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Present Promise, Future Potential:

Positive Deviance and Complementary Theory

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Qualifying Exam Response

Dr. Michael Cody & Doe Mayer's Question

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What are the major tenets of the positive deviance (PD) approach to social change? Based on this approach, what are the main determinants or key processes underlying effectively changing communities? What role is played (if any) by the power of participation and community development? Where are the limitations of the PD's approach; that is, what community practices does PD assume prior to its introduction, what resources does it implicitly require in order to implement, what unintended consequences might this process engender? How might other theories be utilized in order to address these holes in a PD intervention?

Present Promise, Future Potential: Positive Deviance and Complementary Theory

Childhood malnutrition rates were high in the Quang Xuong district of Thanh Hoa province, south of Hanoi; yet some poor children were healthy and round-bellied (Singhal, Sternin, & Dura, 2009; Singhal, Greiner, & Dura, 2010).

Fifty percent of all children in the northeastern Argentinean town of Misiones drop out of school by seventh grade; yet some schools retain students 78-100% of their students (Dura & Singhal, 2009).

Most northern Ugandan girls who had been abducted by the rebel army return to their villages and subsist via the sex trade; yet some girls survive by selling produce, water, and firewood (Singhal & Dura, 2009; Singhal & Dura, 2010).

Hospital acquired infections plague contemporary hospitals at alarming rates, killing 275 patients per day in America (Singhal, Buscell, & McCandless, 2009) and over 100,000 per year, more than breast cancer, AIDS, and traffic accidents combined (Block, 2010, p. xix); yet clinics in Billings, MT (Singhal, Buscell, & McCandless, 2009; Singhal & Buscell, 2010), Pittsburgh, PA (Singhal & Greiner, 2010; Toth, Benjamin, & Everett, 2010), Philadelphia (Buscell, 2010), Bogota, Colombia (Escobar, Marquez, Barrera, Urrea, Restrepo-Gouzy, & Lindberg, 2010), have stem this tide significantly, in one case decreasing the rate of infection by 84% over 2.5 years (Singhal, Buscell, & McCandless, 2009).

Many more stories of this nature can be told, tales of Pakistani infants who improbably manage to celebrate their one-month birthday, of Indonesian families

whose daughters avoid trafficking… And perhaps less "exotic" stories from most Americans' experience, of neighbors who beat the odds by making it out of their poverty-stricken towns, of peers who succeeded in relentlessly competitive industries, of friends who thrived as they juggled multiple commitments and pressures. Positive deviance (PD) is a methodical approach to social and behavior change that sets about discovering how this happens, then supports the adoption of successful strategies.

This paper will examine the major tenets of PD, exploring the processes upon which it depends – namely, self- and collective efficacy, modification of subjective norms, and capacity building – in order to effectively address community challenges. The role of community participation, which is integral to this approach, will be evaluated thoroughly. Then this paper will look at the limitations of the PD approach in terms of its assumptions, requirements, and unintended consequences. Finally, this paper will suggest ways in which other theories, such as communication infrastructure theory (CIT); asset-based community development (ABCD); narrative, asset-building communities (ABC); positive youth development (PYD); and cultural scorecards can respond to PD's limitations and deliver a more complete approach to supportive communities and their citizens.

Some Tenets of Positive Deviance (PD)

Jerry and Monique Sternin pioneered positive Deviance (PD) as an asset-based approach to social and behavior change in 1990. Hired by Save the

Children to address childhood malnutrition in Vietnam and given by the skeptical government a here-to-fore impossibly brief amount of time to show results – a mere six months – the Sternins realized that traditional methods wouldn't suffice; their approach would have to be innovative. Jerry Sternin recalled a nutrition-related article (Zeitlin, Ghassemi & Mansour, 1990) that mentioned the outliers that accompanied every dataset. While the standard practice in statistics is to "clean" one's data by expunging these aberrant cases, Zeitlin et al (1990) mused whether the meaning of these cases should be explored further. If one's aim is to graph and predict general trends, then data points that fall three standard deviations beyond the mean will disproportionately pull one's average in one direction or the other; it is responsible, therefore, to dismiss these data points and get a clearer picture of the norm. But if one's aim is intervention, then perhaps one should not regard a few high scores among a multitude of low's as a mistake – instead, perhaps one should regard these scores as insights into opportunity. These deviations are desirable, positive; the people who produce them are positive deviants. Their performance shows that it can be done.

The first principle of PD states, "There is more expertise within a community than is generally recognized" (Lindberg, 2010, p. 38). How does this expertise go unnoticed? The mechanisms of schemas and heuristics, or mental representations and explanations that help individuals to make sense of information (Shrum, 2002), can explain such blindness. Experience that does not fit a previously established script may be rejected outright or accepted but

minimized; this allows one to retain the script, or worldview, with little or no revision – paradigm shift, avoided. Assimilating a contradictory script requires changing one's understanding of how something works, rewriting the account, reinterpreting everything that had come before and looking at everything that is to come with fresh eyes. Obviously, this is a more cognitively demanding process, and can also provoke a sense of disorientation or disillusionment. Prejudice informs individuals' schemas and heuristics, the intensity of which may affect the extent to which they reject or assimilate contradictory scripts.

Among outsiders looking in, or social "superiors" looking "down," the prejudice that activates schemas and heuristics may be ethnocentrism, or an overinflated case of cultural superiority. Expertise among an indigenous population may be such an anathema to bigots that they cannot accept it. Their prejudiced lens may prevent them from seeing what is right under their noses, either by distorting the image or by screening it out entirely.

Among experts, the prejudice may emerge from excessive engagement in a narrow way of thinking and doing. This constructs schemas and heuristics characterized by rhetorician Kenneth Burke as "trained incapacities" (Burke, 1954/1984, p. 7) or "occupational psychoses" (Burke, 1954/1984, p. 49). So accustomed to seeing things in a certain way, e.g., community members need to be fixed, so-called experts become incapable of seeing things any differently, e.g., community members can fix things themselves.

Among members of the community, the prejudice may emerge from storytelling. Scholars of media effects contend that significant exposure to certain stories cultivates worldviews (Gerbner, Gross, Signorielli, & Morgan, 2002). Stories need not be mediated, however, for them to affect individuals' schemas and heuristics. The stories people tell themselves about who they are and what they are capable of impacts their self-esteem (Siegel & Hartzell, 2003) and sense of self-efficacy (Bandura, 2002). Disempowering stories that perseverate on deficits, rather than uplifting stories that concentrate on assets, may cause individuals to deny the existence of their own expertise or discredit its potential for productive application.

