Contents

ISSBD SPECIAL SECTION
RESEARCH ON INTERVENTIONS TARGETING THE PROMOTION OF POSITIVE DEVELOPMENT

Editor
Karina Weichold

ISSBD Newsletter
Department of Developmental Psychology
CADS – Center for Applied Developmental
Science, University of Jena, Am Steiger 3/Haus 1
D-07743 Jena, Germany
Email: karina.weichold@uni-jena.de

Editor
Bonnie L. Barber

ISSBD Newsletter
School of Psychology
Murdoch University
Perth, Western Australia, 6150 Australia
Email: b.barber@murdoch.edu.au
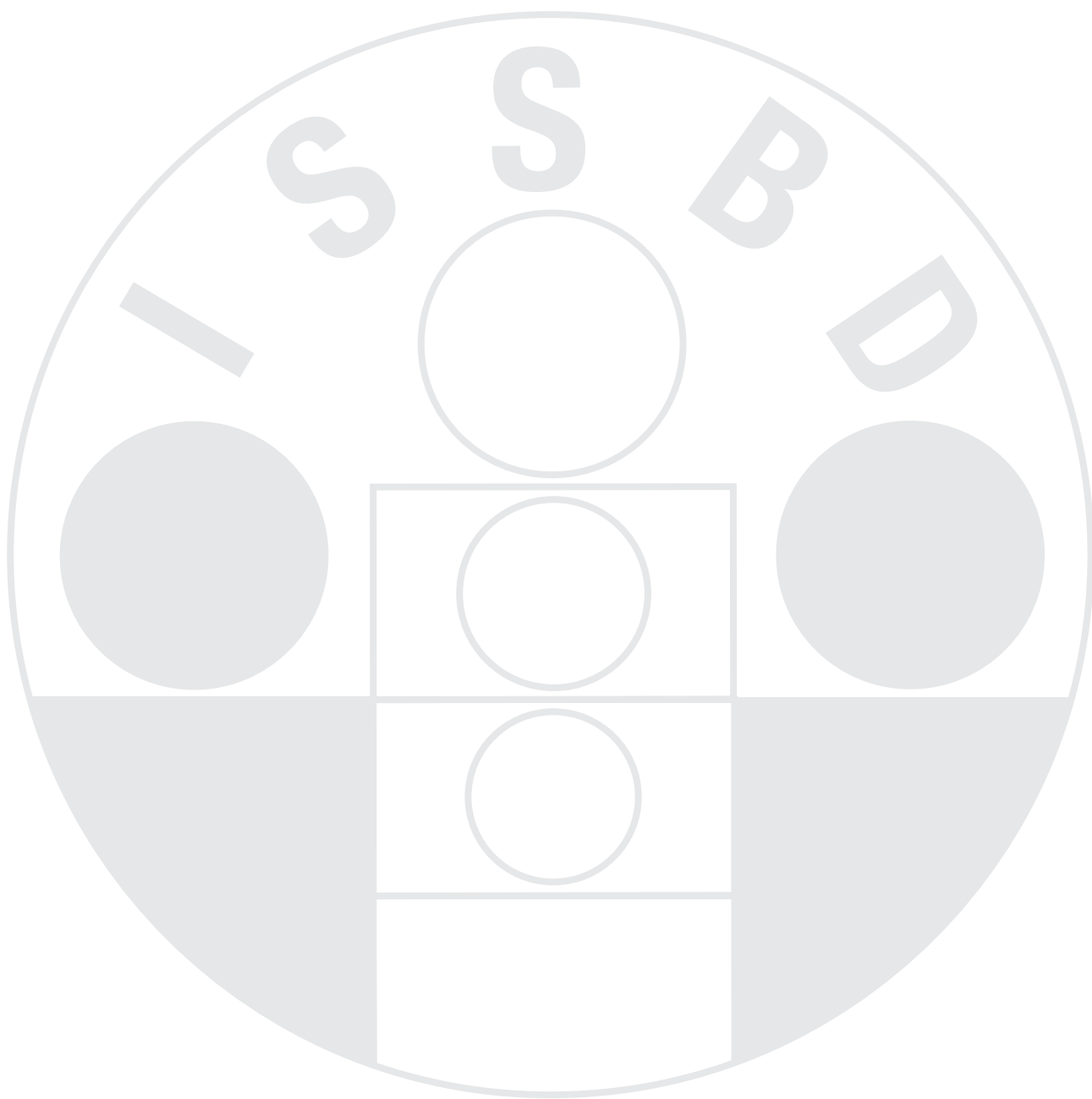
Introduction to Research on Interventions Targeting the Promotion of Positive Development

Bonnie L. Barber
School of Psychology, Murdoch University
Perth, Western Australia, Australia
Email: b.barber@murdoch.edu.au

and

Karina Weichold
Department of Developmental Psychology, University of Jena
Jena, Germany
E-mail: karina.weichold@uni-jena.de

The promotion of positive development is an area of growing importance to developmental scholars throughout the world. As the new editorial team for the ISSBD newsletter, we wanted to draw attention in this issue to recent research on interventions targeting the promotion of positive developmental outcomes in individuals of all ages. Increasingly, the focus of applied research is expanding beyond the prevention of negative behaviors and maladjustment to include the enhancement of optimal development. The goal of this issue is to highlight examples of some of these efforts across developmental periods and cultural settings, including reports from Australia, Europe, India, and the US.

The features and commentary in the Special Section offer a diverse array of approaches to inquiry into positive development. All the contributors describe research programs that utilize scientific evidence about healthy life conditions in their efforts to improve the lives of children, youth, or adults. The specific focus of the interventions ranges from optimism and coping to personal goals and time management, and all offer encouraging results that highlight potentially fruitful future directions. In most of the projects, longitudinal designs including treatment and control groups were applied in order to evaluate the effectiveness of the programs.

Additional examples of research programs targeting the promotion of positive development are embedded within the new component of the special section of the newsletter, namely "Reports from the Lab." Narratives in this new section report on scholars' everyday working conditions and collaborations within a research setting that may be unusual or challenging, e.g. a lab in Siberia or a collaboration with the World Health Organization. Such glimpses of working spots around the world offer readers a deeper insight into unique aspects of conducting research or collaborating in other cultures.

The contributors to the Special Section features, commentary, and lab stories include an international group of scholars who have been leaders in the relatively new research tradition of promoting positive development. Their contributions highlight the challenges and complex-ity of research in this area, while illustrating a number of noteworthy accomplishments. We hope this Special Section draws attention to avenues for future research opportunities in the development, evaluation, and dissemination of programs that promote positive developmental outcomes at both the individual and broader social systems levels.

Embedding Mental Health Promotion Programs in School Contexts: The Aussie Optimism Program

Clare Roberts
School of Psychology, Curtin University of Technology
Perth, Western Australia, Australia
E-mail: c.roberts@curtin.edu.au

Internalizing problems such as depression and anxiety are the most common of childhood and adolescent mental health problems in Australia. Recent surveys of mental heath problems in children and adolescents have found that 13% of 4–17 year olds show clinical levels of internal-ising problems (Sawyer et al., 2000), while 18% of pre-adolescents report clinically significant levels of anxiety and/or depression (Prior, Sanson, Smart, & Oberklaid, 1999). To reduce the prevalence and incidence of anxiety

and depressive disorders developing in the adolescent years, targeted and universal school-based programs have been developed to promote the mental health of young Australians. In Western Australia a group called Promoting Optimism WA (POWA) was established in 1996 with the goal of reducing the prevalence of internalising problems and disorders through the implementation of school-based intervention programs. A collaboration between Curtin University's Schools of Psychology and Public Health, and the Western Australian Departments of Health and Education was heavily influenced by the Penn Optimism Program (POP), which had been shown to be effective in reducing depressive symptoms up to two years after intervention when run in small groups in schools with pre-adolescents targeted because of increased risk factors (Gillham, Reivich, Jaycox, & Seligman 1995). The POP was also associated with similar effects for low-income Latino American children (Cardemil et al., 2002) and Chinese children (Yu & Seligman, 2002).

An 8-session Australian adaptation of the POP was piloted with pre-adolescent girls in Western Australia and resulted in reductions in depression after the girls made their transition to high school (Quayle, Dziurawiec, Roberts, Kane, & Ebsworthy, 2001). The full 12-session Penn Optimism Program was then implemented by school psychologists and nurses in rural communities, targeting pre-adolescents with elevated levels of depressive symptoms (Roberts, Kane, Thomson, Bishop, & Hart, 2003). The program was associated with reductions in anxiety up to three years after intervention, and reductions in anxiety mediated reductions in depressive symptoms at the three-year follow-up, but no direct effects were found for depression (Roberts, Kane, Bishop, Matthews, & Thomson, 2004).

To meet school requests for universal classroom implementation of mental health promotion programs, a new program based on similar theories and strategies was developed to suit Australian Primary Schools: the Aussie Optimism Program (Roberts, Kane, Bishop, Cross, & Fenton, 2004). This program is a mental health promotion strategy designed to prevent internalising problems in children and adolescents. The program is aimed at students aged 11–13 years who are preparing for transition to high school. It consists of twenty 1-hour weekly sessions

conducted in school time, and can be implemented in the last two years of primary school, or the first year of high school. The program is based on cognitive-behavioural intervention procedures and has two components, the Optimistic Thinking Skills Program (Roberts, Roberts et al., 2002), which targets cognitive risk and protective factors for internalising problems, and the Social Life Skills Program (Roberts, Ballantyne, & van der Klift, 2002), which targets social risk and protective factors. The optimism component teaches children to identify and challenge negative thoughts about the self, current life circumstances, and the future that contribute to depressive and anxiety symptoms (Beck, Rush, Shaw, & Emery, 1979; Kendall, 2000). In addition, attribution re-training (Seligman et al., 1988) is used to help children make more accurate and optimistic explanations for both positive and negative life events. Children are taught to accurately identify, label and monitor their feelings. The social component of the program involves teaching children listening skills, assertiveness, negotiation, social problem-solving skills, decision-making and perspective taking (Seligman, Reivich, Jaycox, & Gilham, 1995). The children learn coping skills for dealing with a variety of controllable and uncontrollable life stresses, such as family conflict and making the transition to high school. These coping skills include strategies for actively solving problems, coping with negative emotions aroused by uncontrollable events, and seeking appropriate social support. Schools newsletter items and parent booklets are used to inform parents of the program content and to promote generalization of skills in the home setting (Roberts, Roberts et al., 2002; Roberts, Ballantyne et al., 2002).

In early studies using the POP program (Quayle, et al., 2001; Roberts et al., 2003), facilitators and co-facilitators, predominantly school psychologists and nurses, used a scripted manual to present didactic information, games, role plays, activities and worksheets which related to how the children think, feel and react when faced with challenges and stresses in their lives. The children completed class worksheets and homework exercises to reflect on their performance and practice skills in their home environment. The facilitators and co-facilitators of the POP program received approximately 30 hours' training from researchers involved in the development of the program (Andrew

Helping students in transition to high school

Students look forward to Aussie Optimism lessons

Shatte and Karen Reivich). With the transition to a more universal, school-based approach, a 16-hour training program is provided to train teachers to implement the Aussie Optimism Program as part of the Health Education curriculum. Additional coaching and support is provided to assist teachers with program implementation and support for parents. Teachers use the program to meet learning outcomes related to interpersonal and self-management skills as part of the Western Australian Curriculum Framework for primary schools. Teachers are provided with teacher resources, student workbooks and associated parent handouts, and newsletter items that support the program content.

The program has been augmented with the development of a family-based module (Drake-Brockman & Roberts, 2002) for parents. This module targets family risk and protective factors, relating specifically to the transition to adolescence and high school. It includes a self-directed parent booklet, school newsletter items and short presentations for teachers to use at parent-teacher nights or individual student case conferences. The enhanced program content is shown in Table 1.

The research conducted to date indicates that when used universally as part of the Health and Physical Education curriculum with schools in low socioeconomic areas in a randomised controlled trial, the Aussie Optimism Program was associated with lower levels of internalising problems as reported by parents and a lower frequency of clinical levels of anxiety and depression, compared to a usual care control group, after transition to high school (Roberts, Kane, Bishop, Cross et al., 2004).

The Aussie Optimism Program's content is based on well-validated theories of depression and anxiety, incorporates empirically validated techniques to change emotions, cognitions and behaviour (Crompton, Burnes, Robertson, & Egger, 2002), and has been integrated into existing classroom activities. Currently, the development of the program has been towards dissemination, with parental involvement and a 'train-the-trainer' program being established so that the program can be embedded within the curriculum and the whole school system. To understand how Aussie Optimism can be promoted effectively in the education system, a large-scale dissemination trial is currently being conducted. Based on diffusion theory (Rogers, 1995), the program is being implemented in 63 schools from three urban areas of Western Australia including 3275 children and their parents, and 401 teachers. The research has four

aims: to develop strategies to enhance the dissemination of a mental health promotion strategy aimed at preventing internalizing problems in young adolescents; to assess the effectiveness of these strategies in terms of school and teacher adoption of the program, implementation quality, and maintenance of program implementation over time; to assess the impact of the dissemination strategies and the program on student mental health outcomes; and to identify organizational and program factors that facilitate adoption, implementation and institutionalization of the Aussie Optimism Program (Bishop & Roberts, 2005).

To be effective, and to promote embedding within the local education system, Aussie Optimism had to be modified to be consistent with the pedagogical and practical constraints of teachers and the Department of Education. The Western Australian Department of Education uses an outcome-focused approach with individual level assessment of achievement. The program had to be consistent with this focus and designed so that it could be implemented by teachers with little psychological training. Department of Education staff had to be trained as trainers to support teachers in their implementation of the program, and program material had to be produced to support classroom teachers.

The early outcomes of this research indicate that there are high adoption and implementation rates for the Aussie Optimism Program. Sixty-three out of 91 (69%) of the eligible schools adopted the program. Evaluation of the teacher training workshops indicates that teachers who participated in the training workshops significantly increased their knowledge of mental health promotion, increased their confidence to teach mental health promotion lessons, and increased their awareness of and concern for their students' mental heath. In the first year of program implementation, the Social Life Skills Program was taught in 113 of the 115 (98%) Year 6 classes that agreed to participate in the dissemination project. Eighty-five classes (74%) received all 10 Social Life Skills modules (100% implementation). In the second year, 59 out of 63 (94%) schools implemented the Aussie Optimism Program, either Optimistic Thinking Skills with Year 7 students, or Social Life Skills with Year 6 students. Sixty Year 7 classes (58.8%) received all 10 Optimistic Thinking Skills modules, while only 10 classes received no modules. In addition, 989 families received the *Aussie Optimism for Parents & Families* program in 2004 to assist them in preparing their children for the transition to high school.

