

1-13-2014

## Life On Point Youth Development Program Outcomes

Christopher S. Horne

University of Tennessee at Chattanooga, Christopher-Horne@utc.edu

Follow this and additional works at: <http://scholar.utc.edu/jafh>

 Part of the [Family, Life Course, and Society Commons](#), and the [Social Work Commons](#)

---

### Recommended Citation

Horne, Christopher S. (2013) "Life On Point Youth Development Program Outcomes," *Journal of Adolescent and Family Health*: Vol. 6: Iss. 1, Article 2.

Available at: <http://scholar.utc.edu/jafh/vol6/iss1/2>

This Article is brought to you for free and open access by the Journals, Magazines, and Newsletters at UTC Scholar. It has been accepted for inclusion in Journal of Adolescent and Family Health by an authorized administrator of UTC Scholar. For more information, please contact [scholar@utc.edu](mailto:scholar@utc.edu).

The *Life On Point* youth development program has the goal of equipping youths with life skills and personal assets that promote their positive development and help them avoid risk behaviors. The program is one of several widely used Positive Youth Development programs, with the program implemented by over 80 schools and community groups in 15 states. While the program has been evaluated routinely by collecting pre- and post-program data from the youth participants, the study reported here is based on the program's first external evaluation following an experimental design. This experimental evaluation found significant positive differences among program participants in comparison to control group participants on measures of the program's targeted outcomes, both in terms of statistical significance and substantial effect sizes.

The original version of the *Life On Point* curriculum, *Road to Excellence Leadership Development Program*, was developed in 1998, a time when asset-based approaches to youth development programming were supplanting deficit-based approaches (Catalano, Berglund, Ryan, Lonczak, and Hawkins, 2004). In 2009, the curriculum was revised based on findings from a decade of ongoing evaluation, renamed *Life On Point*, and is now in its second edition (Pearson, 2012). *Life On Point* targets five asset domains for development in youth participants: (1) Healthy choices: Positive attitudes and intentions about abstaining from sex, alcohol and drug use, and violence; (2) Academic attachment: Commitment to working hard and staying in school; (3) Self-efficacy in resisting negative peer pressure: Confidence in being able to say "no" if friends exert pressure to participate in sexual activity, alcohol and drug use, and violence; (4) Positive social support: Perception of positive support from peers and adults for working toward positive life goals; and (5) Positive life vision: Having a positive attitude about one's future and the ability to make decisions that will have a positive effect on one's future.

The approach of the program is cognitive, experiential, and social; trained adult facilitators help youth learn, practice, and apply skills for self-reflection, goal setting, and behavior regulation, and the youths' activities are embedded in social interactions that establish and reinforce positive behavioral and attitudinal norms. Youths in the program are enrolled in small groups that meet once or twice per week for about 15 weeks. The curriculum is differentiated for high school and middle school youth; the focus of this evaluation is the middle school program. The *Life On Point* middle school curriculum provides detailed group meeting plans on topics related to self-discovery, giving and receiving positive social support, puberty, managing stress, avoiding risky behaviors, and goal setting. Future-orientedness is promoted throughout the curriculum, which repeatedly asks

the youth participants to develop their own positive answers to four questions: Who am I becoming, why am I here, where am I going in life, and what is my purpose on earth? Pedagogical strategies include lessons taught by On Point facilitators, role-playing activities, small-group discussions, individual exercises, self-reflection homework assignments, and service projects.

## Method

### *Participants*

Seventy-seven students at an urban public middle school participated in the evaluation during the 2011 – 2012 academic year. The school faces challenges typical of many urban middle schools; most of the students come from low-income households, with 99% of the approximately 450 students eligible for the federal free and reduced lunch program and about 78% of the students' standardized reading and math test scores below the proficient level. Participation in *Life On Point* is voluntary. Students were recruited for participation by program staff during orientation meetings and through conversations with students during the school lunch hour. Students were considered recruited for the evaluation only after returning consent forms signed by their parents and themselves. Of the students recruited, 71% were female; 91% were black, 9% were white, and 1% were another race; 40% were 8<sup>th</sup> graders, 52% were 7<sup>th</sup> graders, and 8% were 6<sup>th</sup> graders; and the mean age was 12.7 years and ranged from 11 to 14 years.