PD's initial premise implicitly requires "flipping the script," or overcoming whichever prejudice obfuscates recognition that expertise can exist within the community. This can be a big step for individuals who may not have been aware of their prejudice and/or who embrace cognitive change reluctantly. Its accomplishment translates into widening one's field of vision and focusing this vision on what's going right. Such a cognitive action not only sets the stage for PD work, it also opens the door for the recognition of other, here-to-fore unseen phenomena, and for the construction and physical implementation of novel initiatives. Importantly, this eye-opening is not only targeted at the facilitators of change efforts, it is an exercise for everyone. Perhaps the community members' embrace of their own expertise is the most crucial of all.

"Its [PD's] premise is that in every community there are individuals or families whose practices and behaviors enable them to find better solutions to problems than their neighbors who have access to the same resources" (Singhal & Dura, 2009, p. 1). This belief is the core of PD, that the solution to a community's problem is located within the community and that no special resources are required for its realization. It flies in the face of conventional thought, which has tended to adopt a deficit-based approach and assumes that the solution exists outside and so it must be imported and applied[1]. The standard response to childhood malnutrition, which the Sternins would have implemented had they been given the standard amount of time, would have been to identify all of the children who are hungry and deliver extra food to them. But instead they chose a PD response, which was to identify all of the children who *should* have been hungry, then figure out why they weren't. What were the parents of the well-fed doing? These parents lacked access to special resources – they had the same amount of money/land/crops as anyone else. So how were they using their resources differently to produce these positively deviating results?

The PD Process

The identification process is time-intensive and relies upon community participation. With PD facilitators, community members operationalize positive deviation – e.g., schools that retain 75% of students until graduation when the norm is 50%, that do not receive extra financial aid or have a student population

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[1] Ethnocentrism and/or occupational psychoses probably inspired this response, supported by a disempowering heuristic among community members.

that comes from well-monied or well-educated parents. While the caveat of "no access to special resources" is a staple of PD, determining the benchmark for positive deviation is a data-driven decision-making process supported by the community from start to finish. Community members may do the research in order to determine normative conditions, e.g, the 50% retention rate, and agree to the threshold that defines positive deviants.

PD maintains, "Plans that emerge from within a community are more likely to be used and sustained than plans imposed from the outside" (Lindberg, 2010, p. 38), and so plan-making is conducted communally. This process is also a form of intervention in and of itself. Demonstrating the belief that community members' opinions are valuable can be validating for the community members themselves, and inspire modeling of this respectful, polyvocal process (Bandura, 2002). Via social proof, or seeing similar others' behavior, onlookers' sense of self-efficacy may also increase. Since the process is communal, notions of collective efficacy could also improve. Following Bandura (1997), Papa et al (2000) define collective efficacy as "the degree to which individuals in a system believe that they can organize and execute courses of action required to achieve collective goals" (p. 36). That communities' plans are enacted in a PD process functions as powerful "proof of concept," or corroboration of the suspicion that "yes we can."

Next, community members set about finding the positive deviants. Community members may gather the initial data that identifies PDs by going door-to-door and inquiring, for example, whether all of the household's children

lived past their first month of life (clearly, this question would have to be very sensitively approached and worded!). They may assist in the data gathering by inviting everyone to bring their child(ren) to the village square to be weighed, then helping to read the scale, and recording the score. Or they simply may gather data by participating in the observation and interview process, which is a significant job for this is how the PD behaviors are discovered. Engaging in these processes can also boost self- and collective efficacy, as well as build capacity around organizing, using tools, keeping records, and interpreting data.

According to the research from the Metamorphosis Project (Ball-Rokeach, Kim, & Matei, 2001; Kim & Ball-Rokeach, 2006a; Kim & Ball-Rokeach, 2006b), a community's health is a function of its neighborhood storytelling network (NSN), which comprises local media, community organizations, and neighbors' conversations. An individual's civic engagement (a tripartite construct consisting of neighborhood belonging, collective efficacy, and civic participation) is a function of the strength of his or her connection with each community storyteller and they value added when they form a network (Kim & Ball-Rokeach, 2006b, p. 415). This is known as "integrated connectedness to a storytelling network," or ICSN. Because this stage of the PD practice increases community storytelling, it strengthens the NSN. Since it brings neighbors together to tell stories, neighbors who might not have been acquainted otherwise, it also increases their ICSN and so predicts a higher likelihood of their civic engagement.

Additionally, these conversations can contribute to individuals feeling less

isolated and helpless, instead helping PD seekers to frame themselves as agentic and supporting PDs' vision of themselves as wise and/or helpful. Again, this impacts self- and collective efficacy. Finally, participating in these conversations strengthens the quantity and quality of connections within the neighborhood network. This better equips individuals with support and contributes to a more functional community. This is an aim of PD, which believes "relationships built through widespread community engagement in change efforts provide strong networks for the spread of good ideas and practices" (Lindberg, 2010, p. 38). These initial conversations, therefore, seed the field for the efforts to come. For all of these reasons, this stage of the PD process also can be interpreted as an intervention.

Community members pool what they discovered from their conversations with positive deviants – e.g., PD parents had their children eat first, manually fed them, and enriched their meals with tiny crabs that they scavenged from the rice fields – and construct a list of strategies that lead to desirable outcomes. The next step is sharing this information. In the initial PD project in Vietnam, the Sternins and their colleagues initially sought to diffuse the innovation (Rogers, 2003) via standard channels: pamphlets, community meetings, etc. This approach was didactic and more linguistic than visual.

Health communication research has found that audiences tend to avoid and/or resist information that they interpret as "preachy," possibly because their perception of persuasive intent stimulates a reactance response (Moyer-Guse,

2008). Lack of visuals can alienate the illiterate or poorly educated, or fail to

engage those who lack motivation to process text (Petty & Cacioppo, 1986;

Rouner, 1987); text certainly does a poorer job at "hooking" an individual's

passing glance than an arresting visual. The intended audience might have had a

low opinion of the PD facilitators' and their compatriots' credibility, which would

dissuade them against internalizing their entreaties. The efficacy of presenting

non-narratively framed information is also questionable. In a meta-analysis of 48

health communication campaigns, Snyder (2001) concluded, "Overall, 7-10%

more of the people in the campaign (intervention) communities changed their

behavior than did those in the control communities" (p. 182). Two additional

meta-analyses examining 120 public health campaigns (Snyder & Hamilton,

2002; Derzon & Lipsey, 2002) found that approximately 5% of campaign

recipients changed their behavior in the expected, positive direction (Noar, 2006).