Table 1. Content of the Universal Aussie Optimism Program Modules

Session	Cognitive life skills	Social life skills	Aussie optimism for parents & families
1	Identification of feelings	Introduction & feelings	Dealing with transitions
2	Identification of thoughts	Decision making	Working together as a family
3	Linking thoughts & feelings	Communication skills	Optimistic thinking
4	Different thinking styles	Assertiveness I	Friends
5	Review & quiz	Assertiveness II	Preparing for high school
6	Generating alternative thoughts	Negotiation	
7	Looking for evidence	Coping skills	
8	Challenging unhelpful thoughts	Networks	
9	De-catastrophising	Friends & family	
10	Review & action plans	Transition & review	

The mental health outcomes for students who have participated in the intervention as part of the dissemination trial will be available in late 2006, as will the results relating to sustainability of the program in schools. Information has been gathered on the psychological and social adjustment of the students over three years from 2003 to 2005, using the Strengths and Difficulties Questionnaire (Goodman, 1999), and on the prevalence and incidence of depressive and anxiety disorders using the Diagnostic Interview for Children and Adolescents IV (Reich, Welner, & Herjanic, 1997), a computerised psychiatric interview suitable for children aged 6–16 years.

In conclusion, it is possible to develop mental health promotion programs to prevent internalising problems in young adolescents that can be implemented universally as part of the regular school curriculum. Dissemination processes need to take care to contextualise the intervention within the host organization, to provide adequate training and support to the host organization, to ensure that the goals of the intervention are presented in a way that meets the goals of the host organization, and to continuously value the efforts of staff in the host organization. Without such dissemination processes, evidenced-based interventions to prevent mental health problems will not be able to reach enough young people to impact on the incidence of internalising problems.

References

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive theory of depression*. New York: Guilford Press.

Bishop, B., & Roberts, C. (2005). The process of embedding and sustaining mental health promotion program in social contexts. *Community Psychologist*, *38*, 14–16.

Cardemil, E.V., Reivich, K.J., & Seligman, M.E.P. (2002). The prevention of depressive symptoms in low-income minority middle school students. *Prevention & Treatment*, *5*, Article 8.

Crompton, S.N., Burnes, B.J., Robertson, E., & Egger, H.L. (2002). Review of the evidence base for treatment of childhood psychopathology: Internalising disorders. *Journal of Consulting and Clinical Psychology*, *70*, 1240–1266.

Drake-Brockman, R., & Roberts, C. (2002). *Aussie Optimism for Parents & Families*. Perth WA: Curtin University of Technology.

Gillham, J.E., Reivich, K.J., Jaycox, L.H., & Seligman, M.E.P. (1995). Prevention of depression in school children: Two year follow-up. *Psychological Science*, *6*, 343–351.

Goodman, R. (1999). The extended version of the Strengths & Difficulties Questionnaire as a guide to child psychiatric caseness & consequent burden. *Journal of Child Psychology and Psychiatry*, *40*, 791–799.

Jaycox, L.H., Reivich, K.J., Gillham, J., & Seligman, M.E.P. (1994). Prevention of depressive symptoms in school children. *Behaviour Research & Therapy*, *32*, 810–816.

Kendall, P. (2000). *Child and adolescent therapy. Cognitive–behavioural procedures* (2nd ed.). New York: Guildford Press.

Prior, M., Sanson, A., Smart, D., & Oberklaid, E. (1999). Psychological disorders and their correlates in an Australian community sample of preadolescent children. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *40*, 563–580.

Quayle, D., Dziurawiec, S., Roberts, C., Kane, R., & Ebsworthy, G. (2001). The effects of an optimism and lifeskills program on depression in preadolescents. *Behaviour Change*, *18*, 194–203.

Reich, W., Welner, Z., & Herjanic, B. (1997). *Diagnostic interview for children and adolescents—IV. Software manual for the child/adolescent and parent versions*. Toronto: Multi-Health Systems Inc.

Roberts, C., Ballantyne, F., & van der Klift, P. (2002). *Aussie Optimism: Social Life Skills Program. Teacher Resource*. Perth WA.: Curtin University of Technology.

Roberts, C., Kane, R., Bishop, B., Cross, D., & Fenton, J. (May, 2004). The effectiveness of a universal school-based mental health promotion program implemented in disadvantaged schools. In C. Roberts (Chair), *Mental health Promotion in Schools*. Symposium conducted at the Australian Association for Cognitive and Behaviour Therapy 27th National Conference. Informing the Scientist Practitioner, Perth, Australia.

Roberts, C., Kane, R, Bishop, B., Matthews, H., & Thomson, H. (2004). The prevention of depressive symptoms in rural school children: A follow up. *International Journal of Mental Health Promotion*, *6*, 4–16.

Roberts, C., Kane, R, Thomson, H., Bishop, B., & Hart, B. (2003). The prevention of depressive symptoms in rural school children: A randomised controlled trial. *Journal of Consulting and Clinical Psychology*, *71*, 622–628.

Roberts, R., Roberts, C., Cosgrove, S., Houston, K., Ludlow, T., Mar, D., Sanders, M., & van der Klift, P. (2002). *Aussie Optimism: Optimistic Thinking Skills Program. Teacher Resource*. Perth, WA.: Curtin University of Technology.

Rogers, E.M. (1995). *Diffusion of innovations* (4th ed.). New York: Free Press.

Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B., Patton, G.C., Prior, M.R., Raphael, B., Rey, J., Waites, L.C., & Zubrick, S.R. (2000). *Child and adolescent component if the national survey of mental health and well-being. Mental health of young people in Australia*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.

Seligman, M.E.P., Castellon, C., Cacciola, J., Schulman, P., Luborsky, L., Ollove, M., & Downing, R. (1988). Explanatory style change during cognitive therapy for unipolar depression. *Journal of Abnormal Psychology*, *91*, 1–6.

Seligman, M.E.P., Reivich, K., Jaycox, L., & Gillham, J. (1995). *The optimistic child*. Sydney: Random House.

Yu, D.L., & Seligman, M.E.P. (2002). Preventing depressive symptoms in Chinese children. *Prevention & Treatment*, *5*, Article 9.

Preliminary Evaluation of an Expressive Writing Intervention for Early Adolescents' Peer-Related Problems

Michele Settanni, Fabrizia Giannotta, and Silvia Ciairano
Department of Psychology, University of Torino, Italy
E-mail: Silvia.ciairano@libero.it

Phenomena such as peer rejection, peer neglect or bullying occur mostly during early adolescence. They may contribute to an increase in social maladjustment and consequently decrease the psychological wellbeing of victims. Being the victim of bullies or being rejected or neglected by peers can be experienced by adolescents as traumatic events (Lev-Wiesel, Nuttman-Shwartz, & Sternberg, 2006; Mikkelsen & Einarsen, 2002) and can result in subsequent psychosocial adjustment problems. These kinds of phenomena (especially bullying) appear to be very frequent in Italy (e.g. Menesini et al., 1997). Consequently, the need emerges to plan and implement effective interventions aimed at reducing the occurrence of such events and/or moderating their impact on students' wellbeing.

Effects of Disclosure on Health-related Outcomes

One of the most promising and uncomplicated approaches that is currently being implemented and tested in different contexts is expressive writing. This approach has its roots in the long history of writing therapy, a therapeutic technique often adopted by psychotherapists. Expressive writing essentially consists of giving individuals the possibility to disclose in a written form their deepest thoughts and feelings about traumatic or stressful events. This kind of disclosure seems to have a positive effect in overcoming negative life events.

There is strong evidence of the effectiveness of expressive writing in promoting physical and psychological wellbeing. When compared to writing about trivial topics, writing about emotional experiences has been found to be linked to significant changes regarding multiple physical outcomes: fewer physician visits (Cameron & Nicholls, 1998), decreased medical symptoms (e.g., Smyth, Stone, Hurewitz, & Kaell, 1999), fewer absences from work (Francis & Pennebaker, 1992), and improved immune functioning (Pennebaker, Kiecolt-Glaser, & Glaser, 1988). Moreover, Smyth (1998) pointed out that expressive writing was associated with significant improvements in psychological wellbeing, and a number of studies have also found that expressive writing had strong effects on mood, including reduction of depressive symptoms, anxiety and psychological distress (Sloan & Marx, 2004b).

Different Theories Explaining Mechanisms

One of the earliest models maintained that individuals typically inhibit themselves from thinking about traumatic experiences because of the emotional intensity of these experiences and in an effort to avoid negative social responses if they should become distressed (Pennebaker & Beall, 1986). According to Pennebaker (1997), active mental inhibition occurs as a spin-off of an individual's efforts to inhibit particular thoughts or feelings. The physiological effort required to maintain inhibition is reflected in the activity of the autonomic and central nervous system. This effort, especially if prolonged, can act as a long-term, low-level stressor (Pennebaker, 1997). According to this perspective, writing about traumatic or unpleasant events reduces psychological stress caused by active inhibition. Though some recent research has supported Pennebaker's hypothesis, there is no consensus among researchers as to how the expressive writing approach works.

Other authors have found evidence contradicting Pennebaker's theory. First, people with inhibitory personality styles do not reliably benefit from disclosure (Smyth & Helm, 2003). Furthermore, writing about traumatic events that have been previously disclosed does not appear to have different health benefits than writing about traumatic events that have not been disclosed (Greenberg & Stone, 1992). Finally, writing about past traumas, which presumably had been inhibited, has been found to have similar or lesser psychosocial health benefits than writing about recent or ongoing events. These findings suggest that release of chronic long-term inhibition is not the most important factor in determining the efficacy of expressive writing. Thus, more recent research has focused on other theoretical perspectives.

Recently, Lepore and colleagues (2002) developed an integrative model that highlights the role of emotional and cognitive processing of traumatic events. According to this theoretical framework, writing about stressful or traumatic events can promote self-regulation, especially by means of enhanced regulation of emotions. Emotions are dysregulated either when they are excessively controlled or excessively uncontrolled. Both of these conditions may result in negative health outcomes. Expressive writing can contribute to improving psycho-physiological health/wellbeing by regulating extreme emotional responses. More precisely, regulation of emotions can be achieved by focusing attention, enhancing habituation or desensitization to distressful traumatic stimuli, and facilitating cognitive restructuring of the described event. Each of these regulatory processes can positively influence emotional responses in three domains: physiological, subjective and behavioral. This model seems to fit better with findings from past research because it is able to explain results that are in contrast with Pennebaker's theory.

Does Expressive Writing Intervention Work for Young Adolescents?

Using Lepore and colleagues' framework, we are conducting a study to evaluate the efficacy of expressive writing for promoting adjustment in urban middle-school aged youth and to find out whether and how demographic, psychosocial and environmental factors affect the efficacy of the expressive writing intervention. This research is based on a collaboration with Prof. Wendy Kliewer, who is currently implementing a similar intervention in Richmond (Virginia, US). Although the Italian study is not finished yet and we still lack follow-up data, results from analyses conducted on pre- and post-test data show some evidence of effectiveness.

Our intervention was implemented in a middle-school

in an urban area in the north of Italy. We applied a pre-post test design: the classrooms as units were randomly selected as treatment and control groups. Both groups filled out a questionnaire before the writing sessions and one week after the end of the sessions. After the pre-test, there were four writing sessions for both groups (2 per week). Each session lasted about twenty minutes. The treatment group was asked to write about deep feelings and thoughts concerning events related to problems they had recently experienced with peers, within the school context. They were asked to go into as much detail as they could and to write constantly for the entire time. The control group was asked to write about trivial topics (a typical weekday, a typical weekend, their hobbies and preferred TV programs).

The participants were 150 students in grade 7 (mean age = 12.24; sd = .47), 52% girls, 48% boys, with 47% of the sample making up the treatment group. There was no difference between the treatment and control groups with respect to number of family members, parents' level of education or parents' type of employment (full- or part-time). They filled out a self-administered questionnaire before the intervention and a week afterwards. In order to investigate the efficacy, and the role of possible mediators and moderators of our intervention, we included in the questionnaire measures of optimism, depression, anxiety, problem behaviors, peer victimization, post-traumatic stress symptoms, threat appraisal, and strategies of coping. Reliability (Cronbach's alpha) is high for all scales except the optimism scale (.56 at t1 and .63 at t2) and scores ranged from .80 to .94. Generally, we found no difference at pre-test between treatment and control groups with regard to all the variables we took into consideration except for threat appraisal related to loss of desired objects, drug use, and use of support-seeking strategies. The treatment group was more involved in drug use, showed a higher level of threat appraisal for loss of a desired object, and used support-seeking strategies more often than the control group.

What Happened Immediately After the Intervention?

With regard to the scripts, an initial content analysis revealed that approximately 80% of the experimental group had written about problems with peers, such as bullying episodes, being excluded or rejected, verbal fights, and aggressive acts. The rest of the sample had written about other problems, such as arguing with parents or teachers. The control group had written about the suggested trivial topics in 95% of the cases.

We conducted several analyses to examine the effects of the intervention at one week post-test. Repeated measure ANOVAs were used to assess the effect of the intervention on the variables considered above. Students who had participated in the intervention significantly improved their ability to cope with problems, reframing the situation positively, while the students in the control group decreased such ability. Positive reframing is the act of interpreting a stressful transaction in positive terms. This attitude should lead adolescents to continue (or to resume) active, problem-focused coping actions. We also found a much stronger decrease in the control group than in the

treatment group for some dimensions related to threat appraisal, namely harm to others, negative evaluation by the others, and negative self-evaluations.

Conclusion

In general, preliminary findings seem to conform to our expectations. More precisely, intervention seems to promote the adoption of an active coping strategy based on positive reframing of the experienced problems. This short-term result supports the efficacy of expressive writing in influencing regulatory processes, particularly cognitive restructuring.

With regard to threat appraisal, analyses indicate that the experimental group, compared to the control subjects, reports higher levels of appraisal concerning harm to others, negative self-evaluations and negative evaluations by others. One possible interpretation of this unexpected finding is that, having had the opportunity to express their deepest feelings and thoughts, experimental subjects increased their sensitivity towards others' perspective on experienced negative events. At the same time, this process of re-evaluating events could bring into discussion their own point of view, resulting in a temporary increase in negative self-evaluation and *perceived* negative evaluations by others. If so, changes in evaluation of self and increase in attention towards others' feelings may be "symptoms" of ongoing cognitive restructuring. One can hypothesize that this will result in a more realistic view of events and in a subsequent improvement in adjustment. The lack of change in depression level in the treatment group seems to support our interpretation. However, in order to test this hypothesis, follow-up data must be collected and analyzed, which will occur over the next few months.

We did not find any modifications in behavioral outcomes, such as aggressive acts. This lack of modification could be due to the very brief time between implementation and post test. Indeed, many authors share the opinion that this kind of intervention influences slow moving outcome measures and that changes in behavior may take months to see (e.g., Pennebaker & Chung, in press).

However, the post test was administered a short time after the implementation to investigate mechanisms through which this kind of intervention starts to work. This question has rarely been addressed in past research (e.g., Sloan & Marx, 2004; Reynolds, Brewin, & Saxton, 2000) but it could be useful in the understanding of possible longer-term effects.

Our initial results seem quite promising because they seem to indicate the existence of cognitive restructuring processes starting immediately after the intervention. Continuation of the study will be aimed at testing whether these processes will lead to an improvement in adjustment and wellbeing and under what conditions this could happen.

