

Susan Wile Schwarz: Hi, I'm Susan Wile Schwarz from the National Center for Children in Poverty at Columbia University's Mailman School of Public Health. Today I'm here talking with Dr. Robert Blum from Johns Hopkins Bloomberg School of Public Health. Dr. Blum is an expert in adolescent health, as well as the director of the Urban Health Institute at Johns Hopkins. Today we're going to be talking about adolescent health and development and the latest research and then possible lessons for policymakers. Thank you for being here today, Dr. Blum.

Dr. Robert Blum: Thanks for having me.

Susan Wile Schwarz: What are some of the most common misconceptions about adolescents?

Dr. Robert Blum: You know, it's interesting because I've been looking at some of the history, recently, of adolescence and when you go back to Aristotle, read Shakespeare, you read Montaigne, and there were all of the same kinds of notions about adolescence that there are today: that they're rebellious, that they're non-conforming, that they are in trouble, that they are excessive in their behaviors, whether it's drinking behaviors, or sexual behaviors. And I think that the issue really is that young people are changing from being compliant young children to being their own people, and we put these labels, these images on them which are so far from the reality. Most adolescents are highly conformant. Very few adolescents are experiencing the kinds of troubles that garner so much publicity and attention, so we tend to focus on that, disproportionate to the reality.

Susan Wile Schwarz: What do you make of approaches that take a more negative focus such as interventions or treatments, as opposed to approaches that are more strengths-based or positive approach?

Dr. Robert Blum: I think there's a lot of appeal to focus on the problems that young people have, and we believe, and it's very inaccurate, that the best strategies are to address these issues head on, so that the most effective substance abuse prevention programs focus on drugs, the most successful teen pregnancy prevention programs focus on the proximal causes of pregnancy, like contraception and things of that nature. And so we are highly oriented to reducing problems. When you really look at evaluation and research, whether it is in pregnancy, violence, substance abuse, most of these strategies – not all of them – but most of these strategies when they are problem-focused alone, and focused on reducing those problems, are not successful. When you look at programs that are successful, they are the ones that combine with what we call positive youth development: engaging young people in being part of the solution, establishing connections between adults and youth themselves. And strategies of that kind tend to have a much more powerful influence.

Susan Wile Schwarz: Can you tell me in greater detail what some of these strategies would look like?

Dr. Robert Blum: Sure. I'll tell you a story, because to me it captures it. David Hawkins, who used to be a police officer, now is in Seattle with Rico Catalano, the Seattle Social Development Program, said every drug dealer in America knows how to engage kids. So it works sort of like this, you're standing on the corner and you see this 10-year-old kid and you say, "Hey kid, come over here, I've got a job for you. You look like a bright kind of kid, do you think you could go to the corner, wait for it to turn green, I don't want to see you crossing the light when it's red, wait till it turns green, go across the

street, go four houses down, go up the stairs, ring the bell three times, give a guy this package, he's going to give you an envelope, you just bring it back to me, I give you five bucks." Kid says, "Let's see: go to the corner, wait till it turns green, go across, four houses down, up the stairs, you know, yeah, I can do this." Goes and does it, guy gives him an envelope just like this guy says, he brings it back, and the guy says, "You are great! You are terrific! I can use a kid like you. Tomorrow, come back and I'll have another job for you, maybe you'll make ten bucks." So what did this guy do? He gave him a task that was developmentally appropriate, that the kid could do. He gave him financial reward, but what he really gave him was a positive sense that you matter. This kid may never have been told anything except that you don't matter, get out of my way, get out of my face, you're only a problem. So this kid is getting positive rewards. That, to me, is the set of strategies that make effective programs effective. So that when you look at youth interventions that engage young people, that engage them whether it is in school related projects, in community related projects, where they have a voice in... in defining the projects that they're working on, where there's the opportunity to interact with adults in those kinds of programs, look at those types of programs, the effects are huge. An example, Big Brothers Big Sisters, well researched, this type of relationship that is built on linking young people with adults, the effects are very clear, that the outcomes are good for kids.