  In contrast, entertainment-education (EE), a communication strategy that

delivers factual information within the context of an entertaining media product

(e.g., radio show, TV show, comic book, song, game), is embraced more

passionately and has facilitated significant behavior change via modeling

(Bandura, 2002), modification of subjective norms and self- and community

efficacy, and interpersonal conversation (Murphy & Frank, in press; Frank,

Chaudhuri, Bhanot, Murphy, in press; Murphy, Hether, Felt, & de Castro-

Buffington, in press; Chatterjee, Bhanot, Frank, Murphy, & Power, 2009; Moyer-

Guse, 2008; Bae, 2008; Wilkin, Valente, Murphy, Cody, Huang, & Beck, 2007;

Movius, Cody, Huang, & Berkowitz, 2007; Singhal, Cody, Rogers, & Sabido, 2004; Sood, 2002; Papa, Singhal, Law, Pant, Sood, Rogers & Shefner-Rogers, 2000; Lozano & Singhal, 1993). A multi-disciplinary research team at the University of Southern California is currently investigating the extent to which narratively framed information bests non-narratively framed information in terms of enjoyment, recall, behavioral intention, and behavior change.

For any number of the aforementioned mentioned reasons, the PD team's communication campaign wasn't working. Attendance at meetings was moderate and rates of behavior change were modest. Finally, at the end of one of these unsuccessful information sessions, "a skeptical village elder observed, 'A thousand hearings isn't worth one seeing. And a thousand seeings isn't worth one doing'" (Singhal, Greiner, & Dura, p. 27).

Again demonstrating the store by which they set community members' opinions, the Sternins and their colleagues took this critique to heart. PD is more commonly diffused via demonstration and guided mastery rather than exposition. In Vietnam, members of the PD effort invited their neighbors to bring their children and join them for a meal. Upon arrival, they asked their guest to weigh their children on a scale provided. Then they offered food to their guests – food that had been enriched by the crabs from the rice fields – and asked that they first feed their children.

Etiquette dictates that guests follow their hosts' decrees; social proof of others following the directive further induced the guests to enact these PD

behaviors. During the course of the meal, as neighbors got to know one another, advocates discussed the other PD behaviors with their guests. They asked that they try to incorporate these behaviors for a week, at which time they would return for another weigh-in and group meal. Embodied experience with the behaviors, a pledge to comply, a cohort of peers also taking on the task, and the social visibility of fidelity all boost the likelihood of community members' embrace of PD behaviors for a trial period (Rice & Atkin, 2001). This event also impacted guests' sense of subjective norms, or their "perception of how one's valued reference groups feel about the behavior" (McGuire, 2001, p. 40). Their success in one feeding context, as well as the success of peers, might also have increased their sense of self-efficacy. It also might have affected their construction of possible selves (Markus & Nurius, 1986), or positive and negative visions of themselves in the future, which has been enlisted as a way of explaining behavior change among adolescent participants in an adult identity mentoring intervention (Clark, Miller, Nagy, Avery, Roth, Liddon, & Mukherjee, 2005). Finally, the stories of neighbors' triumph by using the PD strategies might have impacted guests' behavioral beliefs and their evaluative aspects. These three variables – norms, efficacy, and behavioral beliefs – strongly predict behavioral intention according to the integrative theory of behavior change (Fishbein & Yzer, 2003). Indeed, when guests returned the following week for a weigh-in, they reported their conduct of PD behaviors and discovered that their children were heavier.

This experience prompted Sternin to posit that it is easier to act one's way into a new way of thinking than to think one's way into a new way of acting (Singhal, Buscell, & Lindberg, 2010); yet evaluation of norms, efficacy, and beliefs is an act of thinking. Whether and to what degree thinking precedes acting is unclear and deserves more attention. Conventional theory assumes that knowledge change leads to attitudinal change, which leads to changes in practice (KAP); this linear progression, however, might be inexcusably simplistic. Moreover, it fails to address the role of emotion in motivating behavior change. In the case of PD, neighbors developed relationships, which is an emotional process. According to Immordino-Yang & Damasio (2007), emotion guides learning and is a basic form of decision-making.

PD has been described as a process that is bathed in data (Singhal, Sternin, & Dura, 2009). Not only were data necessary for identification of norms, cases of positive deviance, and PD behaviors, but data on the success associated with behavioral adoption were crucial for the wider, stronger, and more sustained embrace of PD behaviors. Had those guests arrived the next week and not received concrete information as to the impact of their behavior, and/or had they found that their children weighed the same amount or less, the odds that they would have retained PD behaviors and/or helped to diffuse them further are slim. Thus the PD tenet, "Practice of new behaviors, especially when married with information on results, supports change and learning" (Lindberg, 2010, p. 38).

The next step consists of outreach and iteration – diffusion of data, performance of more demonstrations, collection and distribution of new data. Dialogue and brainstorming among community members is also essential at this stage. What new methods can be used for connecting with community members? What new solutions might be added to the list of success strategies? The more people involved, the better, for "conversations focused by broad involvement generate good new ideas," and "diversity and difference are allies when you seek change" (Lindberg, 2010, p. 38). At the Pittsburgh Veterans Hospitals, "these discussions were eventually dubbed 'Discovery and Action Dialogues' because of the action-oriented outcomes they yielded. Several walls of sticky yellow Post-It notes captured diverse, staff-generated solutions on controlling MRSA," (Singhal & Greiner, 2010, p. 51). Such activities – both widely attended dialogues as well as publicity of ideas – raise awareness about issues, generate energy, increase individuals' sense of ownership of the issue and its solution, validate their sense of helpfulness and belonging within the community, support social proof, and amplify self- and collective efficacy.

Further ownership of the process by community members' facilitation also is encouraged. "Facilitators quickly became bottle-necks and limited the number of discovery sessions based on their own limited time, energy, and competing priorities. Strategies PD coaches used to anticipate this outcome included periodically re-training in-house facilitators to capture positive deviant behaviors and return them to the communities for action" (Toth, Benjamin & Everett, 2010,

p. 160). This strategy is not only more productive for the short-term, it is more sustainable for the long-term, as outside facilitators are only engaged for limited periods of time and social issues tend to endure much longer; in fact, Singhal and Dura (2009) recommend allotting three years to a PD intervention. Even if facilitators are members of the community, it is still more practical to build a community's capacity for leadership in order to guard against the unforeseen and enrich its asset base. For the individuals who enjoy this opportunity to facilitate, they may develop skills in terms of organization and interpersonal communication, and derive a heightened sense of self- and collective efficacy.

Sternin observed that, in the Chinese language, the word for "crisis" is represented by the ideograms "danger" and "opportunity" (Singhal, 2011). While a successful PD intervention may help a community to banish danger, opportunity is still present. Community members have honed their capacities to engage in observation, data collection and monitoring, interpersonal communication and modeling, organizing and diffusing information, brainstorming and experimentation, among others. Moreover, their sense of self- and collective efficacy has also expanded, increasing the probability that they feel equal to facing challenges. These assets can and arguably should be applied widely. By retaining Discovery and Action Dialogues but retraining their focus on other issues, communities can keep the engine of social change operating, full-speed ahead.