References

Cameron, L.D., & Nicholls, G. (1998). Expression of stressful experiences through writing: Effects of a self-regulation manipulation for pessimists and optimists. *Health Psychology*, *17*, 84–92.

Francis, M.E., & Pennebaker, J.W. (1992). Putting stress into

words: The impact of writing on physiological, absentee, and self-reported emotional well-being measures. *American Journal of Health Promotion*, *6*, 280–287.

Greenberg, M.A., & Stone, A.A. (1992). Emotional disclosure about traumas and its relation to health: effects of previous disclosure and trauma severity. *Journal of Personality and Social Psychology*, *63*(1), 75–84.

Lepore, S.J., Greenberg, M.A., Bruno, M., & Smyth, J. (2002). Expressive writing and health: Self-regulation of emotion-related experience, physiology and behavior. In S.J. Lepore & J. Smyth (Eds.), *The Writing Cure: How Expressive Writing Promotes Health and Emotional Well-Being* (pp. 99–118). Washington, DC: American Psychological Association.

Lepore, S.J., & Smyth, J. (Eds.) (2002). *The Writing Cure: How Expressive Writing Promotes Health and Emotional Well-Being*. Washington, DC: American Psychological Association.

Lev-Wiesel, R., Nuttman-Shwartz, O., & Sternberg, R. (2006). Peer rejection during adolescence: psychological long-term effects—A brief report. *Journal of Loss and Trauma*, *11*, 131–142.

Menesini, E., Eslea, M., Smith, P.K., Genta, M.L., Giannetti, E., Fonzi, A., & Costabile, A. (1997). Cross-National Comparison of Children's Attitudes Towards Bully/Victim Problems in School. *Aggressive Behavior*, *23*, 245–257.

Mikkelsen, E.G., & Einarsen, S. (2002). Basic assumptions and symptoms of post-traumatic stress among victims of bullying at work. *European Journal of Work and Organizational Psychology*, *11*(1), 87–111.

Pennebaker, J.W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, *8*(3), 162–166.

Pennebaker, J.W., & Beall, S.K. (1986). Confronting a traumatic event: toward an understanding of inhibition and disease. *Journal of Abnormal Psychology*, *95*, 274–81.

Pennebaker, J.W., Chung, C.K. (in press). Expressive writing, emotional upheavals, and health. In H. Friedman & R. Silver (Eds.), *Handbook of health psychology*. New York: Oxford University Press.

Pennebaker, J.W., Kiecolt-Glaser, J.K., & Glaser, R. (1988). Disclosure of traumas and immune function: health implications for psychotherapy. *Journal of Consulting and Clinical Psychology*, *56*, 239–245.

Reynolds, M., Brewin, C.R., & Saxton, M. (2000). Emotional disclosure in school children. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *41*, 151–159.

Sloan, D.M., & Marx, B.P. (2004a). Taking pen to hand: Evaluating theories underlying the written disclosure paradigm. *Clinical Psychology: Science and Practice*, 11, 121–137.

Sloan, D.M., & Marx, B.P. (2004b). A closer examination of the structured written disclosure procedure. *Journal of Consulting and Clinical Psychology*, *72*, 165–175.

Smyth, J.M. (1998). Written emotional expression: effect sizes, outcome types, and moderating variables. *Journal of Consulting and Clinical Psychology*, *66*, 174–184.

Smyth, J., & Helm, R. (2003). Focused Expressive Writing as Self-Help for Stress and Trauma. *Journal of Clinical Psychology: In Session*, *59*(2), 227–235.

Smyth, J.M., Stone, A.A, Hurewitz, A., & Kaell, A. (1999). Effects of writing about stressful experiences on symptom reduction in patients with asthma or rheumatoid arthritis: a randomized trial. *Journal of American Medical Association*, *281*(14), 1304–1309.

Life Skills for Psychosocial Competence in Youth: Intervention Initiatives in India

Suman Verma
Department of Child Development, Government Home Science College
Chandigarh, India
E-mail: Suman992003@yahoo.com

Psychosocial competence is a "person's ability to maintain a state of mental well-being and to demonstrate this adaptive and positive behavior while interacting with others, his/her culture and environment" (WHO, 1994, p. 1). The WHO document further defines life skills as "abilities for adaptive and positive behavior that enable an individual to deal effectively with the demands and challenges of everyday life" (p. 1). These skills include: decision making, communication, building self-esteem, developing relationships, dealing with conflicts, problem solving, self-awareness and self-assessment, pressure resistance, critical thinking, and coping with stress and emotions. Life skills training focuses on facilitating the acquisition of skills related to success in performing specific basic life tasks, and aims to provide practical learning experiences that encourage the development of a broader range of necessary skills. This article reviews some of the life skills programs undertaken in India in both formal and non-formal settings, and then examines the process and outcome evaluation of two of these interventions.

NGO Initiatives to Enhance Competence in Life Skills

In India, over the last decade and a half, there has been increased support for teaching life skills to young people to enable them to deal with various psychosocial and behavior-related health problems, especially AIDS prevention. Under the aegis of organizations such as WHO (1994), UNICEF (2005), UNESCO (2001), CEDPA (2001), and UNFPA (2001) in coordination with the Ministry of Human Resource Development of the Government of India, widespread implementation of programs in school and non-school settings has been initiated through various mental health institutes and NGOs. A number of workshops have been organized for researchers and practitioners to discuss the life skills approach, to modify it for the Indian context, and to explore the possibilities of integrating life skills into the formal and the non-formal curriculum. Detailed manuals and resource materials for teacher educators have been developed along with training for program implementers. Mental Health institutes have done extensive work in training teachers in government schools for life skills education.

Program Rationale and Theoretical Framework

The life skills training programs in India are generally based on the theoretical orientation provided by social learning theory (Bandura, 1986). People who experience social difficulties are assumed to be less able to set appropriate goals in social situations and to generate alternative ways to achieve those goals. The social learning approach, based on the concepts of modeling, behavioral rehearsal, and social reinforcement, holds that these competencies can be acquired through counseling or training. The programs essentially rely on current pedagogic principles and procedures (e.g. direct instruction, simulation games, or structured discussions). One advantage to employing a model that uses learning theory to explain problem behavior is that the approach avoids labeling and stigmatization, while emphasizing proactive behaviors.

Intervention grounded in social learning theory has been demonstrably effective in its application across a variety of adolescent problem behaviors and has shown promising results in reducing young people's risky behavior (Bandura, 1986; Schinke, Moncher, & Holden, 1989); in the development of social competence skills (Chalmers & Townsend, 1990; Misener, 1995); and in the enhancement of cognitive skills (Botvin, 1989; Elias, 1992). Other fields such as clinical and counseling psychology, social work, and education have also been concerned with the factors and processes leading to behavior problems and skill competencies, and can benefit from this model.

A wide range of skills is targeted in these programs. Some modules teach specific life skills such as decision-making, resisting peer pressure, self-awareness, and dealing with emotions whereas others teach generic skills useful for adjustment. Typically programs attempt to achieve these very broad goals through improving certain behavioral skills relating to a specific problem in a predetermined target group. A number of life skills programs have focused on health issues. Hence, there are life skills programs designed to prevent HIV infection and substance use, in addition to those targeting improvement in adolescents' peer and family relationships, effective time management, and coping with stress, sexuality, conduct disorders, and conflict resolution. Life skills intervention also has become an essential part of current substance abuse prevention efforts, and programs that include behavioral skills training appear to have the most success. Some of the programs initiated by NGOs like Salaam Balak Trust and Chetna are characterized by attempts to enhance the relevance of the intervention for specific target subjects by engaging adolescents in the development of the curricula or attempting to make the programs culturally relevant.

Programs have adopted different formats and procedures to teach skills. Most programs have an application component, include individual or group training methods, and vary in their degree of structure. The range of persons utilized as trainers in these programs is not only broad and diverse, but also includes a number of different types of professionals and para-professionals (psychologists, teachers, social workers, peers, parents, counselors). Including peers, adults and parents as mentors in training for social and conduct disorders has proved effective. The majority of the programs rely on a combination of procedures derived from social learning theory (modeling, rehearsal, reinforcement) but others have demonstrated the efficacy of simulation exercises, creative drama, brainstorming, and meditation in skill training. With all formats, the focus is primarily on providing participative sessions to facilitate skill transfer to real life settings.

Process and outcome evaluation of the treatment are important program components. They can demonstrate, on the one hand, acceptance and implementation quality, and on the other hand, they deliver information on the impact and effectiveness of the intervention. However, most programs reviewed lacked valid research protocols and had no clear-cut evaluation procedures. Two evaluated life skills interventions with youth in India are described here. The first is a longitudinal study and the second is a life skills intervention carried out in clinical and non-clinical settings.

Life Skills Interventions: Two Examples

The use of lateral thinking in skill training combined with creative learning methods enhances the development of abstract reasoning abilities in participants. Avenues for cognitive development through experiential channels in the program provide meaningful preparation for future life demands. The program also serves to enlarge the scope of learning experiences by providing knowledge, information and support, and lays the foundation of positive achievement motivation for those who have previously experienced consistent negative reinforcement for learning. It also aims to promote good work habits and work ethics, a positive attitude towards society, positive future expectations and wise career choices.

The longitudinal evaluation of a life skills program with college youth by Verma (2003) was conducted in five phases (1991–96) with a pre- and post-test quasi-experimental design. Study I comprised the first three phases wherein the Treatment group ($n = 44$) was exposed to a 5-month intervention program on Time Sensitization twice (once during their second academic year and once during their third year of study); Control-1 ($n = 39$) was exposed to a non-experimental (dummy) treatment for the same duration; and Control-2 ($n = 25$) was not exposed to any treatment and was selected for post-hoc comparison. The program was planned with the objectives to: (i) introduce the concept of time management; (ii) sensitize the students to structured and purposive use of time; (iii) provide a knowledge base, develop skills, and identify strategies for optimum time usage; and (iv) sensitize female students to effective time utilization within the cultural setting, as per their multi-faceted roles. The pre- and post-test assessments conducted in phases one and three respectively included: (i) a time structure questionnaire (Bond & Feather, 1988) to assess how subjects organize and structure their time; (ii) the keeping of a time diary (Saraswathi & Sridharan, 1991) to study time spent in various activities and locations with different persons; and (iii) peer feedback, parent feedback, teacher rating and a final evaluation schedule to assess the impact of the two-year intervention on certain daily life skills related to effective time utilization.

Pre- and post-test comparison in Study I of the three

groups revealed that the Treatment group when compared to the two Control groups showed a significant increase in their time structure score; spent less time on maintenance and leisure and more on individual study; had a higher academic percentage and spent more time alone pursuing hobbies and productive activities; and shouldered greater responsibility and were more punctual, organized and methodical in work.

At the end of phase three in the year 1994 in-depth interviews along with program appraisal were conducted with the subjects. The majority of them enjoyed the program for its uniqueness (58%) and suggested that the program should continue (79%), although they suggested a shift in focus onto wider issues related to their future lives (42%). They expressed the need for guidance in areas pertaining to career goals (32%), life planning (23%), personal development (45%), and stress management (29%). Some also reported a lack of family support for realization of personal goals (17%). Looking at the need-based demand and the longitudinal input in the intervention, Study II was planned for another two years (phases four and five) for planning and implementing a Life Skills Program for the subjects on a wider range of life skills for adjustment to future challenges.

The Treatment, Control 1 and Control 2 subjects were pre-tested for (i) purposive time structure; (ii) expectations for the future; (iii) reaction to difficulties; (iv) well-being; (v) self-esteem; and (vi) life perspective in phases two to four. For the present study, 14 girls from the Control 1 group (selected randomly by lots) were combined with the Treatment group. The rationale was to study (i) the long-term effect of the time sensitization program and (ii) the impact of intervention timing and the age of subjects on the acquisition of skills.

The intervention program extended to phase five, by the end of which subjects were post-tested using the same measures as those administered in phases two, three and four. Following the theoretical orientation of social cognitive theory and based on the concepts of modeling, behavioral rehearsal, and social reinforcement (Bandura, 1986), a skill-oriented approach was adopted in formulating the program. The eight-month program was developed with the active participation of student team members with the following objectives:

To plan a need-based life skills program for college youth (19–21 years) in the areas of self-development, stress management, life planning, career goals, effective communication, and social support system for development of core skills of self awareness, coping with stress, time management, communication, interpersonal relationships, critical thinking and decision-making.

To study the impact and positive transfer of learning effects of the program on the trainees compared to the effects, if any, on those in the control groups, in the following areas of social functioning: self-esteem, life perspective, future expectations, reactions to difficulties, well-being, and purposive time structuring.

The essential components of the Life Skills program were (i) workshops; (ii) the circulation of resource material using the Distance Treatment Concept; and (iii) individual counseling sessions. Feedback and evaluation planning was an integral part of the course content. Subjects responded to: (i) the quality of the resource material and

skill practice after each unit and (ii) a skill acquisition measure after the completion of the program.

Data yielded by this longitudinal study reveals patterns of improved knowledge, attitudes, perceptions and behavioral intentions relative to targeted skill development. Following participation in the Life Skills curriculum, comparison of youths' pre-test to post-test measurement scores revealed improvement in self-esteem and self-efficacy beliefs; a greater sense of well-being; higher scholastic achievement; increased self-knowledge; greater awareness of strategies for skill acquisition; and enhanced motivation to acquire skills. The program also had a significant impact on the participants in developing skills related to purposive time structuring, personal development, stress management, goal clarity, adequate self-monitoring abilities and problem solving abilities. The program failed to show a measurable impact in the areas of life perspective and reaction to difficulties. The strengths of this longitudinal study are: (1) the pre-post test control group design was effective in empirically demonstrating the impact of the intervention; (2) test-retest reliability was established on the dependent measures; (3) the program was need-based and culturally sensitive, with a continuous evaluation component built into the curriculum; (4) the program provides detailed guidelines for future replication; (5) through distance education, the program can be used effectively to reach out to youths enrolled in the open education system; and (6) the program draws on resources from within the existing educational system rather than creating parallel structures. This research highlighted some crucial methodological issues related to life skills education with implications for research, program design, and policy-making.

A second research program focused on life skills in India by Goyal (2005) aimed to develop and evaluate a life skills training program for its impact on psychosocial competence among both normal school-going adolescents and those with emotional disorders. This study is an extension of the work of Malhotra & Kohli (2005) on mental health and life skills training for children and adolescents in the schools in the city of Chandigarh, in collaboration with an NGO, to help children with problem behaviors. After validating the life skills manual for face, content, and predictive validity the program was implemented in 10 sessions of one-hour duration to both the groups in the school and clinical setting. Methods used were case narratives, group activities, brainstorming, and role-play. Results revealed a significant increase in cognitive behavioral problem-solving and a decrease in cognitive and behavior avoidance coping. Both groups reported a significant increase in non-depressive attribution, self-esteem, emotional intelligence, and self-efficacy and a decrease in internalizing problems. The training had a greater impact on the emotional disorder group when compared to the normal group. Girls when compared to boys showed greater gains on the dimensions of self-esteem and coping. The strength of this study is that the training based on similar developmental principles is effective for both prevention and remediation. However, the study did not include a control group for comparison, and only self-reported measures of psychosocial competence and internalizing problems were used. Maintenance effects of the training over a period of time were also not tested.