### *Procedure*

The 77 students were assigned to treatment ( $n = 39$ ) and control groups ( $n = 38$ ) using random assignment, stratified to balance the groups by sex, race, and grade, with each student having an equal probability of being assigned to either group. Students assigned to the treatment group participated in *Life On Point* during the fall semester, while the control group did not participate in any programming. To reduce the possibility of bias introduced by resentful demoralization (as well as to avoid the ethical problem of withholding services to youths), the control group students knew they would participate in *Life On Point* groups during the spring semester, after the evaluation concluded. Trained adults (one male, five female), supervised by the curriculum author to ensure program implementation fidelity, led the *Life On Point* groups.

The evaluation followed a classic experimental design, with students in both groups completing pretest and posttest questionnaires measuring outcomes targeted by the *Life On Point* program. The pretest questionnaire was administered to all the students before they knew whether they had been assigned to participate in *Life On Point* during the fall or spring semester. The posttest questionnaire was administered to all students after the treatment group had completed the 15-week program. The questionnaires were administered by program staff. Students were encouraged to provide honest responses to help understand and improve the program. They were assured their responses would remain anonymous, and they were able to place their completed questionnaires directly in envelopes.

The pretest and posttest questionnaires include the same set of 20 items used to construct scales measuring the five targeted outcomes: Healthy life choices (with subscales for resisting alcohol use, drug use, violence, and sexual activity), academic attachment, sense of self-efficacy in resisting negative peer pressure, positive life vision, and positive social support. Five additional items included only on the treatment group's posttest questionnaire measure their perceptions of the quality of the *Life On Point* program. All of these items are constructed as statements that the students respond to using a 7-point agreement scale (completely agree, mostly agree, slightly agree, neither agree nor disagree, slightly disagree, mostly disagree, completely disagree). Scales for each outcome are calculated by assigning scores of 0 – 6 to the response categories (with higher scores always meaning “better” in terms of outcomes) and averaging across the scales' items. The validity of these scales has been tested following a criterion validity approach by comparing them to similar scales on the widely used Search Institute's *Developmental Assets Profile* in a sample of 62 middle school students. Moderate-to-strong correlations between each of the *Life On Point Youth Questionnaire* scales and the related *Development Assets Profile* scales provide empirical support for the scales' validity. In a separate sample of 302 students from three middle schools, the instrument's scales all demonstrated reliability at Cronbach's alpha > .7. (See details about validity and reliability testing in the appendix.)

Examples of the items measuring attitudes toward making healthy choices include:

- “Getting drunk every once in a while fits with the kind of person I want to be.”
- “Having sex every once in a while fits with the kind of person I want to be.”

Examples of items measuring academic attachment include:

- "I do my best on all my school assignments."
- "I want to drop out of school as soon as I can."

Examples of items measuring self-efficacy in resisting negative peer pressure include:

- "If my best friend offered me an illegal drug and I did not want it, I am sure I could say 'no.'"
- "If my friends wanted to skip class with me and I did not want to, I am sure I could say 'no.'"

Examples of items measuring positive life vision include:

- "I can make choices that will have a positive impact on my future."
- "Planning for the future is a waste of time for me."

Examples of items measuring positive social support include:

- "I have close friends who want me to do well in school."
- "I have close friends who encourage me to make decisions that are good for me."

Examples of items measuring perception of program quality include:

- "The adult leader in this group had a good relationship with me."
- "This group has given me information to help me make smart choices for myself."

While this evaluation's experimental design is ideal for determining the effectiveness of *Life On Point* in a particular context, additional research is needed to assess its generalizability, a limitation of most experimental evaluations. Additional research is also needed to investigate the links between short-term, self-reported changes in attitudes and perceptions and the longer-term behavioral changes assumed to follow. Finally, a longitudinal approach would more fully evaluate *Life On Point*, which often serves youths over the course of several years.

## Results and Discussion

The treatment group met after school 21 times over 15 weeks. The students' mean number of sessions attended was 16; the median was 18. Three students were dropped from the evaluation due to not attending any sessions, leaving 36 participants in the treatment group. Five control group students were unavailable to complete the posttest, leaving 33 participants in the control group.

