

A Summary of Relevant Research and Experience With

DEVELOPING CAPABLE PEOPLE™

And

DEVELOPING CAPABLE YOUNG PEOPLE™

Training Programs

1982-2000

**In Prevention, Education, Family Life,
The Workplace, & Social Services**

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PURPOSE

The purpose of this article is to demonstrate how and why the Developing Capable People (DCP) and Developing Capable Young People (DCYP) programs were developed and how they have been successfully utilized in a variety of settings to further the goals of long term prevention and positive youth development, particularly regarding the important and often neglected area of adult training. The article has three main parts. The first will focus on the conceptual framework and research base behind DCP/DCYP. The second will summarize a selection of available research on the programs' effectiveness. And the final section will address certain related relevant research, which supports both the content and the process of the DCP/DCYP programs.

BACKGROUND

Persistent problems of drug and alcohol abuse, violence, adolescent pregnancy and parenthood, chronic problems in school, etc., are major issues confronting every community in America. The struggle with these issues became a national preoccupation in the 1960's and has continued to escalate since that time. A wide range of programs and strategies has been attempted over the past 35 years with varying degrees of success. Research continues and some past and present projects offer criteria, guidelines, and direction for prevention programming.

From 1972-76 an exhaustive analysis of hundreds of research projects and reports in the fields of chemical dependency, juvenile justice, education, health and mental health was conducted by the National Drug Abuse Center for Training and Resource Development in Washington, D.C. Among the significant findings of this project with respect to drug and alcohol abuse, violence/antisocial behavior, and poor educational performance were the following:

1. **Collaborative/cooperative learning processes** (including class meetings and positive discipline principles) are particularly effective K-6 as long-term prevention strategies.
2. **Informed parents and teachers** who take an advocacy position with young people throughout the developmental years are a most effective prevention/intervention resource.
3. **Mentoring** young people can be an effective prevention, intervention and/or treatment strategy depending on the type and quality of interaction between the mentor and mentee.
4. **Life skills and pro-social skills development** are consistently effective for adolescent prevention/intervention efforts both proactively (as courses) and reactively (as student assistance/alternative education programs).
5. **Resiliency** in people is a critical factor in treatment, prevention and intervention efforts.

Research indicated that the relative strength or weakness of seven essential life resources, the "Significant Seven" were directly correlated with resiliency. Research further indicated that the relative strength or weakness of these same life resources is inversely correlated with behavioral health risk at a very high level.

In 1977, these “Significant Seven” (which are the foundation of the DCP and DCYP programs) were officially adopted as criteria for prevention, intervention, treatment and research programs by the U.S. Department of HEW and the National Institute on Drug Abuse (NIDA). (See “State of the Art” section of the National Manpower Development and Training Strategy, 1977, published by ADAMHA).

Extensive research indicates that **three perceptions** and **four skills** largely determine how effectively people deal with life and its challenges. These are described in the book, Raising Self-Reliant Children in a Self-Indulgent World by H. Stephen Glenn and Jane Nelsen and in the DCP training materials. These generic personal **resources** strongly influence character, resiliency, behavioral health, maturity, and self-sufficiency.

THE SIGNIFICANT SEVEN

RESOURCE—PERCEPTIONS	TYPES OF OUCOMES
1. PERCEPTIONS of Personal Capabilities. “I am a capable person who can face problems and challenges and gain strength and wisdom through experience.”	Three pillars of healthy self-concept and healthy self-esteem
2. PERCEPTIONS of Personal Significance. “Who I am and what I have to offer in life and relationships is of value—my life has meaning and purpose.”	
3. PERCEPTIONS of Personal Influence. “I am accountable for my actions and choices and have the power to influence my life.”	
RESOURCE—SKILLS	TYPES OF OUCOMES
4. Intrapersonal SKILLS Capacities of self-assessment, self-control, and self-discipline in responding to and dealing with feelings.	Twin pillars of emotional intelligence, self-discipline, and effective relationships.
5. Interpersonal SKILLS Capacities to communicate, cooperate, negotiate, share, empathize, resolve conflicts, and listen effectively when dealing with people.	
5. Systemic SKILLS Sufficient capacities in responsibility, adaptability, and flexibility to function effectively within life systems (social, legal, family, school, environment, etc.)	Decision-making, moral, and ethical development.
7. Judgment SKILLS Resources and capacities for planning, identifying choices, and making decisions based on wisdom and moral and ethical principles such as honesty, respect, fairness, equality, compassion—developing “mature judgment”.	