Conclusion

Research on the life skills training approach includes studies testing its short-term effectiveness and long-term durability, different delivery methods, the effectiveness of booster sessions (Dogra & Veeraraghavan, 1994), and differential effectiveness when conducted by diverse program providers over a range of populations. The nature of the program varies with the objectives, age group, duration, and cultural setting, with adaptation to special group needs. There is much overlap in the content of the program curricula. Though some target specific skill development, others use a combination of generic skills to provide a knowledge base, strategies, and opportunity for practice. There is increasing emphasis on using interactive learning methods to enhance response maintenance and generalization.

Many programs implemented by NGOs can be criticized for methodological weaknesses such as inappropriate research design, nonequivalence of comparison groups at baseline, differential attrition, lack of fidelity of program implementation, concerns about validity of self-report data and inappropriate data analysis methods. Another limitation is the paucity of programs with long-term follow-up data to demonstrate the maintenance effects of the training on the participants. Despite these limitations, there is encouraging preliminary evidence from research in India that life skill training is helpful in teaching an array of generic skills to enhance individual competence and promote well-being in the participants.

References

Bandura, A. (1986). *The social foundations of thought and action: A social cognitive theory*. Englewood Cliff, NJ: Prentice Hall.

Bond, M.J., & Feather, N.T. (1988). Some correlates of structure and purpose in the use of time. *Journal of Personality and Social Psychology*, *55*(2), 321–326.

Botvin, G.J. (1989). *Life skills training: Promoting health and personal development: Teacher's manual*. Cornell University Medical College, USA.

CEDPA. (2001). *Choose a future: Issues and options for adolescents boys in India*. New Delhi: CEDPA India Office.

Chalmers, J.B., & Townsend, M.A.R. (1990). The effects of training in social perspective taking on socially maladjusted girls. *Child Development*, *61*, 178–190.

Dogra, A., & Veeraraghavan, V. (1994). A study of psychological intervention of children with aggressive conduct disorder. *Indian Journal of Clinical Psychology*, *21*(1), 28–32.

Elias, M.J. (1992). *Social decision-making and life skills development: Guidelines for middle school education*. USA: Aspen Publishers, Inc.

Goyal, V. (2005). I*mpact of life skills training on psychosocial competence of early and middle adolescents*. Ph.D thesis submitted to Panjab University.

Malhotra, S., & Kohli, A. (2005). School mental health programme: Chandigarh experience. In S. Malhotra (Ed.), *Mental disorders in children and adolescents: Need and strategies for intervention*. Delhi: CBS Publishers & Distributors.

Misener, D.B. (1995). An evaluation of a secondary prevention social skills training program for children. *Dissertation Abstracts International*, *55*(12), 3750.

Saraswathi, T.S., & Sridharan, A. (1991). Time use by college youth: A methodological study. *Perspectives in Education*, *7*(1), 41–54.

Schinke, S.P., Moncher, M.S., & Holden, G.W. (1989). Preventing HIV infection among black and Hispanic adolescents. *Journal of Social Work and Human Sexuality*, *8*, 63–73.

UNESCO. (2001). *Life skills in non-formal education: A review*. New Delhi: UNESCO.

www.unicef.org/lifeskills/index_8400.html, site visited on May 29, 2005.

UNFPA. (2001). *Educating adolescent girls*. New Delhi: Allied Printers.

WHO. (1994). *Training workshops for the development and implementation of life skills programmes*. Geneva: Division of Mental Health, World Health Organization.

Verma, S. (2003). Life skills programme for psychosocial competence in the youth. In Dr. Bhagbanpr akash (Ed.), *Adolescence and life skills*. New Delhi: Tata McGraw-Hill Publishing Company Limited.

Promoting Positive Motivation among those Suffering from Burnout

Petri Näätänen
Peijas Hospital, Helsinki University Central Hospital
Helsinki, Finland
E-mail: Petri.naatanen@hus.fi

and

Katariina Salmela-Aro
Department of Psychology, University of Jyväskylä,
Jyväskylä, Finland
E-mail: Katariina.salmela-aro@psyka.jyu.fi

Burnout is a common problem among employees in modern society (Maslach, Schaufeli, & Leiter, 2001). Although different kinds of intervention programmes have been developed for burnout, research on how to help people with severe burnout symptoms, in particular, is still rare (van der Klink, Blonk, Schene, & van Dijk, 2001). Therefore, we have been conducting research that examines the effectiveness of two group-intervention methods, group-analysis and psychodrama, in decreasing moderate to severe burnout symptoms. In that process, we also seek possible mediating mechanisms of burnout symptoms. Researchers have emphasized the need to better understand the psychological processes responsible for intervention outcomes (Maslach & Leiter, 1997). One psychological process that might be assumed to play a role in the development, persistence, or decline of burnout is the kinds of personal goals people have constructed concerning their work and career, and how they evaluate these goals (Cox & Klinger, 2004). One way to promote people's well-being, and decrease their psychological problems, is to help them to change their personal goals (Sheldon, Kasser, Smith, & Shore, 2002). The present study made an effort to contribute to our understanding by conducting an intervention

aimed to decrease employees' severe burnout symptoms and to promote their positive motivation.

Burnout is a serious problem which is not only reflected in problems at work, such as an increase in the incidence of sick leave and absenteeism, but also in increased mental health problems. According to current influential models, burnout has three dimensions: emotional exhaustion, depersonalization and reduced professional accomplishment (Maslach & Leiter, 1997). Emotional exhaustion (the stress component) refers to feelings of being emotionally over-extended and depleted in one's emotional resources, and the symptoms include loss of energy, depletion and fatigue. Depersonalization (the other evaluation component) refers to a negative or cynical attitude and irritability. Reduced professional efficacy (the self-evaluation component) refers to a loss of confidence in one's competence, and a feeling that one is not achieving much in one's work. Previous research has shown that typical antecedents of burnout include work overload, time pressure and a prolonged mismatch in the job-person relationship. It has also been suggested that motivation may play an important role in burnout (Pines, 1993). Consequently, it might be assumed that individual motivation and personal goals play an important role not only in the development of, but also in the efforts to decrease, burnout symptoms.

The Role of Goals in the Intervention for Burnout

Personal goals are future-oriented representations of what individuals are striving for in their current life situations or what they want to avoid. They are responsible for the ongoing regulation of behavior; form criteria for evaluating behavioral outcomes; activate emotions; and motivate the construction of a variety of plans to cope with situational demands (Karoly, 1993). There are at least two reasons why the framework of personal goals may provide a fruitful starting point for interventions aimed at increasing the individual's well-being. First, because personal goals motivate and direct behavior, there is good reason to assume that change in the individual's behavior, and the way these changes are reflected in his or her well-being, are preceded by changes in personal goals and self-appraisals of goal progress. Second, making progress toward the achievement of goals has been found to be associated with people's sense of well-being (Harris, Daniels, & Briner, 2003). Not surprisingly, many researchers have described the potential benefits of incorporating a goal-based approach into the design of treatment programs (e.g., Cox & Klinger, 2004).

We have used a group-based psychotherapeutic intervention to help individuals suffering from severe burnout symptoms. Since it has been shown that long-term interventions are needed to decrease burnout (Rowe, 2000), the two programs we offered included 16 one-day sessions during a 10-month period. One general aim of the therapeutic interventions was to focus on working with employees' personal goals, and to offer them an opportunity to reflect on and discuss their relationship to their work and its objectives, their identification with their organization, and the roles that they assumed themselves to be taking on at work. Moreover, the programs focused on changing the ways in which an individual perceived and dealt with unfavourable working situations. Two group interventions, one focusing solely on psychodynamic interpersonal discussion (Pines, 2000) and the another using expressive and relaxation techniques (Moreno, 1965), were offered.

How Did We Test the Effectiveness of the Interventions?

The participants were 87 employees suffering from severe burnout. They had contacted one of the 15 Occupational Health Service Offices in the Helsinki metropolitan area and were sent to group-intake interviews. The inclusion criteria were (a) a score of over the 75th percentile of the Bergen Burnout Inventory (Matthiesen & Dyregrov, 1992) and (b) a willingness to participate in the nine-month group intervention with its concomitant research procedure. All participants gave written informed consent. The participants were randomized into two intervention groups ($n = 32$ and 30; there were two early drop-outs), and a control group ($n = 27$, 23 in follow-up) was selected on the same criteria as intervention groups afterwards. The control group had the option to receive standard health-care visits, which was taken up by 67% of the control-group members, with the mean frequency of visits being 6.65 times in the nine month period. The control and intervention groups did not differ from each other in the background variables (age, gender, occupational schooling, marital status, medication). The age of the participants ranged from 33 to 59 ($M = 47.8$, $SD = 5.8$). Twenty-five percent of the participants were males. The participants were working in different middle-class occupations, such as police officers, clerical workers, and public service officers.

The 64 participants in the intervention study were first randomised into eight intervention groups: four analytic groups and four psychodrama groups (eight participants in each). Interventions included 16 intensive sessions every other week, each lasting a whole day (from 9 a.m. to 3.30 p.m.) from the beginning of March to the end of December (with a break during July and August). Each group was counselled by two qualified middle-aged therapists, who had several years (3–15) of experience as group leaders.

One general aim of both therapeutic groups was to focus on working with employees' personal goals and to offer those employees an opportunity to reflect on and discuss their relationship to their work, their identification with their organization, the roles that they assumed themselves to be taking on at work, and possible changes in the ways in which they perceived and dealt with unfavourable working situations. When necessary, the focus was extended to other domains of life, such as the employees' psychological and emotional or interpersonal themes. The major difference between the two intervention programmes was that the experiential group therapy was based on active therapeutic interventions, such as psycho- and socio-dramatic techniques; by contrast, the group analytic therapy was based on discussions. In both approaches, working on participants' personal goals and promoting positive motivation was a major feature of the interventions.

Measurement schedule. The burnout and subjective well-being measures were filled in at the beginning of the therapy (pre-measurement), in the middle (mid-measurement), afterwards (post-measurement) and six-month follow-up (follow-up measurement).

Burnout was measured with the Bergen Burnout Indicator (BBI, Matthiesen & Dyregrov, 1992; Näätänen, Aro, Matthiesen, & Salmela-Aro, 2003). It consists of 25 statements, summed up to a total burnout index and three subdimensions: emotional exhaustion, cynicism, and reduced professional efficacy. The Cronbach alphas varied between .76–.91. Scales have been cross-validated with the aid of structural-equation modelling to the Maslach Burnout Inventory (Maslach, Jackson, & Leiter, 1996).

Subjective well-being was measured by using Ryff's scale (Ryff & Keyes, 1995). In Ryff's conceptualization of well-being, positive psychological functioning comprises six components, i.e., self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. It includes 84 questions to be answered by using a five-point Likert-scale. The Cronbach alphas varied between .67–.93.

Personal Project Analysis. The participants produced four personal goals and appraised them pre- and post-measurement (revised version of Little's (1983) Personal Project Analysis inventory) according to progress, managing emotions and negative emotions.

The Effect of Intervention on Burnout and Well-being

We carried out 4 × 3 repeated-measures ANOVAs to assess the effects of the interventions on burnout (within-factor: measurement time (Simple-contrast), between-factor: treatment condition control, group-analytic, psychodrama (Helmert-contrast)). In the simple-contrast, the pre-measurement served as the reference, while in the Helmert, the control group was first compared with both intervention groups (intervention effect) and the possible therapy-specific effects were examined by comparing the two intervention groups (method effect).

Burnout. The Time × Treatment interaction for burnout was statistically significant, with the groups differing in changes in burnout levels during the therapy period. The interaction of the contrast terms showed no intervention or method effects between the pre- and mid-treatment measurements. The intervention effect reached statistical significance between the pre-treatment and follow-up measurements: burnout decreased more in the intervention groups than in the control group. In terms of the method effects, burnout decreased more in the psychodrama groups than in the analysis groups between the pre- and post-measurements.

The sub-components of burnout. The results for emotional exhaustion emerged earlier (post-treatment). For cynicism, the joint intervention groups and the control group at follow-up were at the 10% risk level. For reduced professional efficacy, the only specific difference to reach the level of statistical significance was the intervention effect during the period between the pre-treatment and follow-up measurements. The level of reduced professional effectiveness decreased more in the intervention groups than in the control group.

Effect sizes for burnout reduction are reported as Cohen's D, which represents the standardised difference between the means of the two intervention groups and that of the control group. The D's for the psychodrama intervention post-treatment and at follow-up burnout measurement were .69 and .76, respectively, and D's for the group-analytic intervention were –18 and .22 (If one slow-progress group is removed from the analyses, effect sizes were .10 and .43). However, in this study, the control group was not no-treatment control, but standard-treatment control, which may have slightly reduced the effect sizes.

Well-being. The ANOVAS for subjective well-being showed no Time × Treatment interactions. However, there was significant interaction in the within- and between-contrasts, indicating that environmental mastery increased more in the intervention groups than in the control group in the period between the pre- and post-treatment measurements. This increase continued during the follow-up period, as the Repeated-contrast main effect was highly significant. The Time × Intervention-group effect was not significant, indicating a similar increase for both intervention types.

Goals. The ANOVAs for goal-related progress and managing emotions showed significant Time, Treatment and Time × Treatment effects: personal goals progressed and managing goal-related emotions increased in the intervention groups compared to the control group. Moreover, goal-related negative emotions decreased in the intervention groups compared to the control group. That is, the intervention reduced the goal-related experiences of anger, sadness, fear, guilt and shame.

Summary and Conclusion

Our results showed that both types of treatment turned out to be effective tools in reducing level of burnout and increasing environmental mastery (a dimension of subjective well-being). There were method-specific effects as well: the psychodrama method had an earlier and stronger effect on burnout, but the difference of method effect disappeared during the follow-up.

It is noteworthy that the effects began to show at the latter part of the intervention and this pattern of late change was consistent in all of the groups, so it seems to be a reliable effect. Perhaps the insight-promoting nature of interventions may require a relatively long time to work. Alternatively, it may be the truly change-resistant nature of burnout that produced the late effect. Several longitudinal studies have shown considerable stability in levels of burnout (e.g., Toppinen-Tanner, Kalimo, & Mutanen, 2002). Severe burnout may require an intervention period of several months and, as it is a slowly changing phenomenon, the moderate effect sizes achieved in the present study are good.

The interventions did not have equal effects on the three components of burnout. The strongest reduction was in emotional exhaustion, with weaker reductions in cynicism and reduced professional efficacy. Some earlier

intervention studies also have found smaller effects on cynicism and reduced professional efficacy than on emotional exhaustion (van Dierendonck, Schaufeli, & Buunk, 1998). This suggests that these attitudinal components change more slowly during the therapeutic process. According to some views on the etiological process of burnout (Leiter, 1989), and according to the evidence of some longitudinal studies (eg. Toppinen-Tanner et al., 2002), these attitudinal components may reflect the internalised pathological effects of preceding prolonged emotional exhaustion, such as learned ineffective coping and damage to self-respect. This mediating role of emotional exhaustion may show up in the healing process too: it was the first component to decrease, before any changes were observed in these more embedded attitudinal components, which may require even more therapeutic work.