Feedback from the *Life On Point* participants about their perceptions of the program's quality was very positive. A large majority of group participants agreed that they had a good relationship with the other students

in the group (92%) and with the group leader (92%), that they developed supportive friendships in the group (86%), and that the group gave them information to help them make smart choices (95%).

To get a sense of the overall effects of the program, changes in outcome measures were compared at the group level. Table 1 reports the mean pretest and posttest outcome scale scores for the *Life On Point* participants and control

Table 1. Mean scores (and standard deviations) on scales measuring *Life On Point* outcomes, before and after the program, for *Life On Point* participants and control group youths

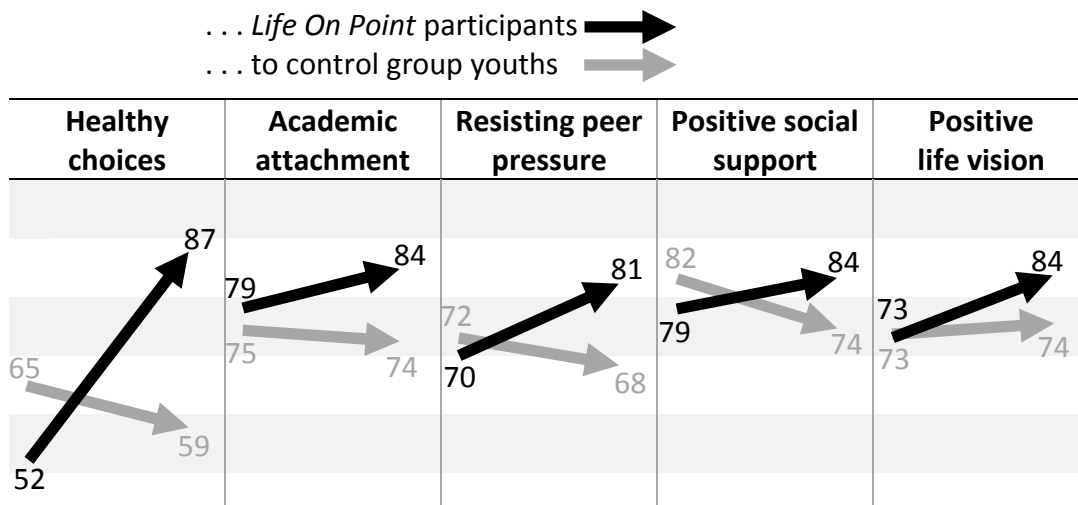
	<i>Life On Point</i> participants ( <i>n</i> = 36)		Control group ( <i>n</i> = 33)	
	Pretest	Posttest	Pretest	Posttest
Healthy choices: Overall	3.8 (1.4)	4.9 (1.3)	4.2 (1.4)	4.4 (1.4)
Healthy choices: Alcohol	4.7 (1.6)	5.2 (1.4)	4.6 (1.6)	5.0 (1.2)
Healthy choices: Drugs	4.7 (1.4)	5.5 (1.1)	4.6 (1.8)	4.4 (1.7)
Healthy choices: Sex	4.0 (1.8)	5.4 (1.2)	4.7 (1.7)	4.3 (1.7)
Healthy choices: Violence	3.6 (2.0)	4.1 (1.8)	4.3 (1.6)	4.5 (1.4)
Academic attachment	4.4 (1.4)	4.7 (1.4)	4.7 (1.1)	4.3 (1.5)
Resisting peer pressure	3.9 (1.9)	4.9 (1.6)	4.5 (1.8)	4.5 (1.8)
Positive social support	4.8 (1.4)	5.1 (1.1)	4.6 (1.5)	4.6 (1.5)
Positive life vision	4.3 (1.5)	4.7 (1.3)	4.5 (1.3)	4.5 (1.4)

*Note.* Outcome scores range from 0 to 6.

group. To simplify this first-cut analysis, outcome measures were categorized as positive (having average positive responses) or not, and the percentage of students in each group with positive responses before and after the program were compared for each outcome. These findings are summarized in Figure 1. The percentage of *Life On Point* participants with average positive responses increased across all outcomes, while decreasing or nearly remaining constant for the control group students. The scale measuring students' attitudes toward making healthy choices about drugs, alcohol, sex,

and violence showed the largest increase, with the percentage of *Life On Point* participants with average positive responses increasing from 52% to 87%, while the control group percentage decreased from 65% to 59%. The treatment group percentage increased 5 points for the academic attachment and positive social support outcome measures, 11 points for the resisting peer pressure outcome measure, and 11 points for the positive life vision outcome measure.