As people acquire strength in each area they become increasingly less “**at risk**” to a wide range of problems including **substance abuse, adolescent pregnancy and parenthood, dropping out, underachievement, gang involvement, etc.** (Glenn, 1977, 1978).

In the intervening twenty plus years since the NIDA study, there has been a steady accumulation of research validating the essential reliability of this policy recommendation: Search Institute [**Youth Asset Development**]; Hawkins and Catalano [**Risk and Protective Factors**]; Hawkins [**Seattle Intervention Project**]; Bernard [**Resiliency**]; PIRE [**Social Competency and Refusal**

Skills]; Reasoner [**Healthy Self-esteem**]; Olson [**Family Cohesiveness**]; and Pransky [**Prevention**]. All of these researchers have specifically identified, several (or all) of the seven elements on which **DCP** and **DCYP** are based as major contributors to successful prevention outcomes.

RESPONDING TO THESE ISSUES

In 1982, H. Stephen Glenn piloted the first version of the Developing Capable People™ program. In the development of **DCP/DCYP** programs, formative research drew from many sources. Research on relationships between adults and young people (including Olson's scales of cohesiveness) has consistently identified respect, affirmation and trust as the most influential factors. One very interesting and useful study was conducted by Dr. Jim Tunney, who asked teachers to assess the degree to which they cared for and respected their students (90% and 80% respectively chose 8 or higher on a scale of 10). He then asked their students to indicate the degree to which they believed their teacher cared for and/or respected them (30% and 25% respectively chose 8 or higher on the same 10-point scale). (**Tunney, 1975**)

As part of his work as director of both the Southeast Regional Training Center (1972-75) and the National Drug Abuse Center for Training and Resource Development (1976-77), Glenn conducted informal research as part of a number of training development projects. In one study, he sought to determine why the messages of care and respect (which encourage trust) were not getting through adequately. He identified those behaviors that teachers perceived to be supportive and caring of students and those behaviors that students interpreted as uncaring and/or disrespectful. Among the results were that many of the traditional adult behaviors for dealing with youth were preventing the messages of care and respect from getting through. (Which helps explain some of the findings of Tunney, et.al.)

He also asked people to respond to the following questions. "I believe I am 'respected' in a relationship when I experience _____," and "I believe I am 'not respected' in a relationship when I experience _____." He also did the same with "cared for", "trust", etc. He synthesized these findings and developed a relationship inventory as a training activity which was then used to have people assess, on a 7-point Likert Scale, the qualities of their relationships with significant adults and their perceptions of care, respect, and trust. Over 40 specific adult behaviors were found to be correlated with perceptions of respect, care and/or supportive trust and 10 specific behaviors were found to be correlated with perceptions of a lack of care, respect and/or trust.

After doing similar work with the "Significant Seven" and finding that most of the variables influencing relationships also influenced the development of critical life resources, he created the **Developing Capable People™ (DCP)** and **Developing Capable Young People (DCYP)** training programs. They have been specifically designed to teach people how they can nurture the development of these resources in others in order to produce the types of positive outcomes previously discussed. And they have demonstrated exceptional capacity to do so. (The reader should note the DCYP is a revision of the original DCP program and the titles will be used somewhat interchangeably in this document.)

RESEARCH ON DCP/DCYP EFFECTIVENESS

DCP AND FAMILY COHESIVENESS

Research over the past 30 years has demonstrated that family cohesiveness is one of the best and most consistent predictors of delinquency, drug abuse, gang involvement, chronic problems in school, and other behavioral health issues. Among the critical factors that influence cohesiveness are: respect, affirmation, and trust, which are extremely important pro-social resources. Olson's Scale of Family Cohesiveness (1985) is a standardized research tool for measuring this variable and has been a consistently reliable predictor of the above phenomena.