The environmental-mastery dimension of subjective well-being, which reflects the successful course and control of everyday routines and problems, was also affected. The therapeutic process opened up new ways of coping with stressors more efficiently, which could also be seen as increased experience of environmental mastery. This result is also important in the sense that well-functioning intervention might also be assumed to be reflected in people's overall well-being in more general ways by enhancing their ability to deal with everyday problems.

We assumed that one way to promote people's well-being and to decrease their burnout would be to help them to change their personal goals (Sheldon et al., 2002). Recently, the potential benefits of incorporating a goal-based approach into the design of treatment programmes has been described. In line with this, the results revealed that the interventions succeeded in promoting positive motivation: personal goals progressed during the interventions and employees increased the management of their goal-related emotions in a positive way. Moreover, during the interventions the personal goal-related negative emotions decreased among employees suffering from severe burnout. The reduction of negative emotions may also reflect the progress in dealing with problems causing burnout. Thus, goal progress and goal-related emotional change may be one possible mediating mechanism in reducing burnout, but the exact nature of this relationship needs further studies with more sophisticated methodology such as time-series analysis.

References

Cox, W. M., & Klinger, E. (Eds.). (2004). *Handbook of motivational counselling: Concepts, approaches, and assessment*. New York: John Wiley & Sons.

Harris, C., Daniels, K., & Briner, R. (2003). A diary study of goals and affective well-being at work. *Journal of Occupational and Organizational Psychology*, 76, 401–410.

Karoly, P. (1993). Goal systems: An organizing framework for clinical assessment and treatment planning. *Psychological Assessment*, 5, 273–280.

Leiter, M.P. (1989). Conceptual implications of two models of burnout: A response to Golembiewski. *Group & Organization Studies*, 14(1), 15–22.

Leiter, M.P., & Maslach, C. (1998). Burnout. In *Encyclopedia of Mental Health* (Vol. 1, pp. 347–357). San Diego, CA: Academic Press.

Little, B.R. (1983). Personal projects: A rationale and method for investigation. *Environment and Behavior*, 15, 273–309.

Maslach, C., Jackson, S.E., & Leiter, M.P. (1996). *The Maslach Burnout Inventory. Manual* (3rd ed.). Palo Alto, CA, US: Consulting Psychologists Press.

Maslach, C., & Leiter, M.P. (1997). *The truth about burnout: How organizations cause personal stress and what to do about it*. San Francisco, CA: Jossey-Bass.

Maslach, C., Schaufeli, W.B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397–422.

Matthiesen, S. B., & Dyregrov, A. (1992). *Empirical validation of the Bergen Burnout Indicator*. Paper presented at the 25th European Congress of Psychology, Brussels.

Moreno, J.L. (1965). Psychodrama in action. *Group Psychotherapy*, 18(1–2), 87–117.

Näätänen, P., Aro, A., Matthiesen, S. B., & Salmela-Aro, K. (2003). *Bergen Burnout Indicator 15*. Helsinki: Edita.

Pines, A.M. (1993). Burnout. In L. Goldberger, & S. Breznitz (Eds.), *Handbook of stress: Theoretical and clinical aspects* (2nd ed., pp. 386–402). New York: Free Press.

Pines, A.M. (2000). Treating career burnout: A psychodynamic existential perspective. *Journal of Clinical Psychology*, 56(5), 633–642.

Rowe, M.M. (2000). Skills training in the long-term management of stress and occupational burnout. *Current Psychology: Developmental, Learning, Personality, Social*, 19(3), 215–228.

Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 719–727.

Salmela-Aro, K., & Nurmi, J.-E. (2004). Employees' motivational orientation and well-being at work: A person-oriented approach. *Journal of Organizational Change Management*, 17, 471–489.

Sheldon, K.M., Kasser, T., Smith, K., & Shore, T. (2002). Personal goals and psychological growth: Testing an intervention to enhance goal attainment and personality integration. *Journal of Personality*, 70, 5–31.

Toppinen-Tanner, S., Kalimo, R., & Mutanen, P. (2002). The process of burnout in white-collar and blue-collar jobs: eight-year prospective study of exhaustion. *Journal of Organizational Behavior*, 23, 555–570.

van der Klink, J.J.L., Blonk, R.W.B., Schene, A.H., & van Dijk, F.J. (2001). The benefits of interventions for work-related stress. *American Journal of Public Health*, 91, 270–276.

van Dierendonck, D., Schaufeli, W.B., & Buunk, B.P. (1998). The evaluation of an individual burnout intervention program: The role of inequity and social support. *Journal of Applied Psychology*, 83, 392–407.

COMMENTARY: *Promoting Positive Development is a Collective Responsibility*

Constance Flanagan
Department of Agricultural and Extension Education,
Penn State University
University Park, Pennsylvania, USA
E-mail: caf15@psu.edu

Positive development has been on the agenda of the social sciences for more than a decade, expanding the field to include themes such as trust, generosity, social responsibility, and civic engagement in addition to the focus on problems and risks associated with human development that had been typical of the field. A basic argument of the positive human development movement is that the virtues and potential of human beings deserve at least as much attention as the problems and risks. As proponents of positive youth development put it, we should focus on young people as community resources, learn more about what motivates them to act as contributing members of those communities, and organize programs and policy that enable rather than inhibit that promise and potential (Pittman, Yohalem, & Irby, 2003).

The fact that this issue of the ISSBD Newsletter features research on interventions to promote positive development is a testament to the inroads this theme has made in the wider field. There are three exciting aspects of the projects discussed in this issue: First, they focus on positive development such as optimism and life skills. Second, they introduce clever intervention methods including psychodrama and expressive writing. Third, in one way or another the interventions emphasize a group based approach rather than targeting individuals in isolation.

The last of these is often ignored in interventions. Yet, in my view, it is critical and so I draw from the projects discussed in this issue to develop my argument and illustrate my points. It is noteworthy that, although the goal of all of the projects was to help individuals develop specific capacities, not one took a one-on-one (expert-client) approach. Rather, they were conducted with whole groups (whether in classrooms, psychodrama, or group therapy sessions). This way of structuring an intervention is important because it sends a message that the "issue" being dealt with—whether bullying or burnout—is not "my" problem but one shared by everyone in the group. I believe that such approaches minimize stigmatization (because targeted individuals are not pulled out for therapy) and also maximize social support (i.e., we can help one another because we share similar experiences).

In fact, I would like to see interventions to promote positive human development go one step beyond the models presented in this newsletter and frame issues such as bullying or burnout as public issues that should concern all of us. By all of us I include those members of the public who are outside of the groups targeted by interventions. Ultimately, bullying should concern every citizen who believes that schools and community based youth organizations are the settings where democracy is practiced and democratic dispositions develop. If bullying is going on in my local school, it should concern me regardless of whether my children are involved. In fact, the quality of schools as democratic institutions should concern me whether or not I have children. Although this may be beyond the purview of the projects discussed in this newsletter, the point I wish to emphasize is that interventions to promote positive development would do well to cast a broad net—in terms of defining positive development and in terms of how to promote it.

The projects discussed in this newsletter assist individuals in taking charge of their lives by helping them gain new insights into their motivations and behavior and by helping them develop new sets of skills. Participants in these programs develop skills that stay with them—i.e., using therapeutic writing to reframe peer problems, reflecting with co-workers about one's work-related goals and motivations, or exploring with fellow students how to manage one's time effectively. Undoubtedly, the new insights and skills gained will be ones that can be applied to new challenges, opportunities, and experiences. For example, expressive writing can be useful for reflecting on peer pressure but it could also be a means for conveying sentiments about more positive peer relations such as cooperation, student solidarity, or school spirit. As Suman Verma notes, life skills programs typically focus on specific issues but ultimately have broad goals such as self-awareness or competence in decision-making.

As I read about the four interventions discussed in this newsletter, I was struck that each was addressing some aspect of post-modern life—burnout, time management, stress, incivility. The kinds of skills these projects emphasized—self-reflection, coping, managing and using time efficiently, managing emotions and relationships—are important competencies for living full and rewarding lives. At the same time, I think it is incumbent on those of us committed to positive human development to move beyond helping individuals develop skills to cope with their situations or to manage their lives well. I am suggesting that we should expand the focus on selves and personal relationships to one that includes analyses of situations and settings and assessments of what could be done to improve them.

In this regard the Aussie Optimism Program is exemplary because it involves both individual and system change. The overall goal of the program was to prevent internalizing problems in early adolescence. The way they achieved this goal was by working as equal partners with teachers and administrators in the schools. And that is the take home lesson for intervention. As Claire Roberts notes, as interventionists, they were aware that the main goal of the school system is to improve student achievement. For the Optimism Program to succeed, it had to adapt to fit the needs of the organization and the people in it. Their decision was to use a train the trainer model, a common model in Cooperative Extension, in which expertise is shared and diffused through the organization.

Rather than the cookie cutter approach to intervention in which a canned program tested in one community is offered "as is" to others, Roberts and her colleagues appreciated that interventions have to be responsive to particular community organizations with their own mandates and constraints. Thus, they sought to understand the organizations with which they would collaborate and looked for factors within the schools that could enhance program adoption. Ultimately, by engaging multiple players (parents, teachers, Department of Education staff) and taking a whole school approach, they achieved high rates of program adoption and implementation. Not only did individual children benefit but a whole system changed. Teachers learned more about mental health and were more concerned about students' mental health. And, although it

wasn't measured, I suspect teachers' empathy may have increased as well. In her discussion of life skills programs in India, Suman Verma points out that it is typical for NGOs to be implementing community based interventions. With that in mind, I suspect that interventions will have more staying power in communities to the extent that those promoting the intervention are sensitive to the goals of particular community based organizations and to the populations with whom they work.

I want to return to my earlier plea that, in designing interventions to promote positive human development, we move beyond programs that focus on individuals—whether helping them to cope, change, or even become empowered. In addition to interventions that improve individuals' competencies, I suggest that we also ask whether the conditions or contexts in which individuals are embedded (at school, at work, in community organizations) may also need some analysis and change. So, for example, if an intervention is dealing with burnout, shouldn't an analysis of work conditions, allocation of responsibility, individual vs. team approaches, etc. figure in the solution of the problem alongside reflections on the individual's motivation and goals? Likewise, besides helping young people reflect on problems in peer relations, interventions to improve those relations could also engage young people in analyses of such things as structural changes in the school building or curriculum or in ways to promote attitudinal changes among students, staff, and teachers. I am not suggesting that a focus on individuals is wrong, only that it is not enough. As interventions to promote *positive* human development evolve, we should learn from the mistakes of primary prevention programs. In their review of 177 primary intervention programs for children and adolescents, Durlak and Wells (1997) found that 85% targeted individuals rather than their environments.

The field of positive human development has reframed human development from a risk to an asset paradigm. Scholars in this field are accustomed to thinking outside the box. I want to suggest that we apply our collective intellectual might to a deeper analysis of social issues and problems and to the kinds of interventions that might result from that more in-depth analysis. I am aware that this is more easily said than done. But I think it is essential. In closing, let me share our own venture at an intervention to promote positive human development and some lessons we learned.

Last summer we engaged in a community based intervention with the goal of reframing adolescent health risk (specifically alcohol, tobacco, and other drug use) as a *social* responsibility that we all share rather than a responsibility that individuals face alone. We accepted at face value, the adage, "Friends don't let friends drive drunk" and wanted to apply that adage to other risk behaviors. The youth participating in the project produced a short film showing various ways that adolescents could intervene to help friends avoid risky behaviors that could pose harm to them or to the broader community.

During the course of the summer project, we learned how firmly entrenched, at least in the minds of American teens, are notions of health and risk as individual, private matters rather than community or collective ones. Although the young people wanted to help peers avoid harm, they had an impoverished repertoire of ideas about how they could intervene. Ultimately, this had to do with the way alcohol and drug use was conceived—by them—but also framed in American culture, i.e., as a risk that individuals decide to take and a responsibility they shoulder alone.

A turning point in the youths' consciousness occurred in the course of conducting person-on-the-street interviews for the film. One set of these interviews was with recovering addicts from a community based program. In these encounters the problem of drug and alcohol use was personalized for the adolescents. The youth learned first-hand from the recovering addicts how the addicts' lives (and those of their loved ones) had been impacted by drug use. In addition, because these interviews were conducted in the same neighborhoods where the youths' community based program was housed, the young people understood that the interviewees were fellow members of their community. They were people 'like us.'

For the first time, the concept of health as a *social or community* responsibility rather than an individual choice began to sink in to the adolescents' consciousness. Now they referred to alcohol and drug use as "our" problem, something "our community" has to tackle together. Ultimately, the effectiveness of the summer intervention was not measured in the final film product. Rather, in the process of working collaboratively on a film, the young people reframed their notions of health to regard it as a shared, community responsibility that should concern all of us (Hamilton & Flanagan, forthcoming).

In the end, we need to find a balance in interventions to promote positive human development. We need interventions that develop the reflective capacities, insights, communication skills, and decision making skills of individuals. At the same time, we need to trust in the collective capacities of people to assess their institutional and community lives and to decide whether there are aspects of those settings (and in their conceptualization of problems in those settings) in need of change.

As a final point, I think it is worth noting that the interventions discussed in this paper cover a good part of the lifespan. If that is reflective of the field of interventions to promote positive human development more generally, it suggests a belief in human plasticity, and that is a hopeful sign.

References

Durlak, J.A., & Wells, A.M. (1997). Primary prevention programs for children and adolescents: A meta-analytic review. *American Journal of Community Psychology*, 25, 115–152.

Hamilton, C., & Flanagan, C. (forthcoming). Film as a medium for reframing social issues with young people: Health as a public responsibility. In B. Kirshner (Ed.), Youth activism as a context for development. *American Behavioral Scientist*.

Pittman, K., Yohalem, N., & Irby, M. (2003). Exploring youth policy in the United States: Options for progress. In F. Jacobs, D. Wertlieb, & R. Lerner (Eds.), *Handbook of applied developmental science, Vol 2: Promoting positive child, adolescent, and family development through research, policies, and programs* (pp. 563–583). Thousand Oaks, CA: Sage.