Susan Wile Schwarz: *What do you think accounts for the current trend towards understanding health disparities through a lens of race or ethnicity or income differences?*

Dr. Robert Blum: It's simple, it's easy for people to understand, and it's wrong. I am, and colleagues have had the opportunity to look at the Add Health data, the National Longitudinal Study of adolescent health, and we looked at the question of how much does race, income, family structure, single, dual parent family explain a range of crummy behaviors. And the reality is that at its most powerful, when you take all three of those factors and put them together, it explains less than 10 percent; and at its weakest, it explains 0.1 percent of variance. It explains almost nothing. But, on the other hand, when you look at, for example, family relations and a connection with a parent, that explains upwards of 37 percent of variance. We use race as a shorthand to talk about poverty, to talk about social disadvantage, to talk about all sorts of things. We should be talking about the factors that really differentiate kids, and social disadvantage really does, poverty really does, these do matter; but the things that protect young people: relations with an adult at school, relations with a parent, someone who is invested in the young person, and those things are highly protective against a range of negative outcomes.

Susan Wile Schwarz: *So programs that provide role models, for example, have been very effective?*

Dr. Robert Blum: Programs that provide role models are very effective, schools that focus on creating engaging communities, engaging environments. I'll give you an example. You say, "How do we do this?" There are schools for example, in the beginning of the year, before the students show up, the principal will take the name of every incoming student, and put those names up on the gym wall, OK? At teacher adult orientation before school starts, the principal says, "OK, I want you to walk around the room, take down the name of every kid whose name is on the wall that you know, that you can close your eyes and picture the kid. Take that name down." They go around and they take off all the names, and then on the wall then, there are 25 names that are still up there. A hundred twenty five names. Then the principal says, "OK, John Smith, who here is going to get to know John Smith? Who here is going to get to know Sammy Ross? Who here is...?" And takes those names down, and teachers say, or the secretary at the front office says, or the janitor, someone

says, “I’ll get to know them.” So that by the time kids show up, every single kid, there is an adult who committed to getting to know them. “Susie, I heard your mom wasn’t well.” Does that matter? It matters. It matters because you feel that there’s someone at school who cares about you as a person as well as a student. That’s creating a protective environment. Does that reduce teen pregnancy? You betcha. It does. It has a positive effect. Does it reduce violence? It does. Why? Because it’s more likely that you’ll stay in school when you have an environment where you feel that people care about you. You know that a lot of kids who get in trouble are already flubbing it in school. They’re flubbing it academically. They’re flubbing it behaviorally long before they leave school. And school is not a place where they have those positive connections. So there’s a lot we can do to create that type of climate in schools for young people. Not starting in the 9th, 10th, 11th grade – way too late. Starting in elementary school, but particularly important is the transitions to middle school, 5th, 6th, 7th grade, because we lose a lot of kids then, and then the transitions into high school.

Susan Wile Schwarz: *Well what about family and other environmental factors?*

Dr. Robert Blum: We know that family is the singly most important element in the life of kids, and there was a mythology that was really popular that a lot of people still buy into. And that is that by the time they’re teenagers, parents don’t matter anymore, and that is simply not true. Parents remain central to the lives of adolescents as they do to the lives of young children. And the reality is, for those of us who are fortunate to have parents at the age of 45, 55, 65, they still are very powerful forces in our lives. And the other side of the ledger, families where there is significant abuse, where there is significant mental health problems, or families where young kids grow up experiencing much more turmoil, the outcomes are much more negative. You know, the same is true in the larger community in which young people grow up, much like at school, if there are adults who know them, a story that I just love is one that Colin Powell tells, that when he was walking to school as a kid in the community, and he was doing something that he shouldn’t be doing, someone would lean out the window and say, “Hey, Colin, cut that out or I’m going to call your mother.” I mean that’s, that’s a community, and that’s highly protective when you grow up in that kind of environment.