Figure 1. Percentage of youths with average positive scores on scales measuring *Life On Point* outcomes, before and after the program, comparing . . .



While intuitive, these analyses do not compare change at the level of the individual participant or control for the differences in pretest scores (see Table 1). ANCOVA analyses were conducted to achieve a more nuanced understanding of changes in outcome measures for the treatment and control groups over the course of the treatment group's program participation. Each ANCOVA included one of the posttest outcome measure scales as the dependent variable, the associated pretest outcome measure scale as a covariate, and group membership (treatment or control) as a fixed factor. With multiple dependent variables, an alternative approach would be MANOVA to limit the risk of making a Type I error. This evaluation's sample size, however, does not permit MANOVA. To evaluate the risk of Type I error, ANCOVAs for the five outcome measures were first conducted at an a priori alpha level of 0.01; these models had significant F-tests for the same outcomes as those reported below, which were calculated at the

conventional 0.05 alpha level. Further, ANCOVA analyses for the four healthy choices subscales were conducted only after the ANCOVA analysis for the overall healthy choices scale was found to achieve a statistically significant  $F$ -test and a substantively significant treatment effect estimate. All ANCOVA analyses reported below met the homogeneity of variances assumption with nonsignificant ( $p > .05$ ) Levene's tests.

Results of the ANCOVA analyses are summarized in Table 2. *Life On Point's* positive effects are statistically significant at the conventional  $p < .05$  level on the overall healthy choices scale, the subscales for healthy attitudes

Table 2. Results of Analysis of Covariance (ANCOVA) for *Life On Point* and control group participants' posttest outcome scores, controlling for pretest scores

Outcome	$F(df)$	$p$	Adjusted score, treatment group	Adjusted score, control group	Effect size (Hedges's $g^*$ )
Healthy choices: Overall	4.93 (1, 58)	.03	5.1	4.4	0.62
Healthy choices: Alcohol	1.85 (1, 67)	.18	5.4	4.9	0.35
Healthy choices: Drugs	14.86 (1, 66)	<.001	5.7	4.4	1.00
Healthy choices: Sex	15.89 (1, 67)	<.001	5.6	4.3	1.03
Healthy choices: Violence	0.03 (1, 67)	.85	4.3	4.4	-0.05
Academic attachment	1.55 (1,58)	.22	5.8	5.4	0.35
Resisting peer pressure	1.32 (1, 64)	.25	5.0	4.5	0.31
Positive social support	4.85 (1, 64)	.03	5.3	4.6	0.60
Positive life vision	2.81 (1, 60)	.10	4.9	4.4	0.47

*Note.* Outcome scores range from 0 to 6. Sample sizes vary due to nonresponse to individual questionnaire items. The reported effect size is  $g^*$ , Hedges's  $g$  corrected for small-sample bias (Hedges, 1981).



toward drugs and sex, the positive social support scale, and, at the less strict  $p < .10$  significance level, on the positive life vision scale. More important than the statistical significance is the substantive significance of the differences observed between the *Life On Point* participants and the control group. For the statistically significant results, effect sizes range from a small (following the conventions suggested by Cohen, 1988) effect size of 0.47 on the positive life vision scale and a medium effect size of 0.60 on the positive social support scale to large effect sizes of 1.00 and 1.03 on the drugs and sex attitude subscales, respectively.

### Conclusion

In addition to the challenges of raising funds, recruiting participants, and finding time in school schedules, Positive Youth Development programs face a challenge that seems, itself, a function of typical youth development: The decreases in measures of positive development observed in this study's control group are consistent with previous research that reports a tendency for the values and self-perceptions that protect adolescents from choosing risky behaviors to weaken, particularly during the middle school years (Scales, Benson, Roehlkepartain, Sesma, and Van Dulmen, 2006). This study's findings provide evidence that Positive Youth Development approaches, in general, and *Life On Point*, specifically, can help reverse this tendency and promote youths' adoption of pro-social norms, social support, and resistance to risky behaviors. The program's substantial, positive effects on indicators of positive development support broader implementation and evaluation of *Life On Point* and similar Positive Youth Development programs.