Reports from the Lab

"Reports from the Lab" is a new section of the newsletter beginning with this issue. Unique research environments and unusual collaborations or research topics from labs around the globe will be featured. Scholars are invited to focus not only on distinctive work conditions, innovative collaborations, or new paradigms, but also on fresh, not-yet-off-the press discoveries related to the topic of the ISSBD special section. *If you have a lab story you would like to see featured in the newsletter, please contact either editor—Karina Weichold or Bonnie Barber—to express your interest.*

Reports from the Lab

pc4youth—Improving Learning and Professional Perspectives by Peer-tutoring

A Research Program in Different National Settings

Alexander Grob
Department of Personality and Developmental Psychology, University of Basel, Switzerland
E-mail: Alexander.Grob@unibas.ch

Uta Vogelwiesche
Department of Gerontology, University of Dortmund, Germany

Juriy Dubenskiy
Department of Education and Psychology, State University of Omsk, Russia

School attendance during compulsory years is high. However, there are pupils who do not attend classes on a regular basis, especially in mid-adolescence. Often, these adolescents show poor academic achievement, have low grades and display various problem behaviors. Consequently, they are at risk of failing in vocational training. Academic disadvantage is frequently correlated with low SES and family problems. To address these problems we initiated the pc4youth program in the year 2000 with the main goals being to reduce negative outcomes of social disadvantage and to increase the probability for a successful transition into professional life. In 2003, the program was adapted from a Western to a transitional context. The central process for reaching the program goals is offering youth the opportunity to gain computer knowledge and expertise in a three level tutoring program embedded in an incentive system—specifically, advancement in the internal hierarchy from tutee to tutor and to consultant. Advancement in the hierarchy is often accompanied by a positive change in learning attitudes, achievement motivation and the development of positive future perspectives. Our lab report focuses on the principles of the program and the practical challenges of starting a research collaboration that was developed in a Western context and transferred to a context in transition to liberal economy.

Nowadays computer literacy is regarded as the fourth basic cultural technique together with reading, writing, and calculating. Despite the great importance of computer literacy, the digital divide is growing, i.e., the divide between users of information and communication technologies (ICT) and non-users. This fact is especially evident in transitional and developmental contexts. Substantial predictors of being an ICT non-user are, among others, being an inner city adolescent, having parents with low SES, having experienced migration, low academic achievement and low motivation: in short, being socially disadvantaged.

Socially disadvantaged adolescents oftentimes do poorly in school, have few positive examples and have little experience in helping others academically. They are often reluctant to get involved in schooling and have difficulty maintaining their commitment. The "pc4youth—Improving learning and professional perspectives by peer-tutoring" program was designed to provide powerful incentives in order to encourage participation and continued involvement. The program provides young persons opportunities to achieve appealing short- and mid-term goals, offers them social and economic rewards for continued involvement, and contains compelling signals of competency that have real-world value. Primarily, the program provides disadvantaged adolescents a sustainable opportunity to establish a sense of efficacy, to build a sense of mastery in the ICT domain and, finally, to increase their employability.

The History of the pc4youth Program

In 2000, we started the pc4youth program at the University of Bonn (Germany), with the financial support of the Jacobs Foundation (Zurich, Switzerland). The scientific results as well as the positive feedback from the involved adolescents encouraged the research group to aim for a further goal, i.e., to establish the program in a transitional context. We decided on the City of Omsk, Siberia, for two main reasons. First, Siberia is in transition from a planned economy to a liberal market economy. Second, from a Western point of view the region of Omsk is clearly underserved in terms of ICT. The access of adolescents to ICT in compulsory schools and in private contexts is very restricted. Finally, it is notable that the decision for the City of Omsk was based

on personal contacts. A master's student from the State University of Omsk moved to the Department of Psychology at the University of Bern, and took the initiative to connect researchers from her former university with those in Bern. We established contacts with researchers from the Education and Psychology Department at the State University of Omsk and discussed research collaborations within the pc4youth program. To more precisely elaborate the undertaking, we first met in Omsk, where personal contacts were very friendly and encouraging. On a scientific level, however, we identified differences in the approach to research questions. For example, the Western scientific understanding of answering questions is both theory and data driven. Our colleagues in Omsk had a much stronger emphasis on theory. Empirical testing of questions is secondary. Similarly, inferences from data on a group level are not really important; conclusions from data are rather based descriptively on single cases than testing group means. Extended discussions were necessary in order to establish satisfactory solutions given the different scientific backgrounds. In other words, the initial stage of the scientific collaboration was centered on finding a common language and a common scientific approach. In addition, we did not have much freedom to change the pc4youth research design in order to test its generalizability. More precisely, we needed to conduct the pc4youth program in Omsk in an equivalent manner to that in Bonn. This fact challenged our group as to how to introduce a design in a different context without forcing and directing colleagues. Finally, with much mutual appreciation we succeeded in implementing the basic research plan in Omsk. However, implementing the basic research design made us aware of the narrow margin between collaboration and "scientific forcing," between collaborative success and failure.

The Key Factors of the Program

As a way to engage adolescents in the program, we created a key factor: Formerly disadvantaged adolescents become *tutors* of other currently disadvantaged adolescents. The literature shows that experiencing the challenges and problems of teaching a peer who has the same motivational and cognitive problems—which the tutor had some time ago—strengthens the sensitivity towards both one's own learning processes as well as those of others. The program is strictly based on principles of economics and psychology. That is, it relies on real-world functioning. First, one has to invest time and energy based on a voluntary decision. Second, the investment results in knowledge and expertise on the one hand, and in different attitudes towards learning and achievement on the other hand. Third, knowledge, expertise and new learning attitudes combined with time and energy investment enables the participants to make money and to broaden their knowledge base. Another incentive system exists—advancement in an internal hierarchy: starting as a scholar, becoming a tutor, and finally a PC consultant provides the adolescents with the opportunity to enter the job market successfully.

Three Levels: from Tutee to Tutor and Finally to Consultant. The computer literacy training program builds on a three level procedure. *Level 1* is a tutorial learning set where the

participants acquire basic computing skills (introduction, text processing, graphics, and www). The contents are based upon the European Computer Driving License. The courses are taught to the tutees one-on-one. At the end of the course, the participants' skills are tested and if successful, they receive a PC License. On *Level 2*, participants teach the Level 1 course to another adolescent, thereby also improving their own computer literacy. They learn to create their own homepage and gain deeper knowledge pertaining to the www. Moreover, they are given short exercises on perspective taking. After a tutor had successfully trained three disadvantaged adolescents she or he can become a PC Consultant on *Level 3*. Here, it is her or his task to advise the tutors regarding questions of content, as well as addressing didactical and motivational questions. In line with the economic principle, the participants had to invest a small amount of money to attend the Level 1 course. The financial investment is equivalent to the cost of a regular music CD. In contrast, they were financially rewarded if they acted as a tutor (the pay-off was equivalent to double the basic investment per course taught) and consultants (four times the basic investment per course taught). Moreover, the program team supported successful consultants to get an internship or an apprenticeship in the real job market.

Four Key Principles. The project's effectiveness is based upon four principles. First, socially disadvantaged adolescents receive the chance to have positive and enduring experiences within a completely new context. They have to exhibit new behaviors and skills in an extra-school learning situation, if they want to cope successfully. This setting is supposed to act as a turning point experience. A turning point experience may interrupt vicious cycles and initiate new successful learning biographies. Second, each adolescent has to take the initiative by him- or herself in order to participate in the courses. This principle is applied at each of the three levels. Third, the adolescents participate voluntarily. Hence, they are responsible for taking new chances, and they become aware that it depends upon them whether they acquire new knowledge or exclude themselves from learning. Fourth, the pc4youth program reflects strict principles of liberal economy. It is presumed that adolescents who meet this principle in the program gradually improve their levels of self-efficacy and self-esteem and develop positive future orientations.

Establishing the Program in Bonn and Omsk

In order to test whether the assumed principles really work, we tested the program in two culturally and economically divergent settings. The program was first established in a West European context, more precisely in the former capital of Germany, the City of Bonn. Due to personal contacts we chose the City of Omsk in Siberia, Russia, as a completely different setting. Omsk is located a three-hour flight East of Moscow. The City of Omsk has more than 1.1 million inhabitants and is in transition from a planned to a liberal market economy.

The scientific expectations were tested in both contexts with a quasi-experimental repeated measurement three-level training and control group design. The criteria for

inclusion in the intervention course were comparable in both settings, i.e., being an (im-)migrant and/or attending a low-track or special education school and/or living with only one parent or in an orphans' home. These features acted as proxies for adolescents' low socio-economic status. The control group participants were drawn from schools with features similar the schools of participants in the intervention group.

The preliminary results show in both contexts that attending the program had an impressively positive effect on adolescents' computational knowledge. Compared with the control group participants, youth in the intervention group showed lower levels of computational knowledge in the beginning, but far higher levels of computational knowledge by the end of Level 1. Furthermore, in the western context, participation in the introductory courses increased adolescents' subjective well-being. The adolescents' positive attitude towards life decreased in the control group, but increased in the training group. Self-esteem increased in the training group, but not in the control group. The training group participants experienced increased levels of joy in life during the course of the training. Being a tutor further improved the adolescents' computational knowledge and self-esteem. In addition, the participants' hope for success increased in the training group. Finally, tutors developed a positive belief in their ability to gain employment in the future job market (for a

summary of results for the study in the Western context see Vogelwiesche, Grob, & Winkler, 2006; Grob & Vogelwiesche, 2006). The preliminary results for the personality development variables in the Eastern context confirm those found in the Western context. Since the study is still ongoing in Siberia, with only six of nine courses completed, we do not include those results in this report.

Collaboration between a Western and a Transitional Context

The collaboration between the Western and the Siberian researchers was and still is a real challenge. The research groups have been meeting one to two times per year, either in Omsk or Basel, Switzerland since the beginning of the collaboration. The most obvious challenge concerns the daily (email and voice) communication among the project leaders, the research team, the statisticians, and project administrators. This is due to the fact that the partners in Omsk do not speak English or German or French, and that the researchers from the West do not speak Russian. Hence, an interpreter is required for each communication. This fact was important from the beginning when the teams shaped the research questions, refined the study design, decided on the recruitment strategy of the participants, defined the learning contents, programmed the web-based questionnaires, and so on. Furthermore, it was a challenge to convince the university administration to run the pc4youth courses within the buildings of the university, thereby showing the worth of the course to the disadvantaged adolescent simply by locating it on the campus. It goes without saying that fixing these many "pieces of the program" during the initiating period in a completely different cultural setting took much more time than planned. It also happened that questions, answers or agreements were misunderstood. For this reason, some items in questionnaires were not administered as planned in the first courses, or some rules of the sequence tutee-tutor-consultant were not adopted correctly. For example: When a tutor decided not to become consultant after acting three times as a tutor, the rule says to quit the program. However, some participants served as tutors more than three times. Unfortunately, from a statistical power perspective such misunderstandings resulted in excluding some subjects from the analyses. Furthermore, the items of the questionnaires were translated from German to Russian and then back from Russian to German. However, the items were not pre-tested in Omsk. Hence, it happened that scales which worked in the Western setting did not work equally well in the Omsk setting. In such cases, new construct validation methods were conducted in both contexts.

Despite these challenges the project in Omsk is running with success. More adolescents applied to participate in the courses than expected. Due to the great interest, the project established a waiting list. The pc4youth program also received great media interest in newspapers and on TV and radio stations. Furthermore, university administration and local political institutions were open to learn from the scientific insights and to implement the pc4youth program in secondary prevention. Therefore, the program has already spread within the region of Omsk: it has been successfully implemented in a rural youth centre in Russkaya Polyana (150 kilometers South of Omsk, on the

border to Kazakhstan) and at a school north of Omsk. For these purposes, the program had to be adjusted to local needs. The program has undoubtedly gained sustainability since being established in Omsk.

Conclusion

The newly established training program seems to be an effective means to bridge the digital divide. The vast majority of formerly disadvantaged adolescents successfully passed the final examination and acquired ICT knowledge. Additionally, their well-being and future perspective improved. The program's appealing features helped to keep the adolescents continually involved. Compared with other programs directed towards socially disadvantaged youth the drop-out rate is impressively small. Most of the successful adolescents decided to become tutors and teach the course to other peers. They learned to invest time and energy in order to gain future options. Their investment resulted in true social and economic rewards as well as in factual improvements in computer knowledge, real hope for success, and increased well-being. And last, but not least: The program works successfully in two very different cultural settings and therefore demonstrates its efficacy above cultural constraints.

Acknowledgements

References

Grob, A., & Vogelwiesche, U. (2006). *Prinzipien nachhaltiger Entwicklungsveränderung: Das Sekundärpräventionsprogramm "pc4youth"* [Principles of sustained developmental changes: The secondary prevention program "pc4youth"]. Manuscript under review.

Vogelwiesche, U., Grob, A., & Winkler, B. (2006). Improving computer skills of socially disadvantaged adolescents: Same-age versus cross-age tutoring. *Learning and Instruction*, 16, 241–255.

Ivory Meets Rubber: Experiencing a Union between Research and Application

Brian K. Barber
Department of Child and Family Studies and Center for the International Study of Youth and Political Violence, University of Tennessee
Knoxville, Tennessee, USA
E-mail: bbarber1@utk.edu

In the late 1990s and early 2000s, I was wrapping up the Cross-National Adolescence Project (C-NAP), an investigation of adolescent experience in 11 countries or ethnic groups across the globe, with from 500–1,000 adolescents participating at each site. Our survey examined the social ecology of adolescents' experiences, while focusing most intensively on youth reports of classic parenting constructs (support, behavioral control, psychological control) and their associations with a variety of theoretically-valid psychosocial correlates (see Barber, Stolz, & Olsen, 2005 for details and a report of these findings). Preliminary analyses of the data as they came in were confirming that the model and its measures were working consistently well at all of the sites.

In the interview portion of the C-NAP, I conducted group interviews with approximately 50 adolescents at each of the 11 sites. These interviews were designed to assess the fit (or lack of it) of classic Western notions of adolescence (e.g., autonomy, peer influence, etc.) to these youth. These data are most instructive, and, unintentionally, also provided impressive evidence for the relevance of the same socializing conditions that were tapped in the survey. As noted in the concluding chapter of the monograph cited above, I have come to call these facilitating conditions of socializing contexts: *Connection*, *Regulation*, and *Respect for Individuality* (see below for elaborations).

The experience with the C-NAP was profound. As the project moved toward completion, I felt for the first time in my career that a logical and important extension of the research effort would be to move it out of the "ivory tower" to where the "rubber hits the road" (an American metaphor for "where the important action really is")—that is, closer to the actual lives of those we study. It seemed logical because of the commonality of the basic findings—although there were clear cultural differences at certain levels, there was also a remarkable unity at basic levels in the lives of the 600 adolescents I interviewed and the many thousands that we surveyed. It felt important because the exposure—to the cultures, colleagues, and, especially, the adolescents—was inspiring and humanizing.

Extending the Reach

What to do? I approached a colleague in a very different discipline, but who had key contacts at the United Nations. Perhaps there I would discover a way to get involved in assisting adolescents and their families more directly. Sure enough, the first contact my colleague arranged ushered me just down the hall and around the corner to the office of Bruce Dick (a native of the UK, and then Senior Advisor, Youth Health at UNICEF). The meeting was thrilling,

exactly what I had unknowingly hoped for. When Bruce commented that he had found a "soulmate," he was referring to our shared interest in adolescents, but, more specifically, to our firm endorsement of their essential competence. That meeting began what has now been 5 years of active consulting and collaboration with a variety of related agencies.