Susan Wile Schwarz: *What do you see as some effective strategies for shifting the public conversation away from this paradigm that we’ve talked about that’s not so effective and... and turning it towards something more positive or productive?*

Dr. Robert Blum: The question is a very good one, and it is extremely challenging, because what garners interest all the time is not the 92 percent of kids who are doing well, it’s the 8 percent of kids who are having trouble, and that isn’t to say that they warrant resources to help them, but we tend to find so appealing, strategies that intuitively make sense, and I’ll give you some examples, that really don’t work. So there was a very popular strategy that still is way too popular in violence prevention. It started with a movie that was done in the Rahway State Penitentiary in the mid 1980s called “Scared Straight.” Remember “Scared Straight”? And it was narrated by Peter Falk, now you have to be of a certain age to remember Peter Falk who was on, had a television show, who was this detective, you know, and they took kids into the Rahway State Penitentiary and they met, these kids met, the meanest sons of bitches that you could ever imagine, and these guys were in their face, “If you screw up like you keep doing, you are going to wind up here, and we are going to rape you, we are going to beat you.” And I saw this. Holy crapes! I never... I don’t want to be living next door to him, but there was a problem, I was pretty straight to begin with. And this was seen as such a wonderful strategy. They never made a movie of the sequel, do you know that that Scared Straight strategy has now been evaluated at least 9 times in the United States, Canada, Britain, and Australia, and at its best, it had no effect. And most of the evaluations show it increased violence, and yet,

legislators still allocate funds for this type of strategy. Why? Because it touches them, so they feel it's going to touch others. Now, we have to get beyond the notion that if it feels right, it must be right. It's not true!

Susan Wile Schwarz: *OK. So how can we get public support for more evidence-based strategies?*

Dr. Robert Blum: Well, I think that where the media could be immensely helpful is to highlight what we do know, to show the kinds of programs that we do know that work, and I think it's also incumbent upon researchers who all too often feel if I do my research and I show X, I've done my job. Well, you haven't. You've done part of your job. But you have to take that research and translate it so those in the media, those who are policymakers, those who develop programs for young people hear it and hear it clearly.

Susan Wile Schwarz: *How do we begin to get everyone on the same page?*

Dr. Robert Blum: Well, I think that, I think it really requires groups of media folks, researchers, and policymakers, small groups, not you know, Congress, not the New York State Legislature, but a handful of people who get this, who understand this, to start working and building out concentric circles. I see it as a long haul process because the other, the reactive approach, the punitive approach, the problem reduction approach is so appealing. Now that having been said, I would say some of the language has shifted, we see there is much more awareness today than there was a decade ago, that the kind of supports that get labeled positive youth development are seen as important, some of the research that has shown the efficacy of these strategies has entered into legislation, so it's not that none of it has happened, it has. But, you know, when we feel threatened as adults, we still tend to respond reactively and not proactively around this.

Susan Wile Schwarz: *Recently there have been some new findings on research into brain development, can you tell us a little bit about what those changes are, new developments, and what their impact has been, if any?*

Dr. Robert Blum: When I was in medical school, which clearly was not yesterday, I learned that brain growth and brain development stopped when your hat size stopped increasing – and your hat size stops increasing when you're about 3. When the sutures of your brain fuse, and you say, well there's no place for your brain to grow. In the last decade we have come to understand that simply is not true. And brain development continues, in fact, probably into your mid twenties. And the way that brain growth continues and brain development continues is posteriorly to anteriorly, from the back of the brain, to the front of the brain. And the front of your brain is your prefrontal cortex. Your prefrontal cortex relates to and controls executive functioning. Executive functioning is not what allows you to be a CEO of a bank and get a great bonus, it is what allows you to integrate complicated things, it is what gives you emotional regulation, it is what helps you control impulses, things of that nature. Prefrontal cortex development occurs in the late teens and early twenties. That having been said, this whole area of adolescent brain development is right at the beginning stages of our understanding. One of the problems is that this science has entered into legislation, into policies, and into judicial decisions probably long before it ever should have. I've been involved with testimony in Kansas and other states where the state is using brain science to pass legislation to really restrict the rights of minors. The truth of the matter is we know very little about this brain development now, and it is by and far too soon to make these kinds of policy decisions. As appealing as it is; and it's very appealing, because this is hard science, and you know, everyone loves hard science, and you know, you can take MRIs of the brain and you can see this, and you can see things light up, and you know, it's very appealing in court, or in a legislature, you

can make and sell this very well, but you run a very high risk of overselling something. And so, what are the implications? I think by and far, the implications are yet to be seen. I would say there is one example where brain science and policy do seem to have come together in a positive way for adolescents and that's around graduated drivers' licenses, because as we have come to understand the effects of multiple passengers in a car, as we have come to understand rational and impulsive decision making, reaction time, etcetera, graded licenses have been instituted now I think in every jurisdiction, and they do save lives. There is, and particularly, for younger adolescents, 16-, 17-year-old drivers, they do matter.

