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Editorial

Support for Project P.A.T.H.S. in Hong Kong: continuation of positive evaluation evidence

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A survey of the literature shows that there has been a general increase in adolescent risk behavior in Hong Kong. In recent years, the problem of adolescent substance abuse, particularly ketamine abuse has become a growing concern (1). In addition, issues like Internet addiction, problem gambling, consumption of pornographic materials, delinquency and self-harm behavior in adolescents have also attracted much public concern (2–5). For example, in response to the growing substance abuse problem among secondary school students in Hong Kong, a voluntary drug test scheme was carried out in Tai Po district on a trial basis in the past 2 years. Increased manpower will also be used to deal with adolescent substance abuse issues in Hong Kong.

In view of the mounting adolescent developmental issues, there is a need to devise appropriate policies and develop effective programs to tackle these problems. Conceptually speaking, there are two approaches that can be adopted to handle risk behavior in adolescents. The first approach is the adolescent prevention approach where prevention programs are developed and implemented. A review of the Western literature shows that many adolescent prevention programs target single adolescent risk behavior, such as bullying, substance abuse, risky sexual behavior, and different mental disorders. However, this approach has been criticized and questioned in several ways. First, if we need one prevention program for one risk behavior, how many programs do we need? Second, as time is always a constraint in programs based in school settings, having too many prevention programs will cause practical difficulties. Third, students enrolled in such programs may easily be stigmatized, hence creating further interpersonal problems. Finally, prevention programs have been criticized as focusing too much on the negative aspects of adolescent development.

In contrast to the adolescent prevention approach, an alternative but not mutually exclusive approach is the positive youth development approach. According to Catalano et al. (6), positive youth development has several characteristics, including a focus on a range of youth developmental possibilities and capabilities rather than dealing with a single youth problem (i.e., holistic view of adolescent development), upholding the principle of "problem-free is not fully prepared" (i.e., focus on psychosocial competencies), appreciation of both personal as well as environmental influences on adolescent behavior (i.e., ecological understanding), and focus on developmental models on how young people grow, learn and change (i.e., strength-focus orientation).

Irrespective of whether adolescent prevention approach or positive youth development approach is utilized, one key issue is that the program should be properly evaluated. For example, in a review of existing programs on positive youth development, Catalano et al. (7) reviewed 77 programs in the USA and concluded that only roughly one-third of the programs were successful. There are also many examples in the Campbell Collaboration and National Registry of Evidence-Based Programs and Practices showing that some youth programs are ineffective. In short, there is evidence suggesting that not all positive youth development programs work in the Western contexts.

What about the picture on adolescent prevention and positive youth development programs in Asia? Based on a detailed survey of the literature published during 1990–2010 in seven major academic databases [including PsycINFO, MEDLINE, ERIC, Web of Science, Sociological Abstracts, Social Service Abstracts, Chinese Electronic Periodical Services (CEPS)] and the Internet, Shek and Yu (8) showed that there were few studies using a true experimental design or quasi-experimental design to evaluate adolescent prevention and positive youth development programs in Asia and the number was much lower than that in Western contexts. These findings clearly suggest the need to develop more positive youth development programs with rigorously designed evaluation schemes in Asia, particularly in Chinese contexts. The World Population Clock showed that the population of China was 1,330,141,295 in 2010, which constituted roughly one-fifth of the world's population in the same year. The implication is that if any positive youth development program is claimed to be universally applicable, relevant data from Chinese people must be collected.

With specific reference to the developmental issues in Chinese adolescents in Hong Kong, The Hong Kong Jockey Club Charities Trust launched a project entitled "Positive Adolescent Training through Holistic Social Programmes" (Project P.A.T.H.S.), based on the concepts and principles of positive youth development. The project is financially supported by The Trust, with an initial grant of HK$400 million for the first phase and an additional grant of HK$350 million for the extension phase. There are two tiers of program in the project. The Tier 1 Program is a positive youth development program typically involving 20 h of training at each grade for junior secondary school students in each school year

(i.e., universal program). The Tier 2 Program aims at helping students with greater psychosocial needs, such as those showing personal difficulties and relationship problems (i.e., selective program). After 6 years of implementation and investigation, Project P.A.T.H.S. has proved to be an exemplary program that utilizes scientific research findings to understand adolescent developmental issues, effectively promotes positive youth development, and systematically evaluates the developed program (9).

Based on the principle of triangulation, it is argued that when different methods, data and/or investigations are involved, biases and errors which exist in any single type of investigations can be revealed and cancelled out. Therefore, different evaluation strategies have been used to evaluate Project P.A.T.H.S. in Hong Kong. Actually, this is also a commonly adopted approach in program evaluation in the post-positivistic paradigm. In Project P.A.T.H.S., triangulation by data sources (e.g., views of both program implementers and participants about program effectiveness), triangulation by different methods (objective outcome evaluation, subjective outcome evaluation, qualitative evaluation, interim evaluation and process evaluation), triangulation by researchers (inter-rater reliability and intra-rater reliability checking) and triangulation by data types (quantitative data and qualitative data) are carried out. To date, evaluation studies by different methods have consistently shown two conclusions: a) different stakeholders had positive perceptions of the program, program implementer and program effectiveness; b) compared with the control group, participants who attended Project P.A.T.H.S. showed better psychosocial competencies, lower level of substance abuse, and fewer delinquency behaviors (10–16).