Limitations

Resources.

In order to instigate a PD process, one of three preconditions must be met. In the first scenario, there are external parties who care about the community, know about PD, and want to invest the resources to support a PD intervention, either by hiring consultants, initiating the process themselves, or training the community members. In the next scenario, there are concerned community members who recognize that they have a problem and seek outside support, either contacting the organization that reaches out to PD professionals or contacting the PD professionals themselves. In the final scenario, there are concerned community members who know about PD or have the wherewithal to conduct research on types of interventions and locate PD, then train themselves in how to facilitate the process, obtain the necessary tools, then execute the process themselves.

None of these scenarios are impossible to imagine, and PD has been practiced in over 40 countries (Singhal, 2011), so one of the three conditions has presented itself many times. The third scenario is the least likely – which is unfortunate, because the premise of PD is that communities can solve their own problems. Perhaps the community needs PD in order to come to that realization too, and build the necessary capacity in order to do so. Regardless, all three scenarios require at start-up considerable resources in terms of awareness, concern, communicative capacity, finances, perseverance, and time. Perhaps this is true of any social change endeavor; it is nonetheless worth noting.

Problematic Problem.

Singhal (2011) describes PD as "an asset-based approach that identifies what's going right in a community in order to amplify it" (p. 195). However, that isn't entirely true, for PD doesn't neutrally go looking for what's going right – such an approach is more descriptive of asset-based community development (ABCD; Kretzmann & McKnight, 1993). PD has an agenda. First, it is an approach to facilitating individual and/or collective behavior *change,* not to general development, and as such it is an alternative to a more traditional, externally-created, top-down, programmatic, fixed solution. While PD supports capacity-building along the way, it is not engaged as a proactive capacity-builder. Second, PD is issue sensitive and reactive. When something is going *wrong* in a community, concerned parties seek out PD and try to find the few exceptional cases of this something going right. So, while PD takes an asset-based approach to fixing this program in that it looks for viable internal models, it is deficit-responsive.

In fact, acknowledgement of this deficit is required throughout PD's implementation. "She saw that PD is only useful when the community believes there is a problem" (Toth, Benjamin, & Everett, 2010, p. 151). It's an interesting duality, the fact that having a problem and believing in the problem is required for PD, yet PD simultaneously insists upon embracing the notion that the community owns expertise and the solution to the problem exists internally. These two are not diametrically opposed, but they may make for awkward bedfellows at times.

One must ensure that belief in the problem is sufficient but not excessive so that it swamps one's sense of self- or collective efficacy. This may be a sophisticated mental balancing act.

In addition to needing a problem, there must be the "right" kind of problem in order for PD to be effective. It must be suitably complex that a simple fix won't cure it, e.g., vaccination in the case of polio or a mosquito net in the case of malaria. Of course, persuading people to submit to vaccination or use the mosquito net for its intended purpose (as opposed to making garments out of it, as occurred in one intervention (D. Mayer, personal communication, October 15, 2009)) is not always simple. But the elaborateness of a PD process – identifying deviants, uncovering their strategies, demonstrating them to the community, collecting and disseminating data updates – might be more time- and resource-intensive than the situation demands, and thus inefficient.

At the same time, the problem cannot be so complex that it is difficult to understand, identify, quantify, and model. For example, what if a community is suffering due to intolerant attitudes/stigma? How does one quantify this problem – by counting the number of hate acts reported? Ostensibly, a PD would be an individual who does not harass the oppressed group. How would a PD's behavior qualify as novel? Surely, failing to commit atrocities is a cognitively accessible strategy for a community, not requiring PD in order to uncover. That which impedes adoption of alternative strategies is not necessarily ignorance as to the strategies' presence, but lack of desire to employ them. This introduces an

additional qualification for a PD-ready problem: it need not only be suitably complex and simultaneously not too complex, but the community members must want to work on it.

Measurement.

Measurement is a key issue since PD is bathed in data. In the hypothetical case of stigma plaguing a community, the proposed measure might not have been sufficiently comprehensive to capture the full extent of the problem. While hate acts reported do constitute an aspect of stigma manifestation, stigma might also be detected in employment decisions and treatment by the criminal justice system, as well as less obvious channels, such as the way people look at, talk to, or talk about the oppressed. While measures such as reporting, hiring, and prosecuting rates are more overt, objective, and easily gathered, they may be inadequate for representing the true extent of a problem. They may also be insufficient for PD purposes.

Sensitivity.

The indicator one seeks to measure must be capable of, even likely to, indicate change in a short amount of time. While children's weight could fluctuate during the short period of a pilot, other indicators, such as a school's annual drop-out rate, may not change over the course of a week, or may not be accessible. The same can be said of reporting, hiring, and prosecuting rates. The needles may not move on these issues within a short period of time, the data

may not even be available for such restricted time periods, and fluctuations in the short-term may be less significant than change over time.

In the case of Vietnam, measuring children's weight seemed reasonable. Weight is objective and it can change in the short term, especially among malnourished youth. However, the scales must be suitably sensitive to register the changes in the children's weight. If the scales were calibrated to pounds, for example, and yet children's weight had changed by ounces only, the intended audience might have failed to see impact, become discouraged/disillusioned, and rejected the intervention. This would have been a serious hindrance, for valid and encouraging data are necessary for propelling a PD intervention. But it might not have stopped there. They might even have spoken against the intervention to their friends. Or formed implacable opinions about the PD facilitators' and community members/advocates' credibility (or lack thereof, in this case) and refused to listen to them ever again. Or extended this opinion vis-à-vis lack of credibility to any/all social change practitioners in the future. Or decided that any/all community interventions are useless… Such possible and unintended consequences are serious. Thus, the measurement tool one employs in a PD intervention must be appropriate.

Implementation.

Not only does one need the proper indicator and tool, one must be able to use the tool properly in order to accurately measure the indicator. While using a tool such as a scale is relatively straight-forward, it must be re-balanced to zero

before each trial; failure to do so could compromise the accuracy of the results.

What if a tool is less straight-forward, either due to its technical nature or

cognitive demands? The advisability of employing such a tool is worth exploring,

for it might be expensive to procure and require considerable time, perhaps from

an expert, in order to train community members' in its manipulation. The risk that

such a tool is improperly applied is quite high, and so the data it delivers might be

poor. Again, since PD interventions depend upon data, this could be a serious

consequence. This is especially worth considering in the case of sophisticated

tools, as some people believe that their nature disallows inaccuracy. But if an

electric thermometer, for example, were applied to the wrong body part (e.g., the

mouth instead of under the tongue) or held there for an inadequate amount of

time (e.g., 5 seconds instead of 10), the information it delivers would be false;

this is not a failure of the instrument itself, but of its implementation.