The primary factors that influence cohesiveness are respect, affirmation, and trust, which also directly affect more than 10 of the assets identified by Search Institute and support an additional block of 10 (or more). Twenty or more assets represent a substantial reduction in the probability of high-risk behavior according to the Search Institute. Cohesiveness is also significant in influencing *risk* and *protective factors* as identified by **Hawkins and Catalano (1986)** in their highly regarded model, especially in the area of family bonding.

Research conducted by McNabb, based on controlled studies using Olson's scales, demonstrated that DCP constitutes a powerful program for increasing family cohesiveness. Young people who had one or more of their parents involved in the program showed statistically significant increases in their perceptions of family cohesiveness regardless of gender or geography. Children ages 5 to 9 had significantly higher family cohesion scores than older children. **McNabb (1990), The Developing Capable People™ Course: A Study of Its Impact on Family Cohesion, (Dissertation), Pepperdine University.**

DCP AND MENTORING

In a recent statewide project, Dr. Kirk Astroth, Extension 4-H Specialist at Montana State University, conducted a criterion-based assessment of 15 programs for training adults to work effectively with children and youth. The committee found Developing Capable People™ to be most responsive to its criteria. H. Stephen Glenn trained an initial cadre of leaders to implement the program statewide. He also developed two trainers who subsequently trained additional leaders.

Researchers from Montana State University Survey Research Center then conducted an 18 month follow up study of 1,000 adults who received DCP training as support for their role as surrogate parents (mentors). The study focused on 29 specific behaviors that the program tried to impact. Of these, 21 were positive behaviors while 8 were negative. The Montana research team found that the 21 "builder" behaviors and the 8 "barrier" behaviors were measurable. They developed and validated a survey instrument for pre and post testing and administered it at various points throughout the research period.

The findings showed statistically significant change in all 29 behaviors, which increased over time, indicating that the training process is producing sustained second order change. An

additional aspect of the study, which is worthy of note, is the fact that the training was conducted by “first and second generation” leaders. (H. Stephen Glenn, who designed the training and materials, developed a cadre of leaders and developed two trainers who in turned developed additional leaders.) This demonstrates that the materials and the leadership development process are capable of disseminating the program effectively through local capacity building.

This study (in which the researchers refer to mentors as “surrogate parents”) demonstrated that the DCP program is effective in producing significant improvement in all 29 behaviors on an ongoing basis. It also demonstrated a need for specifically targeted training for adults who seek to mentor young people if we are to maximize the value of such interaction. **Lorbeer and Astroth (1996), “Developing Capable People™: A Program With Long Term Results” (Research Report State 4-H Office) Montana State University or “Summary of Extension Research 1994-1996”, Vol. 7, Department of Agricultural Education and Experimental Statistics, Mississippi State University.**

It should be noted that at the time of this writing Glenn is conducting statewide mentor training for the California Mentor Initiative using the DCYP program.

NPERN AND FAMILY STRENGTHS

In 1982 the National Prevention and Education Research Network conducted an independent impact study of the initial DCP model on families in South Carolina. It developed and validated a Family Strengths Inventory that measured family cohesiveness, effective discipline processes, family structure, locus of control, bonding, etc. The study showed (through a pretest/post test design with control groups) that DCP had significant measurable positive impact on all of the above variables regardless of ethnicity, family income, education levels, etc. **Wagner (1983), “A Prevention Services Family Demonstration Model”, NPERN.**

ORANGE COUNTY FLORIDA PUBLIC SCHOOLS

In 1991, Dr. Wm. R. Brown of the University of Central Florida and Data Analysts and Research Consultants, Inc. conducted an extensive impact study for the Orange County Public Schools in Orlando, Florida to determine the effectiveness of its “Comprehensive Drug/Alcohol Abuse Prevention Training Program for School-Site Teachers, Counselors, Administrators, Support Staff, and Parents”. The DCP program was the primary strategy the school system selected. The study showed that DCP significantly improved teacher morale and effectiveness, discipline, motivation and achievement for students and increased parent effectiveness and support. The study used a set of validated instruments and pretest/post test format with control groups. It also showed a direct positive effect on reported incident of behavioral health related episodes.