Susan Wile Schwarz: Looking to the future, what do you see as areas that are ripe for new research?

Dr. Robert Blum: Well, one of the things, I think, and we've been talking about this, relates to what we know about the factors that protect young people from harm. There's been a whole body of research over the last 20 years on resilience, on protective factors, on positive youth development that we've been talking about. Our knowledge of the programs and implementing programs is far less than our understanding of the factors that protect young people, so how do you take these and really mobilize them to help young people and particularly those who are most vulnerable. That's to me the next generation of intervention research that we need. Another area that we talked about a few moments ago relates to brain development. And I see brain development as another hot area, critically important area, because, among other things, as this brain science evolves, so will there be a whole host of questions and issues that relate to policy, legislation, to education, to how do you deliver services, how do you stage health promotion interventions, all sorts of things that'll flow from that. So I see that as a second major area.

Susan Wile Schwarz: If you were asked to advise the new administration, what kind of policy recommendations would you make?

Dr. Robert Blum: We have overvalued, under No Child Left Behind legislation, a set of outcomes that have excluded many disadvantaged kids. And when I'm talking about disadvantaged kids, I'm talking about kids with intellectual impairments, kids with linguistic disadvantage, kids where English is a second language, kids with behavioral problems. They are, under this legislation, much more likely to be excluded. The fact that schools need accountability is unquestionable, and No Child Left Behind legislation tried to achieve that kind of accountability for schools, but in doing so, it ignores the tremendously powerful role that schools have in protecting young people from harm like we were talking about before. And so I think that with the re-authorization which is coming up of No Child Left Behind, it is an opportunity to say what do we really know about school and the protective factors in the lives of young people that schools play, that improve their not only educational outcomes but their health outcomes as well.

Susan Wile Schwarz: What can adolescent health specialists do differently to better serve the kids that they do reach?

Dr. Robert Blum: First of all, I look at the adolescent health as a field to be given away. The primary roles of specialists in adolescent health are: A) to train people who are not specialists in adolescent health to work with young people better, and B) to be available for complicated problems and issues that warrant a specialist. And so when I talk about training, I'm not just talking about training other health professionals, but I'm talking about, for example, training teachers, training adults who are in school, training youth workers, training folks who work in NGOs about normal adolescent development, about some of these strategies that protect young people, and if... if we did that, if we saw our roles more in that kind of education capacity, we would reach many more young people, because

very few adolescents ever see anyone with this kind of adolescent expertise; they see teachers, they see a general, a family physician, they see a nurse practitioner, they see people in the community, and to the extent that those are the folks that really understand what makes a difference in the lives of young people, I think that young people would be better off.

Susan Wile Schwarz: So if you were talking to one of those professionals who does interact with young people, and you had to give them the most important piece of advice in their work with young people, what would you tell them?

Dr. Robert Blum: I would tell them to: (a) understand development, and orient their work with young people so it is developmentally appropriate; (b) to engage young people in every stage in their development so that those young people are a part of the program, the initiative, the intervention, the activity that you're doing with them; (c) realize that your relationship with a young person is probably more important than what you do with them, and so strengthening that relationship matters hugely, because it is the relationship much more than the activity that'll protect kids from crummy outcomes.

Susan Wile Schwarz: Well, it's been a pleasure speaking with you today. It's been so informative, and I just wanted to thank you again for coming.

Dr. Robert Blum: It is my pleasure. Thank you for having me.

Susan Wile Schwarz: Thank you for joining us today. For more information about this interview series, or the Improving the Odds for Adolescents Project, please go to www.nccp.org.