Personnel.

Next, and quite obviously, there must be positive deviants! While it may be

pessimistic to doubt otherwise, exceptions can and do occur. The very notion of

positive deviance demonstrates that, every so often, there is a case that flies in

the face of expectations.

There must be community members who call for a PD process and/or who

support its implementation. Since co-stewardship with community members is

essential, one cannot operate a PD intervention without allies. And an

appreciable number of allies are needed, for informing, data gathering,

observing/interviewing, processing, organizing, demonstrating, data gathering, observing/interviewing, processing, and so on.

Community Ties.

The assumption is that each new participant brings with them a network, and that as a PD intervention takes off, it attracts more community members to the cause. However, this may not occur in every case. If a community network is compromised of several overlapping networks and many hard to reach nodes, then increasing the number of participants as well as widely communicating the PD practices will be a challenge.

A PD approach not only presumes that positive deviants exist, but that their strategies are invisible to neighbors. This presupposes a few breakdowns in the community's communication infrastructure: first, between neighbors – individuals aren't telling stories about their quotidian practices and/or learning their neighbors' stories by bearing witness; second, across the community – neighbors' stories aren't circulating throughout the wider network. If this is the case, then mounting a PD intervention will be a significant challenge since the neighborhood is atomized and lacks a robust neighborhood storytelling network (NSN; Ball-Rokeach, Kim, & Matei, 2001; Kim & Ball-Rokeach, 2006a, 2006b).

Supposing that a community's NSN is sufficiently robust, then why aren't these stories circulating? The PD approach assumes that PDs don't realize the innovativeness and/or impact of their actions and that is why their strategies are kept a secret. But what if PDs genuinely do want to keep their strategies a

secret? Perhaps they fear losing the edge above others that their success affords, or losing their success entirely by depleting the cache of materials from which they are uniquely drawing (e.g., overfishing the crabs in the rice fields)? What if the stories can't circulate due to neighbors' distance, either: social, as in the case of intense in-group, out-group divisions; geographic, as in the case of spread out rural dwellings; or temporal, as in the case of some neighbors who work the day shift, some who work the night shift, and others who simply don't have the time and/or interest to engage?

In the case of PD unwillingness, considerable inducement must be offered in order to convince the PDs to share their strategies, and even then, it is possible that PDs won't budge. This may stop a PD intervention in its tracks. In the case of social divisions, PDs might not trust PD advocates sufficiently in order to disclose their strategies. Similarly, PD advocates might not trust the veracity of PD's accounts or the utility of their strategies. Even if PDs and advocates both agree to trust one another and share, the wider community may reject the wisdom. Strategies employed by distrusted individuals may be insufficiently attractive or an outright turnoff – they lack the social proof that is part of PD behaviors' accessibility. For this reason, gathering community members for a demonstration may be difficult indeed.

In the cases of geographic and temporal distance, the extent to which a PD intervention can garner social proof, impact self-efficacy, affect subjective norms, influence collective efficacy, and gather a crowd is also challenged. In

terms of social proof, the fact that Neighbor X employs a certain PD strategy may not be very meaningful – community members are not likely to know Neighbor X and may not necessarily believe that they have much in common; Neighbor X's strategies, therefore, may not work for them. As a result, self-efficacy is not impacted. This lack of acquaintance also challenges subjective norms, for they may not set much store by their neighbors' opinions of their behavior – their neighbors may not be the "valued others" they hope to impress. This lack of regard means that collective identity is modest, and so the extent to which a demonstration can influence collective efficacy is also constrained. That is, assuming that a demonstration can occur. Lack of interest might keep neighbors from showing up, while the practical constraints of mileage and time might prevent others' attendance.

Diffusion.

Singhal (2011) characterizes PD as a process that "turn[s] diffusion of innovations paradigm on its head" (p. 193). Diffusion of innovations (DOI) paradigm (Rogers, 2003) looked at the characteristics of an innovation, the context in which it has been introduced, and the qualities of individuals who might adopt it in order to predict the rate and extent of its diffusion. Social change practitioners, notably EE scholars (whom Rogers and Singhal initially led), consider DOI in order to plan their efforts strategically. Who are the "early adopters," who are the "laggards"? Which communication channels are most effective for connecting to intended audiences?

But it is considerably more difficult to introduce a new element than to amplify an extant element. The extent to which a population feels ownership of an outside element is likely inferior to its perceived ownership of an internal element. The degree of credibility they ascribe to novel, external elements is also likely inferior vis-à-vis established, internal elements. The richness of accepting an outside solution may also be less than the richness of developing an internal solution, for its symbolic significance and the process that led up this outcome.

Thus, Singhal's statement. PD's bottom-up nature and internal origins might increase its potential adoptability and/or deep internalization above top-down, externally created innovations; and so, seeking to build local solutions, rather than improving the quality and introduction of external solutions, might be the best way forward. However, the adoptability of PD depends in part on its diffusability, or the extent to which it can be spread widely. And this might be where PD falters.

PD is difficult to adopt rapidly. Because it must be conducted processually, as opposed to simply opened and applied, "PD does not package well in a toolbox" (Singhal & Dura, 2009, p. 140). This is not necessarily a bad thing if toolbox package-able elements are undesirable, convenient but ephemeral, perhaps even counterproductive – the social change equivalent of Lunchables. But when something is better than nothing, and/or when a quick fix, regardless of its staying power, is needed right away, then PD might not be the way to go.

Singhal and Dura (2009) also avow, "PD is not so easily scalable to cover big populations" (p. 140). This, again, is a function of its time-intensive, culturally specific, emergent quality. And once again, it might not be a bad thing if the products that easily scale are superficial and/or create new dependencies. But once again, if time is of the essence, then a more banal curriculum or aid package might be more suitable.

More Unintended Consequences.

As previously stated, inviting others to adopt a PD strategy may trigger this strategy's obsolescence, as in the case of overfishing the rice fields' crabs. It may shift power relations among citizens and challenge communal customs. Some may regard such a culture change as positive – perhaps women's voices had been heard less than men's, perhaps traditional healing methods did not prevent or arrest infection. But the valence of this change is a matter of perspective, and the fact of its change is real. As such, it deserves consideration by community members and sensitive management (Shafique, Sternin, & Singhal, 2010; Singhal, Dura, & Felt, 2011).