An additional element of this project was that of providing the DCP training for court-mandated parents. The program showed an ability to produce significant changes in attitude and behavior even in parents who were initially hostile and/or resistant. The study also showed the potential for reducing recidivism within the juvenile justice system. These results have also been replicated in several other studies with parents and other inmates along with their significant others in jails and in the probation system including (most recently) Utah County, UT and

Snohomish County, WA. Another study is currently being conducted by Indiana University and the Family Service Association of Monroe County, Bloomington, Indiana.

The study also evaluated first and second-generation leaders and various elements of the training program for their overall contributions to the outcomes. The conclusions were that the DCP program is relatively easy to implement, is quite cost effective and produces measurable results in reducing negative behaviors in young people and increasing positive outcomes for parents, educators, and students. **Brown (1991), "Orange County Public Schools 'Developing Capable People'™, Final External Evaluator Report", Data Analysts and Research Consultants, Inc.**

DCP AND PARENT TRAINING

A study by Dr. Harper of the University of Massachusetts in Amherst measured the effects of DCP training on the self-concept and behavior of mothers. Using an interview instrument with multiple raters, she showed that mothers who participated in the DCP training showed significant increases in healthy self concept (based on Gilligan's stages), interpersonal skills, and effectiveness in working with their children and others. The findings indicate that the DCP program can provide resources for increasing the effectiveness of mothers in working with their children and reducing their personal stresses. **Harper (1990), "The Effects of the 'Developing Capable People'™, Course on the Developmental State of Mothers", (Dissertation), University of Massachusetts at Amherst.**

Jack Pransky, in his book, Prevention: The Critical Need, highlights Developing Capable People™ and reports his findings from studies he conducted with 409 parents from 45 different DCP classes. His results show a 72% reduction in the number of times per week the most troubling (child) behaviors occurred. In addition, 92% of the parents stated that the behaviors of their children improved as a result of the course. Interestingly, he found that 91% of the parents reported that their own behavior in dealing with their children had changed. He concludes that when these results are repeated over time, one can surmise that it had something to do with the content and process of DCP. **Pransky (1991), Prevention: The Critical Need, the Burrell Foundation and Paradigm Press.**

DCYP AND RESILIENCY

Resiliency has been identified as a critical factor in resistance to and recovery from a wide range of diseases and behavioral health problems. Research on resiliency has consistently identified a number of factors that influence a person's ability to thrive in the face of challenges and adversity. Among them are such **external factors** as family cohesiveness, community support, access to mentors, etc., and **internal factors** such as optimism, healthy self-esteem, a sense of meaning and purpose in life, self-discipline, pro-social bonding, etc. **(Bernard, 1991), (Hawkins, et. al, 1986).**

With the possible exception of community support and access to mentors, DCP is specifically designed to impact most internal and external factors associated with resiliency. Impact studies have shown that DCP does in fact increase family cohesiveness, increase healthy self-esteem,

promote positive bonding, and help strengthen personal resources in the areas of self-discipline, interpersonal skills, moral and ethical development, and purposeful living. In other words, it provides a powerful integrated process for preparing adults to foster resiliency and self-sufficiency in young people, of any age.

DCP AND SELF-SUFFICIENCY

Since 1992, **Developing Capable People**[™] has been a required training program for adult and family service personnel in the state of Oregon. Since 1995, it has been a foundation program for clients of the welfare system in that state and has involved several thousand individuals. In 1996-1997, the program was recognized as the outstanding training program of the state and received “The Investing in People Award” from the governor of Oregon.