Appendix: Empirical assessments of the reliability  
and validity of the *Life On Point Youth Questionnaire*

The reliability of the *Life On Point Youth Questionnaire* was originally evaluated based on questionnaires completed by a larger sample of 302 students from three middle schools who participated in *Life On Point*. Four of the instrument's scales demonstrated an acceptable-to-good level of reliability at the conventional standard of Cronbach's  $\alpha \geq .7$ , with the academic attachment scale just below the .7 cutoff at .67 (Table A1). For the sample in the current study, the scales demonstrated alpha coefficients between .70 and .82.

Table A1. Reliability estimates for outcome scales

Scale	Cronbach's alpha
Attitudes toward making healthy choices	.77
Academic attachment	.67
Self-efficacy in resisting negative peer pressure	.80
Positive life vision	.81
Positive social support	.71

The validity of the scales was tested empirically following a concurrent criterion validity testing approach. The *Life On Point Youth Questionnaire* scale scores of 62 students at a racially and economically diverse suburban middle school were compared to their scores on related scales from the Search Institute's *Developmental Assets Profile* (DAP). These students took the *Life* questionnaire and the DAP after participating in the semester-long *Life On Point* program. The DAP is a widely used standardized instrument developed by Search Institute that measures the extent to which youths possess key developmental assets. Search Institute defines "developmental assets" as "positive experiences and qualities that help influence choices young people make and help them become caring, responsible adults" ([www.search-institute.org](http://www.search-institute.org)). The DAP has, itself, been found to demonstrate strong reliability and validity in measuring concepts similar to those measured by the *Life On Point Youth Questionnaire* (for example, Oman, Vesely, and McLeroy, 2002; Taylor et al, 2002; Vesely et al, 2004).

The *Life* scales and the related DAP scales are described in Table A2.

The DAP can also be used to calculate an overall internal assets score, which combines scores from the commitment to learning, positive values, social competencies, and positive identity scales. From the scales' descriptions, it is clear that the concepts measured by the two instruments are related, but they are not directly analogous. If the *Life* questionnaire measures what it purports to measure, then, its scales should have positive, moderate-to-strong correlations with the related DAP scales.

The correlations coefficients (Pearson's  $r$ ) are presented in Table A3. And because the *Life On Point* program is focused on youths' cognition, attitudes, and behaviors, Table A3 also includes correlations between each of the *Life* scales and the DAP internal assets scale, which has a similar focus. All of the correlations between related *Life* and *DAP* scales are positive and achieve statistical significance. The strength of the correlations range from medium to large (following Cohen, 1988); the strength of all of the correlations observed would be in the top one-third of correlations reported in published meta-analyses of psychological assessment and treatment studies (Hemphill, 2003). Regardless of the convention followed for interpreting the correlation coefficients, the consistently moderate-to-strong positive correlations between the *Life* and DAP scales provide empirical evidence of the validity of the *Life* scales.

Table A2. Comparison of *Life On Point Youth Questionnaire* and *Developmental Assets Profile* scales

<i>Life scales</i>	<i>Developmental Assets Profile scales<sup>a</sup></i>
<b>Healthy choices:</b> Positive attitudes and intentions about abstaining from sex, alcohol and drug use, and violence (with subscales for attitudes and intentions toward sex, alcohol use, drug use, and violence)	<b>Boundaries and expectations:</b> Whether a child feels he or she must abide by boundaries and expectations set at home, in school, and in their neighborhoods  <b>Positive values:</b> Seeks to understand if children value taking responsibility for their actions and helping others, are honest, and have respect for others and their community
<b>Academic attachment:</b> Commitment to working hard and staying in school	<b>Commitment to learning:</b> Whether children care about school and completing their homework, as well as appreciate learning new things
<b>Self-efficacy in resisting negative peer pressure:</b> Confidence in being able to say “no” if friends exert pressure to participate in sexual activity, alcohol and drug use, and violence	<b>Social competencies:</b> A child’s willingness to express his or her feelings, establish relationships with others, say no to activities or suggestions that are dangerous, and can find positive ways to deal with hardships
<b>Positive social support:</b> Perception of positive support from peers and adults for working toward positive life goals	<b>Support:</b> Whether children have caring adults in their lives, which may include parents, neighbors, and/or teachers  <b>Empowerment:</b> How safe children feel at school and at home, as well as their perception of being valued and appreciated
<b>Positive life vision:</b> Having a positive attitude about one’s future and the ability to make decisions that will have a positive effect on one’s future	<b>Positive identity:</b> Measures a child’s self-worth  <b>Positive values</b> (see description above)

