

Youth Development and Prevention

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How are youth development and prevention related? Are they distinct, even competitive approaches? Are they identical? Such questions can easily sink into triviality, but for people trying to improve the lives of young people with inadequate resources they can also be significant and troublesome.

Youth development emerged in part as a reaction against approaches to working with youth that identify specific youth as being in need or at risk and try to meet the need or reduce the risk. One of the central insights underlying youth development is that different youth problems have spawned separate systems of theory, research, funding, and programs, yet often different problems result from the same conditions and respond to the same treatments. Moreover, some of the same youth have multiple problems (Dryfoos, 1990). A pregnant teenager who drops out of school should not be divided between a program for dropouts and another for pregnant teens. This insight has led some youth development advocates and practitioners to portray prevention programs as an inferior alternative.

The distinguished Committee on Community-level Programs for Youth of the National Research Council and Institute of Medicine (Eccles & Gootman, 2002, pp. 35-36) rejected the distinction between positive youth development and prevention or problem-centered approaches. They argued that the distinction is difficult to sustain in actual programs, where practices tend to look alike whether the program was designed to implement one approach or the other. Their observation is probably correct that the tension between these approaches is rooted more in competition for categorical funding opportunities addressing specific problems or populations rather than goals and practices (Partee, 2004).

Moreover, the goals of “primary prevention” seem quite consistent with those of youth development. Primary prevention aims to reduce the incidence or number of new cases of an undesirable condition. For example, primary prevention of lung cancer stresses the reduction of smoking. In youth work, prevention usually refers to primary prevention. According to an influential report of the Institute of Medicine (Mrazek & Haggerty, 1994) primary prevention may be aimed at the general population (“universal preventive interventions”), at especially susceptible populations (“selective preventive interventions”), or at individuals with specific identifiable risk characteristics who do not yet have the condition (“indicated preventive interventions”). Generalized anti-tobacco campaigns are an example of the first. Anti-smoking campaigns aimed at teenagers are an example of the second; teenagers are singled out because most smokers start in their teens. A program for teens whose parents smoke would be an example of the third type of primary prevention because they are known to be at higher risk of starting to smoke. Universal primary prevention is most consistent with youth development. One component of youth development is universality, addressing all youth, not just those judged to be at risk (Hamilton, Hamilton, & Pittman, 2004).

But a second component of youth development goes beyond prevention to promote thriving, not just avoiding problems. In Pittman’s terms, “Problem free is not fully prepared” (Pittman, Irby, Tolman, Yohalem & Ferber, 2001). This universal and positive orientation is captured in the goal statement, “All youth thrive” (Hamilton, Hamilton, & Pittman, 2004). If prevention is about avoiding problems, an

important difference remains, at least in emphasis, between even universal primary prevention and youth development.

However, recent re-definitions of prevention appear to be bringing the fields closer together. An American Psychological Association Task Force on Prevention: Promoting Strength, Resilience, and Health in Youth People defined “primary prevention for young people as involving the dual goals of reducing the incidence of psychological and physical health problems and of enhancing social competence and health.” Related theoretical perspectives and approaches to practice cited by the task force include prevention science, positive psychology, applied developmental science, competence enhancement, health promotion, resilience, wellness, and positive youth development (Weissberg, Kumpfer, & Seligman, 2003, p. 425). In other words, many on the cutting edge of prevention science view youth development as an associated field and rely on theories and approaches that are compatible with and contribute to youth development. To the extent that prevention scientists and practitioners adopt this new definition of prevention as including enhancement, they are speaking the same language and promoting the same goals as youth development practitioners.

But one more principle of youth development still distinguishes it from prevention, at least as conventionally defined and practiced: the principle that you should have as much choice and as much control as possible over the activities they engage in (Hamilton et al. 2004). Various terms participation, voice, and empowerment, this principle is based both on fundamental democratic values and on a view of human beings as active shapers of their own development. Youth should have a say both as a right and as an essential part of the positive developmental experience. This principle does not necessarily conflict with either the theory or the practice of prevention, but it is not prominent in that field as it is in youth development. That said, it remains more of an aspiration than an achievement in many youth development organizations and programs. If youth development practitioners are to claim youth voice as a distinctive features of youth development, then they must become even more skilled at making it a reality.

Despite this movement toward alliance, if not identity between youth development and prevention, federal and state agencies continue to be organized primarily around problems: delinquency, drug abuse, school drop-outs, unemployment, pregnancy, etc. Funding flows from these agencies to local agencies and programs devoted to preventing and treating these problems. Even when staff of these agencies sincerely believe in youth development, they may be constrained by their funding and organizational structure to focus on problem prevention and treatment.

What can practitioners who subscribe to the principles of youth development do to incorporate prevention and work with prevention practitioners rather than compete? A starting point is to recognize that while promoting thriving entails more than prevention, thriving may require prevention. Youth who are constantly confronted with the allure of drugs and gangs are not thriving. Moreover, youth who are most at risk of engaging in problem behavior are unlikely to respond to precisely the same opportunities that benefit more protected youth. Universality does not mean uniformity. Quite the opposite. Promoting the development of all youth entails meeting the different developmental needs of individual youth. Youth who are more exposed and/or more susceptible to threats to their development need more intensive prevention. Youth in less toxic environments are not immune to the same threats, but they are less needy. An after-school recreation program may be adequate to keep some youth from experimenting with drugs but for other youth who are more susceptible to drug abuse it may have to be combined with more aggressive targeted prevention programs.

Following are some suggestions for trying to bridge the gap and effectively incorporate prevention into youth development.

1. Seek common ground. This can be found at the levels of both principles and practices. Everyone wants the best for youth. Focus on what is good for youth, then on how to achieve that. Agreement is likely to be high despite differences in orientations and traditions. Drug treatment counselors not only want to see young people get and stay clean but also finish school and get good jobs. The community service project undertaken by a drug prevention program may look identical to the one sponsored by an after-school program to promote youth development. Even the juvenile justice system, which is surely as problem-centered as possible, can be infused with youth development principles (Barton, 2004.)

2. Acknowledge the need for prevention and treatment in youth development. Some versions of youth development make it sound as though making good opportunities available to all youth will obviate the need for anything else. Karen Pittman's continuum of "services, supports, and opportunities" (Pittman et al., 2001) provides a more realistic and useful conception of what is needed, along with her observation that the nature and relative amounts of each vary according to individual youths' needs.

3. Learn from each other. There is some validity in the critique of many prevention programs that they are too narrowly focused on one problem only. They might be constructively broadened with an infusion of youth development. At the same time, many in the prevention field criticize youth development as too vague, advocating "feel-good" programs of unknown value. The kind of rigor found in the best prevention programs, which are theory-based, carefully evaluated, and implemented with high fidelity, would enhance the effectiveness of some youth development approaches.

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