A comprehensive, 5-year study showed that the DCP training program reduced absenteeism, turnover, and domestic stress for the staff, while increasing teamwork and effectiveness on the job. For clients of the social welfare system, it increased capacity for self-sufficiency and reduced domestic stress and conflict significantly. [In the area of welfare reform, Oregon leads the USA with 98.2% of its previously dependent welfare population sustaining one-half time or better employment, (compared to a national average of 30%, according to USA Today, August, 1999).] The Executive Summary of the first five years of this project is available from Capabilities, Inc. and is just over 100 pages in length.

DCP/DCYP AND PROTECTIVE FACTORS

In studies of resiliency, childhood predictors, and the prevention of adolescent substance abuse **Hawkins, Lisher, Catalano, and Howard (1986)** identify a number of “protective factors” that have significant predictive value:

- Perceptions of personal competency (in play, school, relationships)
- Perceptions of personal significance (a stakeholder, contributor in the community, family, school)
- Perceptions of oneself as accountable for and able to influence one’s life (internal locus of control, sense of empowerment)
- Self-discipline
- Interpersonal competency
- System skills (responsibility, flexibility, decision-making skills)
- Judgment (goal orientation, pro-social values, abstract reasoning)
- Healthy expectations (sense of humor, positive outlook)
- Healthy bonding processes (“cohesiveness” in family, school, community, peer group)

Each of these protective factors is an outcome strongly influenced by the DCP/DCYP programs. Of particular importance is the fostering of cohesiveness as a characteristic of family, school, and community from the perspective of young people.

YOUTH ASSET DEVELOPMENT AND DCYP

Search Institute has been conducting research on young people for over forty years and has produced many useful reports during that time. Its research contributed directly to the design of **DCP/DCYP** because it was identified as significant in preparing the NIDA document mentioned previously. In Search's early work, four categories of factors surfaced as having significance for behavioral health risk prediction and/or reduction:

1. Strong perceptions of closeness and trust with significant adults
2. Strength of moral positions (by or beyond 11 years of age)
3. Strong perceptions of a meaningful/contributing role in pro-social institutions (i.e. home, school, community, religious organizations, youth programs, etc.)
4. Healthy self-esteem

Each of these areas has been shown to be inversely correlated with negative peer influence and behavioral and health problems. They are directly correlated with positive adult influence, pro-social ideation and wellness.

Search Institute's most recent reports serve as the basis for the Healthy Communities-Healthy Kids initiatives that are being considered nationwide. The initiative is based on several hundred thousand responses on a series of self-reported survey instruments from over several years. Search divided its analysis into internal and external categories each containing twenty "developmental assets" which it finds to be correlated with the self-reported incidence of such behavioral health issues as alcohol, tobacco and drug abuse, sexual acting out, antisocial behavior, success in school, etc.

Search Institute presents an interpretation of its data that suggests that the greater the number of "assets" reported by individuals, the less likely they are to report "high risk" behaviors. In other words, youth whose patterns of responses are positive in fewer than ten of the forty areas, are *most likely* to report involvement with drugs abuse, antisocial behavior, sexual activity, etc., while youth whose patterns of responses are positive in thirty or more of the forty areas, are *least likely* (by a wide margin) to report such behaviors.

Three Issues

Since Search Institute's research has focused on adolescents 12-18 years old, we believe that the following questions should be raised:

1. How much of what Search Institute is measuring reflects the cumulative effects of earlier experience?
2. To what extent are the assets "adult driven"?
3. Search Institute does not have a specific training program, so what is necessary to develop the assets?

Historically, most prevention programs have directly targeted children and *youth* (curricula, special school programs, clubs, intervention programs, student assistance, etc.) rather than the

adults who influence them. A significant majority of the assets identified by Search are essentially “**adult driven**”. In other words they are directly and indirectly influenced by the type and quality of interaction between young people and parents, teachers, adult mentors, etc. (See Matrix A below).