Obviously, whether the existing positive findings regarding Project P.A.T.H.S. are stable is an important question to be considered. Against the above background, the papers in this special issue attempt to look at the evaluation findings of the project across different studies, cohort, time and components of the project (i.e., replications of evaluation findings). For example, Fahs et al. (17) asserted that "replication of research is essential to the building and continued development of the scientific basis of any discipline" (p. 67). Reese (18) similarly reminded that "although replication research is often disvalued as 'derivative', it can be an invaluable aid to scientific progress" (p. 1). King (19) also stated that "the most common and scientifically productive method of building on existing research is to replicate an existing finding – to follow the precise path taken by a previous researcher, and then improve the data or methodology in one way or another" (p. 445). It is the editors' earnest hope that the papers in this issue can reinforce the positive evaluation findings obtained so far and provide examples for colleagues in the field to rigorously evaluate positive youth development programs (20–22).

References

1. Shek DTL. School drug testing: a critical review of the literature. ScientificWorldJ 2010;10:356–65.
2. Shek DTL, Yu L. Internet addiction in Hong Kong adolescents: profiles and psychosocial correlates. Int J Disabil Hum Dev 2012;11:133–42.
3. Shek DTL, Ma CMS. Consumption of pornographic materials among early adolescents in Hong Kong: profiles and psychosocial correlates. Int J Disabil Hum Dev 2012;11:143–50.
4. Shek DTL, Ma CMS, Tang CYP. Delinquency and problem behavior intention among early adolescents in Hong Kong: profiles and psychosocial correlates. Int J Disabil Hum Dev 2012;11:151–8.
5. Shek DTL, Yu L. Self-harm and suicidal behaviors in Hong Kong adolescents: prevalence and psychosocial correlates. ScientificWorldJ, in press.
6. Catalano RF, Hawkins JD, Berglund ML, Pollard JA, Arthur MW. Prevention science and positive youth development: competitive or cooperative frameworks? J Adolesc Health 2002;31 (Suppl 6):230–9.
7. Catalano RF, Berglund ML, Ryan JAM, Lonczak HS, Hawkins JD. Positive youth development in the United States: research findings on evaluations of positive youth development programs. Prev Treat 2002;5:1–111.
8. Shek DTL, Yu L. A review of validated youth prevention and positive youth development programs in Asia. Int J Adolesc Med Health 2011;23:317–24.
9. Shek DTL, Yu L. Prevention of adolescent problem behavior: longitudinal impact of the Project P.A.T.H.S. in Hong Kong. ScientificWorldJ 2011;11:546–67.
10. Shek DTL, Sun RCF. Secondary data analyses of subjective outcome evaluation findings of the Project P.A.T.H.S. in Hong Kong. ScientificWorldJ 2010;10:2101–11.
11. Shek DTL, Ng CSM, Tsui PF. Qualitative evaluation of the Project P.A.T.H.S.: findings based on focus groups. Int J Disabil Hum Dev 2010;9:307–13.
12. Shek DTL, Ng CSM. Early identification of adolescents with greater psychosocial needs: an evaluation of the Project P.A.T.H.S. in Hong Kong. Int J Disabil Hum Dev 2010;9: 291–9.
13. Shek DTL. Subjective outcome and objective outcome evaluation findings: insights from a Chinese context. Res Soc Work Pract 2010;20:293–301.
14. Shek DTL. Using students' weekly diaries to evaluate positive youth development programs: are findings based on multiple studies consistent? Soc Indic Res 2010;95:475–87.
15. Shek DTL, Merrick J, editors. Special issue: positive youth development and training. Int J Adolesc Med Health 2010;21: 341–447.
16. Shek DTL, Yu L, Ho VYT. Subjective outcome evaluation of a positive youth development program targeting students with greater psychosocial needs. Int J Disabil Hum Dev 2011;10: 241–8.
17. Fahs PS, Morgan LL, Kalman M. A call for replication. J Nurs Scholarship 2003;35:67–71.
18. Reese HW. Strategies for replication research exemplified by replications of the Istomina study. Dev Rev 1999;19:1–30.
19. King G. Replication. PS Polit Sci Politics 1995;28:444–52.
20. Shek DTL, Ma CMS, Tang CYP. Predictors of subjective outcome evaluation findings in a positive youth development program in Hong Kong. Int J Disabil Hum Dev 2011;10: 249–55.
21. Sun RCF, Shek DTL. Life satisfaction, positive youth development, and problem behavior among Chinese adolescents in Hong Kong. Soc Indic Res 2010;95:455–74.

22. Sun RCF, Shek DTL. Positive youth development, life satisfaction and problem behaviour among Chinese adolescents in Hong Kong: a replication. Soc Indic Res, DOI: 10.1007/s11205-011-9786-9.

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