Within days of the first meeting, Bruce emailed Jane Ferguson, then Coordinator of the Adolescent Health and Development team in the Department of Child and Adolescent Health and Development at the World Health Organization's headquarters in Geneva, Switzerland. Jane, a native Canadian trained in Social Sciences and Economics, responded promptly and with the same enthusiasm and affiliation. Within a couple of months she brought me in to discuss the C-NAP results and experiences, and shortly thereafter to participate in what turned out to be a continuing series of meetings that WHO is expert at convening all over the world. Present from the first meeting on and key to all of our efforts has been Dr. Krishna Bose, a native of Calcutta, India trained in Epidemiology and Public Health, and a Technical Officer on the team at WHO.

Jane and Krishna's team was forward-leading for at least two reasons that made the collaboration so natural and fruitful. First, unlike the traditional focus in WHO (and similar agencies) on disease prevention, their group was very keen on improving healthy adolescent "development." (One of the challenges at entering this new world was appreciating the differing usage of concepts. Thus, for them "development"—it took some time for me to learn— meant positive functioning.). Apparently, it was no easy sell within WHO to invest in normative and technical work that did not primarily focus on disease outcomes. Nevertheless, this approach was eventually supported successfully internally in WHO and externally through garnering significant support, largely from the Rockefeller Foundation.

The second feature was their authentic concern with understanding and utilizing "evidence-based" information in their programming for the support of adolescent development. Within organizations such as the WHO, there is often skepticism about the relevance of what comes from the ivory tower (expressed sometimes with humor and sometimes with a clear edge). The department of Child and Adolescent Health, however, is known in WHO to be among the top in commissioning and supporting research specifically in partnership with researchers from developing and developed countries. Jane and Krishna's team therefore linked closely with the research community while at the same time building the links with progam managers in countries who would be the consumers of this evidence—both past evidence from published findings and new evidence to be generated via this partnership. The WHO goal is eventually to create "tools" (measurement instruments) to utilize in their assessments of youth functioning across the globe and in informing subsequent programming for adolescents and their social contexts.

Processing Content

The project has pursued the investigation of the three conditions of socializing environments mentioned earlier. In WHO's vernacular, Connection, Regulation and Respect for individuality are considered "protective factors."

Connection. Elsewhere (in the referenced Monograph) we've defined Connection as a "tie between the child and significant other persons (groups or institutions) that provides a sense of belonging, an absence of aloneness, a perceived bond." (Related alternative terms might be "connectedness," "attachment," etc.). This is the most intuitive and straightforward of the three provisions. In the WHO project, we have pursued improving the measurement of Connection, specifically to assure its relevance across diverse cultures. This has occurred in several stages.

First, in a lengthy workshop at Tulane University in 2000, a group of us inspected both published and unpublished material from 22 countries or cultures, first for relevant constructs (e.g., understanding, care, companionship, love, trust, support, etc.) and next for specific items used to measure such constructs. The sobering confrontation with the complexity of the seemingly straightforward concept (i.e., connection can be had with multiple individuals in multiple contexts, and it might differ meaningfully across persons and domains) led us to focus solely on the parents/caregivers (itself, complex enough!). We have not yet moved past this initial chunk.

Through a multi-stage process of distillation and integration, the group settled on a set of constructs and items that seemed to represent the body of information to be considered. In subsequent meetings in Washington, DC later that year and independently, we reconciled the list of constructs and their measures that were identified at Tulane with two other sources 1) a commonly used scale of parental support with widespread international reliability (the CRPBI; Schaefer, 1965), and 2) new data from the C-NAP, whereby, on the final page of the survey, adolescents responded to the following request: "List four things that your parents/caregivers do that make you feel like they love you." (Clea McNeely and colleagues (2004) have been systematically analyzing the scores of thousands of responses to this item).

The result was the identification of 15 items that fairly represented the content determined in the Tulane workshop and in the analysis of the C-NAP open-ended data. It was good to see that virtually all of the 10 items from the shortest version of the CRPBI scale were represented in that set of 15 items—thus giving important, cross-cultural face validity to that scale. Noteworthy, however, was a set of items not covered by the CRPBI (or other standard instruments that we are aware of)—namely, items referring to the provision of resources (e.g., provides help/necessities, buys things, gives money) as a sign of love that so many of the C-NAP adolescents nominated. This has turned out to be a potentially useful addition, in that a preliminary survey study conducted in 2004 by UNICEF among Jamaican and Malawian youths has indicated that such provision of resources contributed significant variance in psychological well-being above and beyond the combined set of the other items (Barber & Higgins, 2004).

The full 15-item scale has also been administered by WHO, again with funding from the Rockefeller Foundation, to 2000 adolescents in Thailand, Costa Rica, and South Africa (among the three different racial groups: Black, Coloured, and White) that, among other variables discussed below, included cross-culturally relevant indicators of psychosocial well-being. An important added

component to that survey was asking the respondents to rate each item, both as they experience it *from* their parents/caregivers and as they provide the same *to* their parents/caregivers. This innovation was made to move the measurement beyond the typical assessment of the types and amounts of support adolescents receive. While important, their perceptions of the care their parents/caregivers afford them can only be one part of the connection they have with them. We are hopeful that having assessed both "the give and the receive" elements of the connection we will better be able to understand the actual variations in the degree or type of connection between the two parties (at least as far as it is reported by the adolescent themselves). These survey data have, quite literally, arrived this week for analysis. We're eager to see the results.

Regulation. We have defined Regulation as "a condition or state that reflects the establishment of appropriate structure around the child's behavior." (Alternative terms could be "behavioral control," "structure," etc.). This has always been the trickiest dimension of socialization, given the variety of ways control can be exercised. Therefore, we determined in the WHO project not simply to address item-level measurement, but to gain insight into the complexity of regulation. We drew on a synthesis of much of control-related theory and research in suggesting that regulation would include at least three elements: 1) parents'/caregivers' expectations for adolescent behavior, 2) their monitoring of that behavior, and 3) their efforts to enforce the behavior (e.g., through discipline). A group of both country-level experts and researchers met in another series of meetings in Washington DC and Geneva (2002 and 2003) to hash out such intricacies of control. One of our goals, for example, was to define the relevant domains of an adolescent's life in which regulation can occur, such as friends, school performance, behavior with adults, etc. Having elected such domains that appeared to be general across much of the world, we constructed a survey protocol that asked respondents to nominate specific expectations their parents/caregivers have for that domain, as well as specific ways (and degrees) their parents/caregivers monitor and enforce them. This protocol was included as part of the survey mentioned above.

Further, because so little of the knowledge base relevant to regulation has come from adolescents themselves, we added a qualitative segment of the project in which we conducted interviews in 2004 with 120 adolescents in the aforementioned three countries of particular current interest to WHO: Costa Rica, South Africa, and Thailand. These interview data are fascinating. They include interesting discussions of monitoring, nuanced identification of specific discipline strategies (and their relative effectiveness), and a sophisticated complex of if, when, why, and to what degree of accuracy or completeness adolescents disclose their behaviors to their parents/caregivers. These interview data were used to construct further items that were included on the survey.

Respect for Individuality. Finally, we have defined Respect for Individuality as "acknowledging and respecting a child's independent self by avoiding behaviors that intrude on, exploit, or manipulate it." This is the socializing condition that is violated by "psychological control," a

variable that has been shown to be a "risk" factor in many parts of the world for children and adolescents. We determined that one way the project could further our understanding in this area would be to solicit more specific examples of psychologically controlling behavior that adolescents experience. Accordingly, in the same interviews adolescents responded, with surprising breadth and depth, to a question as to if and how their parents/caregivers do things that they feel disrespect them (the adolescents) as individuals. Again, items were constructed for the survey that reflected this specificity (e.g., ridicule, shaming, embarrassment in front of peers, violations of privacy, etc.).

Summarizing the Experience

As all who have worked with huge organizations know, there are frustrations. With WHO, these have had mostly to do with the lack of control over the timing of the process and products. This is due largely to WHO's own internal accountability mechanisms and its inevitable requirement to respond to member country needs, which always take priority. Further, the time commitment in preparing for and working through the various meetings is large, and there are times when ideas that have been well developed are not utilized (and other times when off-the-cuff comments have a large impact).

Such elements of unpredictability and demand have been outweighed, however, by the richness of the overall process. The positives have ranged from meeting and working with legends of my own field who were already involved in the process—Dick Jessor to name one; to meeting and developing extremely meaningful collaborations and friendships with professionals from diverse fields—Drs. Robert Blum and Clea McNeely from Public Health at Johns Hopkins University, as two exemplars; to learning the priorities of key funders of this type of work—the Rockefeller and Ford Foundations, as examples.

Not surprisingly, given the impetus for working with them in the first instance, it has been enriching to be part of the working groups WHO has organized. These are made up of people whose perspectives really matter, i.e., those who set policy, work directly with youth, and who come from cultures not typically considered in much of the traditional academic work we do. Thus, we have worked regularly with diverse professionals from government, academia, public health, NGOs, etc. Most meaningful has been the association with the "country-level partners"—professionals in fields such as public and mental health, civic action, and youth development who work daily and directly with the adolescents of the world. We have worked in various combinations with such experts from Australia, Bangladesh, China, Costa Rica, Malaysia, Thailand, South Africa, Sri Lanka, and more.

All of these factors have contributed to a real sense of making a difference on a global level—a difference that is still, of course, incremental, yet nonetheless richer. This sense of value has also been enhanced significantly by WHO's approach and reach. It has genuine commitments not only to cross-cultural relevance but to seriously assessing the social contexts and relationships that make up the lives of adolescents throughout the world. Also, WHO's

reach and impact are considerable. For example, its recommendations for how to monitor adolescents and their contexts have been implemented in the Global School-Based Student Health Survey that has been conducted in over 50 countries (http://www.who.int/chp/gshs/en/).

In short, the journey has been stimulating, interesting, and inspiring—both personally and professionally. It has given extra meaning to the science we conduct, and we're hopeful that the effort will produce new and useful insights to be implemented programmatically. It is hard to imagine a better way to appreciate the value of the youth we strive to understand and assist than to involve oneself directly with the world's richness and diversity.

References

Barber, B.K., & Higgins, W.B. (2004, December). *The Connection with Adult Caregiver Tool: Statistical analyses of data from adolescents in Malawi and Jamaica*. Report to UNICEF.

Barber, B.K., Stolz, H.E., & Olsen, J.A. (2005). Parental support, psychological control, and behavioral control: Assessing relevance across time, method, and culture. *Monographs of the Society for Research in Child Development*, *70*, No. 4.

McNeely, C.M., Barber, B.K., Rosas, R., & Ghosh, P. (2004, March). *A cross-cultural comparison of parental behaviors that foster parent-adolescent connection*. Paper presented at the Society for Research on Adolescence, Baltimore, MD.

CONFERENCE NOTICE

FPR-UCLA Third Interdisciplinary Conference—Seven Dimensions of Emotion: Integrating Biological, Clinical, and Cultural Perspectives on Fear, Disgust, Love, Grief, Anger, Empathy, and Hope will be held in Los Angeles, California March 30-April 1, 2007 (Fri-Sun) at UCLA. This conference highlights the latest developments in emotion research and scholarship across the fields of neurobiology, psychology, history, philosophy, and anthropology. Registration is now open. For more conference information, visit: http://www.thefpr.org/conference2007/index.php, or contact Susan Townsley by email at susant@gdnet.ucla.edu.

Notes from The President

It is with great pleasure that I write this first letter to ISSBD members. I am honored to have been elected as your President and delighted to serve. It is especially wonderful to follow Rainer Silbereisen who has given us a special gift through all of his accomplishments as President. Three examples are his work securing a new publications contract, developing clear conference guidelines, and stabilizing our financial status. His work with Sage Publications for a new publications framework for ISSBD is an outstanding accomplishment that will serve us for many years to come. He also developed a clear set of guidelines for designing and implementing the biennial meetings that we all enjoy. These guidelines are available on the ISSBD web page (www.issbd.org) for continuing improvement. Finally, Rainer, working with Fred Vondracek and now Marcel van Aken, has put us on a sound financial basis. I know I spoke for all of us when I thanked him at the Business Meeting in Melbourne for all of his accomplishments and very hard work these past four years. I also gave him an engraved silver yo-yo to remind him now to have fun!

I also thanked Ann Sanson and the team she gathered in Melbourne to give us all a wonderful meeting there. Melbourne is a beautiful, vibrant city with many enjoyable areas nearby. (I heard about visits to penguins, the beach, the mountains, and others!) And the meeting itself was spectacular! The scientific quality was high, the participants were appropriately diverse and drawn globally, and the discussions were lively. I'm guessing that we all had moments of amazement at scientific accomplishment or clever program approaches, distress at the conditions in some places around the world, and joy in seeing old friends and making new ones. We also learned about Australian culture, policy context, and other issues. All in all, a perfect ISSBD experience!

In preparation for my comments at the Business meeting when I took over as President, I reflected on my ISSBD journey and on the meaning that ISSBD has for me. My first meeting was in 1985 in Tours, 21 years ago. What makes ISSBD meetings different from those of other scientific societies I belong to is that, from the outset, they have engaged me totally—my mind (with excellent science and stimulating conversations), my heart (through warm friendships and heart-warming experiences), and my spirit or soul (through stirring music or art and inspiring presentations). Going forward, I hope that we can engage all members, and especially those who cannot always attend the meetings, in a more complete way.

I also reflected on ISSBD as an organization, through a focus on our name. The first letter, "I" for "International," is key for us: we represent scientists/scholars across the globe and need to bring to each other the best ideas and scientific research, wherever they are found. The first "S" represents the organization, the "Society." The elected officers need to be responsible for the health of the organization, and the members need to make their voices heard, so that we attend to key issues, and volunteer their efforts on behalf of the Society and the field. The second "S", for "Study" denotes what kind of Society we are; we focus on science or scholarship, including the many different ways new knowledge emerges around the world. Our focus is on "BD", "Behavioral Development" or developmental science. I believe that it is our responsibility to reach for excellence to advance developmental science or knowledge, including theory, methods, and research. The purpose of all our work, I believe, is to better serve the global society. Our issues are human issues, and our work has enormous implications for humankind. In addition to focusing on the science itself, I hope that we can devote more of our attention to its implications. We can learn a great deal from our colleagues in the developing world who frequently don't have the luxury of focusing solely on science for science's sake; they are hard pressed to also consider how the science can be used for the good of their society. I believe that we all should do the same. An effective society needs the very best science and the best science needs to be embedded in an effective society. Each part needs the other. We saw some outstanding examples of how this is working well in Australia.

My vision for ISSBD is that it will contribute to the work of each developmental scholar around the world—from new scholars to senior scholars—to advance developmental science as a field and to improve society. We have a wonderful group of young scholars engaged with ISSBD who I know will contribute enormously, both scientifically and through their other contributions to the Society. And we also have more senior people like me who love ISSBD and will continue to contribute any wisdom we have, along with our efforts. And we have many members in between who are central to the organization—doing the research, writing for the journal, making the presentations at meetings.

My goal for my term as President is to achieve a big enough stable core of committed members around the world, who are engaged in important and effective activities to advance the field of developmental science and to sustain ISSBD. Given our strong financial base, and the outstanding publications platform we have through Sage, I intend to focus on the membership. I am grateful that Catherine Cooper of the University of California at Santa Cruz, long-time ISSBD member and successful global collaborator, has agreed to work with the Executive Committee in some strategic planning to achieve stable and meaningful participation in ISSBD globally. We also welcome your thoughts and interest in participating. The only way that ISSBD will continue to be vital is through your participation with great ideas and commitment of effort.