This idea was recently confirmed by a longitudinal study conducted by Hawkins and others referred to as the **Seattle Intervention Project**. It is included here as its findings strongly support the process and content of the DCP/DCYP programs with their focus on appropriate adult training and early intervention. More specifically, the Seattle Project offers evidence that the collaborative learning models, positive discipline principles, class and family meeting models, parent/teacher training processes, and the models of healthy self-esteem and pro-social skills promoted by the DCYP program have long term positive impact in the areas of violence reduction, alcohol abuse, sexual activity and pregnancy. A summary of its findings was reported in the March 15, 1999 issue of the New York Times by Jane Brody. For the full study, see “**Archives of Pediatrics and Adolescent Medicine**”, **March, 1999**.

These findings are further supported by the research of Daniel Goleman on emotional intelligence, which showed significant behavior health outcomes from the early development of intrapersonal and interpersonal skills. Intrapersonal and interpersonal skills are numbers 4 and 5 of the “Significant Seven”. **Goleman (1995), Emotional Intelligence, Bantam Books.**

There is also evidence that the development of at least 30 assets is easier prior to the onset of puberty than afterward. The greater the level of assets (number and strength) entering adolescence, the more powerful their positive impact is throughout the teenage years. **Hawkins, et. al.** in an extensive review of prevention literature concluded, “If the goal is to prevent serious maladaptive behavior associated with drug abuse in adolescence, then it may be desirable to focus prevention efforts on those youth who manifest behavior problems, including aggressive and other antisocial behaviors, during the elementary grades” (1986). In its original work, Search used the terms “by or beyond the age of eleven” in describing the correlations between the original four categories and behavioral health issues. Asset development prior to the onset of puberty is highly “adult driven” as the **Seattle Intervention Project** demonstrates.

The need to have parents and other adults who work with youth receive appropriate training is also a major point made by the **Carnegie Council on Adolescent Development** in its report, “**A Matter of Time: Risk and Opportunity in the Nonschool Hours**”. It states, “An immediate first step is for community programs to expand greatly the availability of appropriate training... for all adults who work directly with young people...” (1992). Much research indicates that the greatest value of mentor programs lies in the type and quality of the interaction between the mentor and the mentee. (See “Surrogate Parenting” study reported by Astroth.)

Therefore, in any effective youth asset development effort, it is essential to include and emphasize appropriate training, direction and support for adults, who impact children and youth.

The **DCP/DCYP** training programs are designed to do just that. They prepare adults, who deal with young people, to positively impact at least 32 of the 40 assets identified by Search Institute.

It directly promotes twenty and supports twelve of the 40 youth assets currently being advocated by Search Institute and the Healthy Communities-Healthy Kids programs (See Matrix A below.)

Therefore **DCYP** provides an essential foundation and a comprehensive process for youth asset development in those areas in which parents, teachers, mentors, youth workers, and peers have significant influence. It is particularly well suited for applications from pre-K-6, which have been shown to be the critical and productive years for developing healthy self-esteem, emotional intelligence, responsibility, pro-social behaviors and identity. **(Hawkins and Catalano, et. al. and the Seattle Intervention Project).**

MATRIX A
***Developing Capable People™* promotes and supports the Search Institute’s**
40 Developmental Assets – assets that are adult driven and influenced.