Faulty identification of a PD and/or a PD's practices might also produce unintended consequences. For example, individuals with a sickle cell trait demonstrate some malarial resistance. Community members may mistakenly identify these malaria-free individuals as PDs and adopt their behaviors. Such behaviors, however, have nothing to do with the health of the PD. Adopting these behaviors instead of other, validated measures, e.g., sleeping with a mosquito

net, could irresponsibly expose community members to harm. Therefore, it is important to thoroughly evaluate an issue and the likely correspondence of certain behaviors with an outcome before it is promoted throughout a community.

Unintended consequences need not only be negative. As previously stated, PD interventions boost self- and collective efficacy as well as a host of skills. These assets can be applied to other spheres of individuals' and communities' lives, helping them to take on and triumph over separate issues. This phenomenon has been recognized in other types of interventions, such as Clark et al (2005)'s project to address adolescents' sensitivity to their possible selves, which resulted in increased intention for abstinence and delayed sexual initiation. Singhal, Dura, & Felt (2011) describe this process of a beneficiary applying assets acquired from one context to another as "horizontal scaling." In terms of PD, such an outcome has been observed in the field, with child protection leading to food security in Uganda (Singhal & Dura, 2009, p. 135) and infant morbidity prevention leading to more mixed gender events (Shafique, Sternin, & Singhal, 2010). PD experiences may also catalyze new and stronger relations among stakeholders, such as local NGOs and government officials at the local, district, and regional levels (Singhal & Dura, 2009, p. 139) – perhaps even at the national or international level! All of these outcomes make a community stronger.

The Experts Admit…

PD's limitations are not hidden. Singhal and Dura (2009) themselves

acknowledged some of its limitations, outlining the conditions under which a PD

intervention works best:

> when (1) the solution to the problem is essentially a non-technical one dealing with adaptive behavioral issues, (2) the problem is pervasive and intractable and worth the risk of attempting a new approach, (3) positive deviants do exist within the community, and (4) the community leaders and skilled facilitators are willing to champion the effort, and learning and have faith in the innate wisdom that lies within the community (pp. 129-130).

While this author's review was more exhaustive, the fact that PD advocates

recognize its limitations is significant – it decreases the possibility that PD will be

misapplied, as well as increases the possibility that more of its limitations will be

identified and addressed.

Consequently, Singhal and Dura (2009) offer the follow suggestions:

Recommendation #1. The PD approach needs support over a longer term.
Recommendation #2. The PD approach should be scaled-up as a
megacommunity.
Recommendation #3. PD projects need greater emphasis on monitoring and
evaluation (pp. 140-142).

Theoretical Complements

In addition to honoring these recommendations, PD also might benefit if it

borrowed theory and practices from: communication infrastructure theory (CIT);

asset-based community development (ABCD); narrative, asset-building

communities (ABC); positive youth development (PYD); and cultural scorecards.

Communication infrastructure theory (CIT).

As previously stated, a PD approach presumes that community storytelling is operating poorly, with breakdowns between neighbors, between clusters of neighbors, or both. Perhaps addressing this communication issue would facilitate community health overall, delivering improvements in the area upon which the PD intervention is focused as well as in other areas of concern.

CIT identifies community storytelling as essential to community functionality, and "defines 'neighborhood storytelling' broadly as any type of communicative action that addresses residents, their local communities, and their lives in those communities (Ball-Rokeach et al., 2001)" (Kim & Ball-Rokeach, 2006a, p. 178). Community storytelling performs a symbolic task – it "…is a key to having a higher level of collective efficacy; it is part of the imagining of "we," thus of "We can do it"" (Kim & Ball-Rokeach, 2006a, p. 416). Community storytelling also performs practical tasks, allowing for important information to be shared vis-à-vis resources and challenges, collaboration to occur, plans of action to be constructed, and decisions to be made. Community storytelling boosts a sense of neighborhood belonging, which "has been shown to help build relationships of mutual trust and reciprocity among community members. For parents in particular, being a member of a belonging community may fortify their emotional or practical resources so that they can create a supportive and healthy family environment for their children" (Metamorphosis, 2009, p. 3). Some research suggests that "belonging communities" – that is, communities rich in storytelling –

are healthier, with residents reporting higher levels of satisfaction and easier access to important resources, such as safe parks and quality child care (Metamorphosis, 2009).

The neighborhood storytelling network (NSN) consists of geoethnic media (which are media that focus on a community and/or on the ethnic group with which the community identifies), community organizations, and residents. Communication action contexts (CACs) motivate conversation; some of these topics include: schools; public spaces (libraries, parks, etc); street safety/fear; ethnic/cultural diversity; healthcare resources; resources for families/children; work conditions; goods and services; area appearance; and social control (Kim & Ball-Rokeach, 2006a, p. 176). Because these CACs pertain to local matters, macrolevel storytellers, e.g., regional, national, or international news organizations, who tell stories of other, broader issues do not figure prominently in the NSN.

The presence and strength of each member of the NSN is not the only determinant of a community's health. In the ideal scenario, these storytellers maintain are interconnected. "One important criterion in the measurement of the quality of a storytelling network is the level of integration of the communicative actions of the three community storytellers—local media, community organizations, and residents. In an ideal community, meso- and microstorytellers form an integrated network where each storyteller stimulates the others to talk about the local community" (Kim & Ball-Rokeach, 2006a, p. 181). Also vital is an

individual's relationship with this network, his/her integrated connectedness with the storytelling network (ICSN). According to Kim and Ball-Rokeach (2006b), "developing connections to a neighborhood storytelling network is the key to overcoming any neighborhood-level hindrance" (p. 434). As previously stated, one's level of ICSN predicts civic engagement.

So, would strengthening a community's NSN and individuals' ICSN function as a preventative measure, ensuring that childhood malnutrition, for example, never occurs in the first place because community members are healthy and financially secure? If this is too great a supposition, then would strengthening NSN and ICSN enable the diffusion of PD practices naturally, without a specific PD intervention? Stepping back one more pace, would strengthening NSN and ICSN materially aid a PD intervention? This most modest inquiry is easiest to answer "yes." A stronger communication infrastructure would facilitate PD practitioners' essential, integral communicative acts. PD requires informing residents of baseline data collection, inviting them to attend demonstrations, and diffusing results. With a weak NSN in general, getting the word out is bound to be challenging, whereas a stronger and interconnected NSN could dispatch information along multiple channels – via geoethnic media, community organizations, and interpersonally among neighbors. If individuals' connections to the NSN are weak, then they won't benefit from the infrastructure and will be less able to diffuse the information.