I also will always welcome your thoughts on my expressions—my philosophy, my vision, my goals, anything! I love to learn, and know that I have much yet to learn, so let me know if you have a different view (apetersen@casbs.stanford.edu). (It's also OK to tell me if you agree with me!)

At the Melbourne meeting, I heard many outstanding presentations and comments that I will follow up for commitments to engage with us. Specific areas that we need help with are more regional coordinators, planning workshops or summer institutes (or activities we haven't even thought of), financial expertise on a newly constituted finance committee to think about investment policy for ISSBD, and publications. For publications, I've asked Andy Collins, University of Minnesota, member of the Executive Committee and long time ISSBD member, to chair a Publications Committee. Andy and his Committee will be doing two different and very important things: (1) identifying possible candidates to replace Bill Bukowski when his term as IJBD editor is up next summer and (2) taking a broad look at ISSBD publications in the context of our members. Do we have the right communication tools? Are they appropriately outstanding and effective? What more is needed? Please let Andy (wcollins@umn.edu) or me know if you have ideas for, or better yet, interest in participating in either of these items. One need the Executive Committee already identified is a web content coordinator working with Sage. Happily, Zena Mello, postdoctoral fellow at University of California at Berkeley and one of the Young Scholars I mentioned, has agreed to inaugurate this role, and both design the role and do the

work. She and Andy will also be sensitive to the needs of those of you without high speed web access; we want to engage you as well!

We also need your nominations for elections in 2007 for ISSBD President (to begin as President-Elect in 2008, President in 2010–2014), Secretary (2008–2014), Treasurer (2008–2014), and two seats on the Executive Committee (2008–2014). Rainer Silbereisen, past president, is chair of the nominations committee so please contact him (Rainer.Silbereisen@uni-jena.de) or me.

I have moved to the Center for Advanced Study in the

Behavioral Sciences at Stanford in September, to work with Director Claude Steele as his Deputy, focusing especially on the program and fellows, and the money to achieve outstanding levels of both. Both Claude and I see great potential synergy between ISSBD and CASBS. I welcome you to come by and see me if you're in the area!

Anne Petersen
Center for Advanced Study in the Behavioral Sciences
Stanford, California, USA
E-mail: apetersen@casbs.stanford.edu

MEMORIAL: PAUL BALTES

The ISSBD Executive Committee was saddened to learn about the passing of one of our foremost scientific and professional leaders and Past-President of ISSBD (1983-1987), Professor Paul Baltes. Paul was active in ISSBD from 1974 on, serving on the Executive Committee from 1977 to 1991, Program Chair of the 7th Biennial Meeting in Munich in 1983, and Past President from 1987–1991. He made many significant contributions to ISSBD, including the development of this society as one covering the entire life course,

and especially bringing gerontological scientists into the society. His contributions to the field of life course development and other areas of science are enormous and will be more appropriately covered in the next Newsletter and perhaps on our web page (http://www.issbd.org/) We regret his passing and will miss him enormously.

Anne Petersen, President, on behalf of the ISSBD Executive Committee and the membership of ISSBD.

Conference Report

We intend for conference and workshop reports to be written for the newsletter by young participants in the events. Through the eyes of the young scholar, personal experiences and insights during the conference or workshop will be highlighted. This new kind of report from ISSBD events aims to increase involvement of younger scientists in the society and in the newsletter. The first of these reports is presented in this issue.

Conference Report

Report on the 19th ISSBD Biennial Meeting, Melbourne, Australia, July 2nd–6th, 2006

Deepali Sharma
Department of Child Development, Government
Home Science College, Panjab University
Chandigarh, India
E-mail: deepali_sharma75@hotmail.com

Four days of serious work and four evenings of serious fun exploring the beautiful city of Melbourne represent the mood of the recently concluded and very successful 19th ISSBD Biennial Meeting at Australia. The theme of the conference, which drew a participation of more than 800 delegates from over 50 countries, was 'Interface of research with policy and practice' and this theme was truly reflected in concurrent academic sessions both during the preconference workshop and the main conference.

The two-day preconference workshop, 'Development in context: Making best use of existing longitudinal research,' included presentations by leading researchers. The workshop also generated interesting discussions concerning topics such as public access to secondary data, developmental and policy questions related to longitudinal data sets, and some ethical and practical issues encountered

Paul Odhiambo Oburu (Maseno University, Kenya), Katja Kokko (University of Jyväskylä, Finland), and Deepali Sharma

Rainer Silbereisen and Anne Petersen

in secondary data analysis. What made the workshop even more meaningful was that it gave the participants a chance to observe techniques for longitudinal data analysis such as latent growth curve modelling. Finally, since many of the participants had travelled long distances to attend the workshop and still had the after effects of jet lag, the organizers made sure there was an ample supply of wake up coffee and tea along with a delicious array of finger foods during the breaks and that surely was more than welcome!

The main conference began on July 2nd with a gala opening ceremony that included a beautiful presentation by an indigenous didgeridoo player from Western Australia (the didgeridoo is a unique wind instrument of the indigenous Australians and is sometimes described as a natural wooden trumpet). This was followed by a children's choir and under the expert guidance of the choir master the children sang popular songs from across the world. An opening address on children's play set the stage for the coming days.

The scientific and intercultural richness of ISSBD was reflected in the scientific program that, among other highlights, consisted of presentations by 14 eminent keynote and invited speakers from six continents. State-of-the-art invited symposia, ninety oral symposia, nine poster symposia, and 60 poster groups provided a vast richness of

knowledge and a perfect blend of research connectedness from yesterday, today, and tomorrow.

A unique feature of the ISSBD Meetings has always been the opportunity that it provides to the delegates to have a one to one interaction with each other concerning issues of their choice and interest. This was very much evident during this conference, which included many attractions such as a discussion and a conversation hour every lunch time during the conference days with leading researchers. Panel discussions on issues such as the relevance of developmental science for practice and policy in child protection, gender-related issues, and implications of developmental science for an ageing population generated a lot of interest among the participants, especially since the format of the discussion hours was such that they had a scope for an ample in-depth deliberation of issues.

One of the discussion hours also focused on the role of the ISSBD in developing countries and how the Society can provide a forum for professional growth and capacity building in the developing countries along with opportunities for collaborative research work to foster a matrix of mutual support and respect. The need for moving beyond collaborative work and maintaining a strong network between the members catalyzed through website contact, shared site visits and continued cross cultural work across national and cultural boundaries was emphasized.

A special mention needs to be made here regarding the fact that young scholars at the conference were made to feel very special! From having the opportunity to participate in a workshop on improving the quality of research grant proposals, to taking part in a forum entitled, 'Young Scholars' Initiative (YSI)', the early career participants at these events got a feel of interacting at length with established senior scientists and discussing research-related issues. Also, one look at the nationalities of the participants at the YSI suggested that the world is indeed a small place and we are all members of the ISSBD global family. It is also hoped that the idea to hold summer schools for young scholars, suggested by our outgoing president, Prof. Rainer K. Silbereisen after the concluding session of the YSI, gets going as soon as possible.

A special effort was made by the organizers to get scholarships from funding organizations for participants
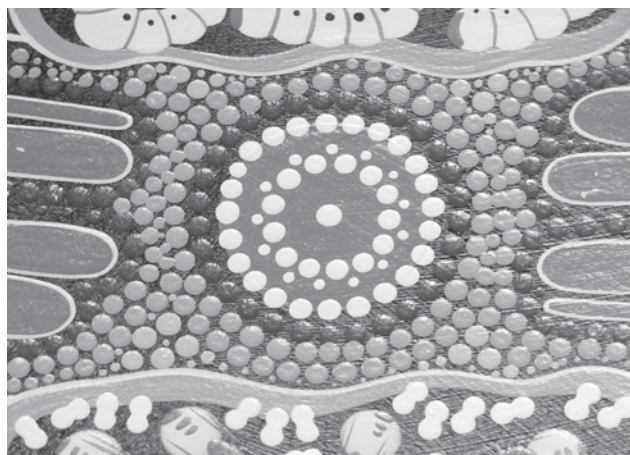
Local Indigenous Australian artwork
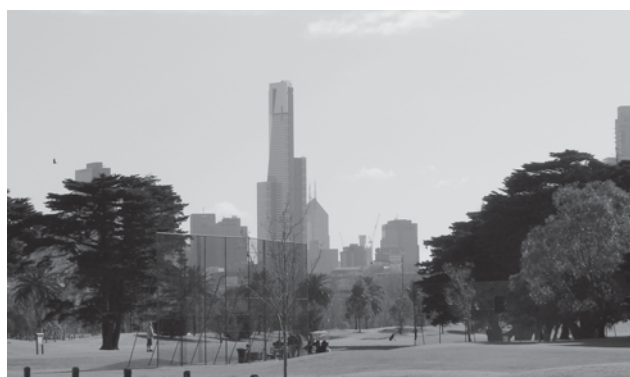
View of Melbourne city centre from Albert Park

Lei Chang (The Chinese University of Hong Kong, China) and his group at the Young Scholars Initiative

Melbourne city centre

The locals are shy!

from countries that have currency restrictions to be able to attend the conference. This was appreciated by the delegates given the opportunities that it provides for professional growth.

Enriching academic programs, interactive lunch sessions with desserts fit for royalty (!), a beautiful Children's Art Exhibition, fun filled social programs including an elaborate conference dinner at the Great Hall at the Victorian Arts Centre, and the opportunity to soak in the beauty of the wonderful city of Melbourne (with an occasional hello by the Koalas outside of the city) made this conference a truly memorable one.

Encouraged by the solid foundation built by the ISSBD, it is hoped that in the coming years there will be opportunities for participation in online workshops and forums, mentor programs, and summer schools for early career researchers. Finally, a very warm welcome is extended to the new president, Dr. Anne C. Petersen. The 20th Biennial Meeting of ISSBD at Wuerzburg, Germany in 2008 promises to be an exciting one and we are all looking forward to it.

MAJOR CONFERENCES AND WORKSHOPS OF INTEREST

2007 February 15–16
3rd Conference on Emerging Adulthood
Location: Tucson, Arizona, USA
Website: www.s-r-a.org/easig.html

2007 March 29–April 1
2007 Biennial Meeting of the Society for Research in Child Development (SRCD)
Location: Boston, Massachusetts, USA
Website: www.srcd.org

2007 June 26–July 1
ISSBD Workshop on Advancing Inter-American Collaboration in Human Development Research, Methodology, and Training
Website: www.issbd.org

2007 July 3–6
Xth European Congress of Psychology (ECP)
Location: Prague, Czech Republic
Website: www.ecp2007.com

2007 August 16–19
112th Annual Convention of the American Psychological Association (APA)
Location: San Francisco, California, USA
Website: www.apa.org/convention

2007 August 21–25
13th European Conference on Developmental Psychology (ECDP)
Location: Jena, Germany
Website: www.esdp2007.de

2008 March 6–9
2008 Biennial Meeting of the Society for Research on Adolescence (SRA)
Location: Chicago, IL, USA
Website: www.s-r-a.org

2008 July 6–9
XIX International Congress of the International Association for Cross-Cultural Psychology (IACCP)
Location: Bremen, Germany
Website: www.iaccp.org

2008 July 13–17
20th Biennial Meeting of the International Society for the Study of Behavioural Development (ISSBD)
Location: Wuerzburg, Germany
Website: www.issbd2008.de

2008 July 20–25
XXIX International Congress of Psychology (ICP)
Location: Berlin, Germany
Website: www.icp2008.de

FORTHCOMING ISSBD WORKSHOP

Title: Workshop on Advancing Inter-American Collaboration in Human Development Research, Methodology, and Training

Sponsor: The International Society for the Study of Behavioural Development (ISSBD)

Host: Federal University of Rio Grande do Sul, Porto Alegre, Brasil.

Dates: 26 June to 1 July 2007

Location: The Hotel Bavaria in Gramado, Brasil. Transportation between the hotel and the airport in Porto Alegre will be provided.

Language: All sessions will be conducted in English.

Organizers: Prof. Brett Laursen, Florida Atlantic University (USA), Prof. Silvia Koller, Federal University of Rio Grande do Sul (Brasil), and Prof. William Bukowski, Concordia University (Canada).

Senior Scholars: Prof. William Bukowski, Concordia University (Canada), Dr. Marc Bornstein, National Institute of Child Health and Human Development (USA), Prof. Susan Pick, National University of Mexico and Mexican Institute for Research for Family and Population (Mexico), and 1 scholar TBA.

Participants: The workshop is designed for promising junior scientists who have recently finished or are about to finish their graduate studies and who hold appointments with significant research commitments. Up to 15 junior scholars from Latin America and the Caribbean and 15 junior scholars from North America will be selected.

Objectives: The workshop will foster mentoring and research networks among scholars with interests in cross-national collaboration on projects that promote successful development among children and youth. Special emphasis will be placed on methodological training in areas with relevance to social policy. To promote career development among junior scientists, small groups of participants will be created. Time will be set aside time for these networks to meet informally to discuss scientific and academic careers, and perhaps initiate collaborative research activities. Each network will be assigned a mentor from the senior scholars.

Program: The workshop will consist of four single day sessions led by different senior scholars, discussions of research issues and career development with senior scholars and workshop participants, and opportunities for collaborative activities and network building among workshop participants. Each day a small group of workshop participants will present their research in poster format. Poster sessions will be followed by discussion with other workshop participants and senior scholars.

Applications: Applicants will submit (a) a letter of interest, (b) a statement of career and research goals, (c) a one page poster abstract, (d) research reprints, and (e) a letter of recommendation from a senior scientist. Preference will be given to ISSBD members; proof of membership should be submitted. Electronic submissions are requested. All application materials must be in English. Applications should be addressed to Prof. William Bukowski [bukowsk@vax2.concordia.ca]. Materials from applicants who do not have internet access should be addressed to Prof. Bukowski at the Department of Psychology and Centre for Research in Human Development, Concordia University, 7141 rue Sherbrooke Ouest, Montreal, Quebec, H4A 2H3, CANADA.

Application Due Date: Complete applications must be received by 15 December 2006. Successful applicants will be notified of acceptance by mid-January.

Support: All participants will receive transportation between Gramado and the airport in Porto Allegre, and meals and accommodations in Gramado for the duration of the workshop. Participants from Latin America (except Brasil) and the Caribbean will be reimbursed for a maximum of $800 (USA) in coach airfare and travel expenses. Participants from North America will be reimbursed for a maximum of $400 in coach airfare and travel expenses. Participants from Brasil must work with Prof. Koller to secure their own travel funds.

Health Insurance: All participants must have health insurance for travel in Brasil. Successful applicants must submit proof of insurance prior to making travel arrangements.

Inquiries: Questions may be addressed to any of the conference organizers: Prof. Laursen [laursen@fau.edu], Prof. Koller [silvia.koller@gmail.com], and Prof. Bukowski [bukowsk@vax2.concordia.ca].