EXTERNAL ASSETS		DCP Promotes	DCP Supports	Adult Driven	Adult Influenced
Asset Type	External Asset Name				
Support	1. Family Support	✓		✓	
	2. Positive Family Communication	✓		✓	
	3. Other Adult Relationships		✓	✓	
	4. Caring Neighborhood		✓	✓	
	5. Caring School Climate	✓		✓	
	6. Parent Involvement in Schooling		✓	✓	
Empowerment	7. Community Values Youth		✓	✓	
	8. Youth Given Useful Roles		✓	✓	
	9. Community Service		✓	✓	
	10. Safety			✓	
Boundaries & Expectations	11. Family Boundaries	✓		✓	
	12. School Boundaries	✓		✓	
	13. Neighborhood Boundaries			✓	
	14. Adult Role Models	✓		✓	
	15. Positive Peer Influence		✓		
	16. High Expectations	✓		✓	
Time	17. Creative Activities				
	18. Youth Programs			✓	
	19. Religious Community			✓	
	20. Time at Home		✓		✓
		DCP Promotes	DCP Supports	Adult Driven	Adult Influenced
Asset Type	Internal Asset Name				
Educational Commitment	21. Achievement Motivation	✓			✓
	22. School Engagement	✓			
	23. Homework				✓
	24. Bonding to School	✓			
	25. Reading for Pleasure				✓
Values	26. Caring	✓			✓
	27. Equality & Social Justice		✓		✓
	28. Integrity		✓		✓
	29. Honesty		✓		✓
	30. Responsibility	✓			✓
	31. Restraint	✓			✓
Social Competencies	32. Planning & Decision-making	✓			✓
	33. Interpersonal Competence	✓			✓
	34. Cultural Competence				✓
	35. Resistance Skills	✓			✓
	36. Peaceful Conflict Resolution	✓			✓
Positive Identity	37. Personal Power	✓			✓
	38. Self-esteem	✓			✓
	39. Sense of Purpose	✓			✓
	40. Positive View of Personal Future		✓		✓

“THE SIGNIFICANT SEVEN” AND ASSET DEVELOPMENT

A powerful correlation exists between the Search Institute’s 20 “Internal Assets” and the “Significant Seven”, demonstrating that as people develop strengths in the “Significant Seven” they will attain most, if not all, of the 20 assets. (See Matrix B below).

MATRIX B
The relationship between *Developing Capable People’s*TM “Significant Seven” and the Search Institute’s Internal Assets

<u>Search Institute Internal Assets</u>		Developing Capable People TM -- The Significant Seven						
		Three Perceptions			Four Skills			
<u>Asset Type</u>	<u>Asset Name</u>	Perceptions of Capability	Perceptions of Significance	Perceptions of Influence	Intrapersonal Skills	Interpersonal Skills	Systemic Skills	Judgment Skills
		<u>Educational Commitment</u>	Achievement			✓	✓	
Motivation								
School Engagement	✓				✓			✓
Homework				✓	✓			✓
Bonding to School			✓			✓		
	Reading for Pleasure							✓
<u>Values</u>	Caring		✓			✓	✓	✓
	Equality & Social Justice		✓			✓	✓	✓
	Integrity	✓		✓	✓			✓
	Honesty			✓	✓			✓
	Responsibility			✓	✓		✓	✓
	Restraint				✓		✓	✓
<u>Social Competencies</u>	Planning & Decision-making			✓	✓		✓	✓
	Interpersonal Competence		✓			✓		
	Cultural Competence							
	Resistance Skills			✓	✓		✓	✓
	Peaceful Conflict Resolution			✓	✓	✓	✓	✓
<u>Positive Identity</u>	Personal Power			✓	✓		✓	✓
	Self-esteem	✓	✓	✓	✓	✓	✓	✓
	Sense of Purpose		✓					✓
	Positive View of Personal Future	✓	✓	✓	✓	✓	✓	✓
Asset Type	Asset Name	Perceptions of Capability	Perceptions of Significance	Perceptions of Influence	Intrapersonal Skills	Interpersonal Skills	Systemic Skills	Judgment Skills

CONCLUSION

How do **Developing Capable People™** programs respond to the current emphasis on resiliency and youth asset development in funding criteria for Alcohol, Tobacco, Drug Abuse and Violence Prevention programs? It is our hope that this summary has provided the reader with an understanding of how DCP works towards long-term prevention efforts focusing on adult training and youth development.

Developing Capable People™ programs are:

- Based on sound theory in the field;
- Effective as demonstrated through several empirical studies;
- Particularly powerful in the areas of adult training and youth development;
- Supportive of and supported by other relevant research and theory in the field of prevention and youth development;

and therefore deserving of serious consideration as appropriate long-term prevention programming. Virtually any program or activity that seeks to promote health, wellness, growth and/or self-sufficiency in people will find in DCYP/DCP essential foundation elements.

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