Precisely *how* one fortifies the NSN and ICSN seems a bit less specific in

the literature. It is possible that PD and CIT could work in concert, creating a

feedback loop. Here is one possible progression:

CIT	PD
1. Lack of community storytelling makes a community vulnerable – less integrated, individuals' less civically engaged	
2. Community storytelling raising individuals' awareness of a problem	
3. Community members and/or local organizations choose a PD approach	
	4. PD brings people together around a common cause
5. Community storytelling occurs	
6. Individuals' ICSN increases	
	7. PD intervention identifies PD behaviors
8. Community members research out to geoethnic media and local organizations and thus increase their integration	
	9. PD intervention demonstrates practices
10. NSN strengthens	
11. Neighbors' ICSN increases	
	12. Neighbors adopt PD practices
13. Neighbors address other issues affecting their community…	

PD is informed by complexity science, a philosophical position whose

point of departure is that dynamic systems are unpredictable, and the quality of

the relationships is far more important than the quality of the agents.

> In a healthy, complex adaptive system, control is distributed rather than centralized, meaning that the outcomes emerge from a process of self-organization rather than being assigned and controlled externally by a centralized body. Order emerges from the interactions among the individuals (Lacayo, 2010).

This author noted the similarities between the tenets of CIT and complexity science, as seen below:

CIT [determinants of civic engagement, Kim & Ball-Rokeach, 2006a]	COMPLEXITY SCIENCE [factors that exert a strong influence on self-organization (Singhal et al., 2010, p. 43)]
Quantity and quality of media (micro, meso, macro); Quantity and quality of communication action contexts (CACs); Neighborhood storytelling network (NSN)	Information flow
Sense of neighborhood belonging; ICSN	The number and nature of interactions
Ethnic heterogeneity [negatively impacts collective efficacy, drives perception of difficulty of mobilizing; "However, ethnic heterogeneity does not actually influence individuals' subjective and objective neighborhood belonging" (p. 434)]	The diversity of agents
Degree of collective efficacy	Shifts in power differentials

Asset-based Community Development (ABCD)

As previously stated, PD and ABCD are quite similar. They are both asset-based approaches to helping communities thrive. To clarify their similarities and differences, this author constructed the following chart:

STEP	PD	ABCD
Impetus	Specific problem in community	Generally problematic community
Data collection	Community mapping – identification of those who are challenged and those who are not (positive deviants)	Community mapping—assets and capacities of: individuals (including marginalized), local associations and organizations, local institutions
Discovery	PD practices	Assets, capacities
Management	Decentralized: managers act as facilitators	Centralized: "leaders and capacity finders" (Kretzmann & McKnight, 1993, p. 350) assume

		responsibility
Primary Activity	Group engages in dialogue and brainstorming (via Liberating Structures such as Discovery and Action Dialogue (DAD) and improv (Lipmanowicz, 2010, p. 178)) as to how to diffuse PD practices, group feels ownership of problem and empowered to implement solutions	Leaders arrange partnerships between "buyers" and "sellers," should be inclusive and engage in outreach ("expand the table," Kretzmann & McKnight, 1993, p. 352)
Secondary Activity	Circulation of new data, continuous dialogue/reflection → relationship building, results, culture change	Planning with problem-solving → relationship building, results, culture change
Last Resort	Back to the observation	Leverage outside support (Kretzmann & McKnight, 1993, p. 352)

Whereas CIT characterizes a community's strength according to storytelling, ABCD measures the extent to which residents are contributing their unique skills and talents. "Nonetheless, every living person has some gift or capacity of value to others. A strong community is a place that recognizes those gifts and ensures that they are given. A weak community is a place where lots of people can't give their gifts and express their capacities" (Kretzmann & McKnight, 1993, p. 27). As featured in the chart, ABCD processes begin by taking a "capacity inventory." This survey is intended to flush out individuals' and organizations' experiences, interests, and priority skills. Notably, the "capacity inventory should have developed plan behind it that outlines how the group will connect participants to: peers, contexts for application, growth opportunities"

(Kretzmann & McKnight, 1993, p. 17). Therefore, this is not data collection for the sake of the collector's intellectual interest, just as PD did not weigh babies for the purposes of record-keeping. PD used this data in its intervention and so too does ABCD. Its facilitators are meant to put in touch participants with helpful potential partners; in a sense, they are a match-making service.

The final section of the inventory inquires as to "priority skills." As seen below, these questions are quite similar to the "Guiding Questions for PD Discovery and Action Sessions:

CIT: Guiding Questions for PD Discovery and Action Sessions	ABCD: Priority Skills
1. How do you know whether your patient has MRSA or carries the MRSA germ? 2. In your own practice, what do you do to prevent spreading MRSA to other patients or staff? 3. What prevents you from doing these things all the time? 4. Are there any individuals or groups that have a way of doing things that helps them overcome these barriers? 5. Do you have any ideas? 6. What would it take to make any of these ideas happen here? Any volunteers? (cited in Toth, Benjamin, & Everett, 2010, p. 160)	1. When you think about your skills, what three things do you think you do best? 2. Which of your skills are good enough that other people would hire you to do them?[2] 3. Are there any skills you would like to teach? 4. What skills would you most like to learn? (cited in Kretzmann & McKnight, 1993, pp. 23-4)

[2] This item strikes the author as potentially problematic. For participants whose self-esteem is low, they may not be able to answer this question accurately or at all. It might even trigger feelings of inadequacy and despair, an ethical issue and red flag for the IRB.

Due to their compatibility, PD and ABCD seem an intuitive match. ABCD's proactive rather than reactive nature might make it a more ethical, sustainable practice for community development. On the other hand, one might wonder whether a catalyzing event or specific solution problem is easier to organize people around. Perhaps some sort of natural experiment would shed light on this question. ABCD could benefit from less centralized administration and control, as seen in PD; while ABCD characterizes itself as a process that focuses on residents' capacities, it doesn't fully employ these capacities in its own administration. Since ABCD was developed 15-20 years ago, it is also possible that, in the age of craigslist.com, some of its functionality is obsolete; however, for individuals who lack digital connections, this channel is still relevant. Perhaps, even with access to the internet, the power of personal connections – an ABCD facilitator acting as a broker, "vouching" for an individual or organization – still might make a significant difference; perhaps this personal connection is even richer today, as we are swamped by digital strangers…

PD might be enriched if it were to give all who attend PD meetings an ABCD-originated capacity inventory; this would ensure that their unique assets would be fully optimized. It could continue to adopt an ABCD outlook as the intervention progresses, strengthening the community by optimizing community-based entities' potentials to give and to take. Particularly in its final stage, if/when the issue has been resolved and/or participants are desirous of taking on new

challenges, identifying capacities can be an important way to foster individual growth and community strength.

Narrative.

