studies whose participants were not randomly assigned); longitudinal, multivariate design studies (long-term analyses involving several variables); or, in some cases, cross-sectional design studies with large sample sizes and multiple relevant control variables (for example, controlling for characteristics like race and socioeconomic status). Our review produced a series of succinct “What Works” tables that summarize what works and what doesn’t work to bring about various adolescent behaviors and offer some promising best bet strategies. These tables can be found at www.childtrends.org.

Siblings, teachers, and other adults and mentors can provide additional support.

Aside from parents and peers, adolescents often have connections with other people who may play influential roles in their lives:

- **Siblings** can act as models for positive behaviors, such as physical activity, and negative behaviors, such as drug use.^{13, 29} Sibling relationships are also a good training ground for conflict resolution and negotiation skills necessary in other parts of adolescents' lives.¹¹

- **Mentors** can offer friendship, guidance, and assistance, as well as serve as positive role models. Research has found that close, long-term mentoring relationships are associated with reduced rates of drug and alcohol use and increased rates of high school graduation, volunteering, and tolerance.¹⁴ Mentoring can also teach social skills that are useful in a variety of settings.

- **Teachers and adults** who act as surrogate family members can also serve as role models, teach social skills, and provide support that may not be available at home.¹¹

More research is needed on these relationships, however, since most of the findings are based on small sample sizes or cross-sectional designs (that is, data are collected at only one point in time). Also, more research needs to be done to determine how an adolescent's cultural background affects his or her development.

Teens should be viewed as whole people, more than just students, patients, or delinquents.

Program providers and policy makers need to take a more complete and balanced approach to youth development and be aware of the many factors associated with adolescent well-being. Schools, communities, socioeconomic status, the media, and public policies, among other factors, all have implications for adolescent development. Here are a few examples:

- The price of cigarettes influences teen smoking, with higher prices being associated with lower smoking rates.⁷

- Moving children and adolescents out of high-poverty neighborhoods into low-poverty areas is associated with improvements in physical and mental health, delinquent behaviors, and behavior problems.⁹

- Service-learning programs that incorporate volunteer activities reduce adolescents' sexual activity and risk of pregnancy.¹⁷

- The atmosphere of schools – for instance, whether they place an emphasis on achievement, the level of per-student expenditure, and the overall attitude of teachers – is associated with various measures of academic achievement and skills.²⁴

- And adolescents from poor families and poor neighborhoods are more likely to get pregnant, less likely to succeed in school, and more likely to be injured unintentionally.^{13, 17, 24}

Engage young people.

Experimental evaluations have repeatedly shown that didactic programs that lecture to young people fail to change behavior, whether targeting smoking, drugs, gun violence, or teen pregnancy.^{6, 16, 18, 25} On the other hand, many experimental evaluations find that adolescents who take part in programs that build relationships, engage young people, and provide well-implemented and structured activities tend to have lower rates of pregnancy and drug, alcohol, and tobacco use, and higher rates of civic engagement and school achievement.^{11, 13, 17, 24, 29, 30} Programs that engage teens also teach important social and life skills through activities that are either specific (e.g., resistance to peer pressure) or nonspecific (e.g., sports) to a particular program's goals.⁵ Moreover, taking part in these activities during the high-risk hours of 3 to 8 p.m. gives teens something positive to do in a safe and supportive environment and leaves less time for getting into trouble.²¹

Successful programs specifically target desired outcomes.

Successful youth development programs tend to include a component that specifically targets desired outcomes. This may sound obvious, but it is frequently overlooked. For example, if a program meant to increase academic achievement contains all of the promising practices mentioned above (e.g. engaging youth and treating teens as whole people) but lacks a focus on increasing academic skills, it is not assured that the program will have the desired effect.²⁴ This is also the case for programs geared to promote positive reproductive health, physical and mental health, positive citizenship, and social competence in teens.^{11, 13, 17, 29, 30}

It helps to start early and sustain the effort.

Although it is not too late to implement youth development programs and policies when children enter adolescence, starting earlier in a child's life can have impacts throughout the teenage years and into adulthood. Since the psychological, behavioral, and academic problems that start in

childhood often continue for years, this strategy makes theoretical sense.^{24, 29} Intensive preschool programs, such as the Perry Preschool program and the Abecedarian program, confirm this approach; they are associated not only with educational advances, but also with reduced pregnancy and childbearing years later.¹²

Implementation is critical.