<sup>a</sup> The DAP scale descriptions are copied from <http://www.search-institute.org/survey-services/surveys/DAP/what-it-measures>

Table A3. Correlations between *Life On Point Youth Questionnaire* scales and related *Developmental Assets Profile* scales

<i>Life scales</i>	<i>DAP scales</i>	Pearson's <i>r</i> ( <i>p</i> -value)
Healthy choices: Overall	Boundaries and expectations	.50 (<.001)
	Positive values	.52 (<.001)
	Internal assets	.58 (<.001)
Healthy choices: Alcohol	Boundaries and expectations	.44 (.001)
	Positive values	.44 (.001)
	Internal assets	.51 (<.001)
Healthy choices: Drugs	Boundaries and expectations	.36 (.006)
	Positive values	.39 (.003)
	Internal assets	.37 (.006)
Healthy choices: Sex	Boundaries and expectations	.30 (.030)
	Positive values	.39 (.003)
	Internal assets	.40 (.002)
Healthy choices: Violence	Boundaries and expectations	.40 (.002)
	Positive values	.39 (.003)
	Internal assets	.48 (<.001)
Academic attachment	Commitment to learning	.63 (<.001)
	Internal assets	.60 (<.001)
Self-efficacy in resisting negative peer pressure	Social competencies	.42 (.001)
	Internal assets	.53 (<.001)
Positive social support	Support	.47 (<.001)
	Empowerment	.61 (<.001)
	Internal assets	.44 (.001)
Positive life vision	Positive identity	.56 (<.001)
	Positive values	.63 (<.001)
	Internal assets	.62 (<.001)

## References

- Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. (2004). Positive Youth Development in the United States: Research findings on evaluations of Positive Youth Development programs. *Annals of the American Academy of Political and Social Science*, 591, 98–124.
- Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2<sup>nd</sup> edition). Hillsdale, New Jersey: Lawrence Erlbaum Associates.
- Hedges, L. V. (1981). Distribution theory for Glass's estimator of effect size and related estimators. *Journal of Educational and Behavioral Statistics*, 6(2), 107–128.
- Hemphill, J. F. (2003). Interpreting the magnitudes of correlation coefficients. *American Psychologist*, 58(1), 78-80.
- Oman, R. F., Vesely, S. K., McLeroy, K. R. (2002). Reliability and validity of the Youth Asset Survey (YAS). *Journal of Adolescent Health*, 31(3), 247-255.
- Pearson, A. E. (2012). *Life On Point Leadership Development Program: Middle School Core Series* (2<sup>nd</sup> edition). Hixson, Tennessee: On Point.
- Scales, P. C., Benson, P. L., Roehlkepartain, E. C., Sesma, A., & Van Dulmen, M. (2006). The role of developmental assets in predicting academic achievement: A longitudinal study. *Journal of Adolescence*, 29, 691–708.
- Taylor, C. S., Lerner, R. M., von Eye, A., Bobeck, D. L., Balsano, A. B., Dowling, E., and Anderson, P. M. (2003). Positive individual and social behavior among gang and non-gang African American male adolescents. *Journal of Adolescent Research*, 18, 496-522.
- Vesely, S., Wyatt, H. V., Oman, R. F., Aspy, C. B., Kegler, M., Rodine, S., Marshall, L., and McLeroy, K. (2004). The potential protective effects of youth assets from adolescent sexual risk behaviors. *Journal of Adolescent Health*, 34, 356-365.