Although relatively little experimental evaluation research exists on the implementation of programs to promote adolescent well-being, insights derived from practitioners, qualitative evaluations, and correlational research (data collected at one point in time) can be instructive in this area. For example, available evidence suggests that the best program and policy ideas are unlikely to be effective if, among other considerations, they do not include proper staff training, a well-developed infrastructure, and buy-in from parents and teens, including involving teens in program development.^{10, 14, 15, 20} In addition, committed, involved staff seem essential; staff turnover undermines adolescents' relationships with staff. Yet, program implementation is often ignored or understudied. If program staff and evaluators do not know how well their program was implemented, or what components were or were not implemented adequately, they will not be able to say why the program's design has been effective or ineffective. Nor will program providers know which components to keep and which to change.

Think positively about teens.

There is a tendency to view adolescents negatively – to see them as potential problems and to design programs for teens to prevent problems from occurring. However, an accumulating body of research suggests that taking a positive approach, that is, promoting skills and assets instead of preventing deficits, seems more likely to engage adolescents and to help them realize their potential and avoid negative influences.^{19, 23, 26} Such a youth development approach has been found in several experimental studies to reduce the likelihood that teens will have sex or become pregnant.^{1, 16, 22} Given the lack of rigorous studies on positive development, there is an acute need for more and better research on positive mental health, positive civic engagement, and emotional well-being in teens.^{4, 29, 30}

NEXT STEPS FOR RESEARCH

Although Child Trends examined more than 1,100 empirical studies that employed rigorous research standards across the seven areas of adolescent development, there remains much to be learned in this field. The research community needs to:

■ **Conduct more long-term research that looks at multiple variables.** More high-quality, rigorous research is needed to provide more conclusive information on the factors that promote adolescent well-being. Certain aspects of adolescents' lives and their environment have been more extensively researched than others. This imbalance points to a need for further study of the less-researched areas, as well as a need to examine the joint and interactive effects of influences in different areas of adolescent well-being

■ **Evaluate program interventions with experimental studies.** Experimental studies represent the gold standard for determining cause-and-effect relationships and more such studies are needed to determine the true effectiveness of youth development programs. However, even most existing experimental evaluations follow adolescents across short time periods (e.g., a month to two years). Since the goal of youth development programs and policies is to support young people through adolescence and into adulthood, it is important both to conduct experimental studies and to track impacts over time.

■ **Examine the whole set of factors that influence adolescents.** Researchers need to incorporate multiple layers of an adolescent's environment – family, school, community, media, and so forth – into their study designs. In that same vein, the national and state data systems are split among agencies focused on health, education, and welfare. Education reform, for instance, is headquartered in the U.S. Department of Education, but parents, peers, communities, and other elements of society also play a role in academic achievement. The same approach is seen in many research studies of public policies and youth programs. Researchers need to explicitly include and examine the varied factors that affect adolescent development.

■ **Increase the research base on cultural influences on adolescent development.** The culture in which an adolescent is raised, whether it revolves around a family's ethnic, national, or regional heritage, may socialize the adolescent to value different social norms than his or her peers who are from other cultures or regions of the country. Few researchers have looked at these differences.

CONCLUSION

Though growing up in a complex and challenging world, adolescents often have positive attitudes and engage in positive behaviors. But many of the programs targeting teens are designed simply to squelch negative behaviors and often focus on stopping one single problem behavior. Addressing and enhancing positive influences deserves more attention, given evidence that information-only and problem-focused approaches have only small and scattered effects on teen behavior. Research increasingly indicates that, as a nation, we should also try to build and reinforce teens' positive behaviors, instead of only targeting problems. And to be more comprehensive and effective, researchers and program and policy developers may want to approach their work with a holistic view of teens, rather than focusing exclusively on a single aspect of adolescents' lives.

Moreover, program developers and policy makers have a more complicated task than just addressing the various components of adolescents' lives (which is no easy task in itself). They also need to develop activities that engage adolescents and that are age-appropriate, and they must create a social and physical infrastructure to sustain the initiatives. While these goals are challenging, available research suggests that the payoff may be significant. These reviews provide a starting point for researchers, parents, practitioners, and policy makers to begin thinking about ways to enhance adolescent development.

This *Research Brief* summarizes seven longer reports on adolescent development prepared for the John S. and James L. Knight Foundation. Kristin Anderson Moore, Ph.D., is the Principal Investigator and Jonathan Zaff, Ph.D., is the Project Director. The brief was prepared by Anne Bridgman and was edited by Amber Moore, Kristin Moore, Harriet J. Scarupa, Elizabeth Hair, and the studies' authors. For more information on the reports, call the Child Trends' publications office, 202-362-5580. Publications may also be ordered from **Child Trends' Web site, www.childtrends.org**.

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Child Trends gratefully acknowledges the John S. and James L. Knight Foundation for support of this special series of *Research Briefs on American Teens*.

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