As previously stated, entertainment-education EE has been used quite productively as a mechanism for delivering information and supporting social and behavioral change. Narratives are appealing and may attract otherwise hard-to-reach individuals. Narratives also function as effective educational aids, perhaps because their format makes them easier to recall (Schank & Abelson, 1975), perhaps because they make a deeper impression due to their engaging/emotional nature, perceived relevance, and/or facilitation of audience members' sense of involvement, which leaves them feeling as they have lived the depicted experience (Slater & Rouner, 2002; Green, Brock, & Kaufman, 2004; Green & Brock, 2002; Murphy, Frank, Moran, & Woodley, 2011; Murphy, Hether, Felt, & de Castro-Buffington, in press).

As such, PD practitioners might consider adding narrative to their demonstrations; perhaps demonstrations might be reframed as performance. Conquergood (1988) explicated the efficacy of his public health-oriented theatrical work in a Hmong refugee village. A community developed puppet character named Mother Clean extolled the virtues of sanitation and modeled healthy behaviors. Not only did community members embrace her message by enacting the desired behaviors but, Conquergood (1988) reported, Mother Clean "… was perhaps the most visible figure with the highest name recognition in the

camp and she became the linchpin of our communication campaign. People

believed that Mother Clean was on their side and the side of their children and

they listened to what she told them about health and sanitation" (p. 187).

This solution might be applied to the situation in which social, geographic,

and or temporal distance is high. In the case of geography and time, the

opportunity to see an enjoyable performance – particularly one that occupies the

kids and/or prevents their whining – might induce individuals to travel great

distances and/or give up their precious leisure time. In the case of social

dislocations, a neutral character might be more persuasive than a PD whose

characteristics, whether ethnic, racial, social, gender, or otherwise, turn off the

closed-minded. Presenting a character from a stigmatized group might also

facilitate desirable outcomes, as audience members might become involved with

this character via identification, wishful identification, liking, similarity, or

parasocial interaction (Hoffner, 1996; Cohen, 2001; Giles, 2002; Hoffner &

Buchanan, 2005; Moyer-Guse, 2008) and regard stigmatized neighbors in a new

light. The dimension of involvement implies empathy – taking another's

perspective and experiencing similar affect (Hoffman, 2000; Miller & Eisenberg,

1988; Eisenberg & Fabes, 1990) – which is predictive of prosocial behavior.

If performance were adopted within PD interventions, a few considerations

should be honored. First, community members should co-construct the storyline

and characters in order to ensure ownership and cultural appropriateness.

Second, the performance should be interactive and demand audience

participation so as to retain the benefit of embodied experience (which creates

behavioral scripts for enacting the desired behavior at home). Third, the

performance should be book-ended by the sharing of food and conversation to

create relationships and support community storytelling.

Performance – improv, specifically – is already incorporated within some

PD interventions. It is generally used as a device to initially unite a community

and present the problem. Additionally, improv usually consists of short scenes

that are less conducive to involvement with narrative and characters. By

integrating narrative throughout the PD intervention, one may appreciate richer

effects.

Asset-building Communities (ABCs)

PD practitioners might look to the literature on asset-building communities

(ABCs; Lerner & Benson, 2003). Philosophically, the ABC position is quite similar

to that of PD and ABCD:

> Assuming that all communities have a reservoir of human and social capital
> that can be realigned (or perhaps reignited) to provide deep and sustained
> connections to asset-building people and places, our approach at this point
> tilts in the direction of inviting communities to be co-learners and co-
> experimenters with us in creating asset-building communities (Benson,
> 2003, p. 38)

Inherent in this statement is an invitation for participatory action research (PAR),

upon which PD relies. ABC's identified sources of potential asset-building also

seem to echo language from CIT. These sources include:

- Sustained relationships with adults, both within and beyond family;
- Peer group influence (when peers choose to activate their asset-building

      capacity);
- Socializing systems, including families, neighborhoods, schools, playgrounds, congregations, youth organizations, and places of employment;
- Community-level social norms, ceremony, ritual, policy, and resource allocation; and
- Programs, including school-based and community-based efforts to nurture and build skills and competencies (Benson, 2003, p. 36)

Therefore, PD practitioners might want to focus on these sources of asset

building for recruitment and enrichment purposes.

Positive Youth Development (PYD)

Philosophically, the language and vision of PYD are complementary to

that of PD:

> The mobilization of community capacity to build developmental strengths, on the other hand, places citizens and socializing systems (e.g., neighborhood, family, school, congregation) at the center of the action with emphasis more on unleashing natural asset-building capacity guided by a shared vision of "what kids need to thrive" and building more on the energy of personal and collective efficacy, social trust, and pursuit of the common good than on the energy of funding, policy, or mandate. As such, this second paradigm more typically reflects a "bottom-up" change process, with the accent less on implementation and more on unleashing, supporting, and celebrating the inherent power of communities to be community (Benson, 1997; Benson, Leffert, et al., 1998)" (Benson, 2003, p. 25).

PYD scholars' conceptualization of developmental processes also echoes social

cognitive theory's triadic reciprocal causation (Bandura, 1977, 1986, 2002, 2004).

According to this postulate, personal factors, behavioral patterns, and

environmental events "operate as interacting determinants that influence each

other bidirectionally" (Bandura, 2002, p. 121).

Simply, then, the vision involved in contemporary developmental systems

models of human development is that attributes of individuals and contexts may be integrated in ways that constitute sources of strength and of positive systematic change in young people (Lerner, 2003, p. 6).

SCT is embraced by health communication scholarship, from which PD samples. Therefore, the PYD position is both intellectually accessible and sound.

PD practitioners might want to focus efforts on issues relating to youth, as these tend to attract wide interest and support (Benson, 2003). Addressing youth issues is also pragmatic, since youthful community members' health, broadly defined, affects the community in the short- and long-term. Along these lines, PD practitioners also might cultivate youth participation in particular. Youths have several gifts to offer a community, several of them unique, artifacts of youths' special status in terms of developmental stage and familial obligation (or lack thereof). These assets include: time; ideas and creativity; connection to place; dreams and desires; peer group relationships; family relationships; credibility as teachers; and enthusiasm and energy (Kretzmann & McKnight, 1993, pp. 30-31). Therefore, youths' participation in PD initiatives could be quite valuable, and help to fortify a community's future.

PD practitioners might also want to be aware of the 40 developmental assets associated with youths. This will help PD workers to better inventory youths' capacities for ABCD-complemented endeavors, as well as help them to identify PD-related outcomes among youths. This list should not be interpreted as a measure, more as a guide for focusing observations.

Developmental Assets (Search Institute, 1977; cited in Benson, 2003, pp. 26-27)

External Assets		Internal Assets	
Support	Family support	Commitment to Learning	Achievement motivation
	Positive family communication		School engagement
	Other adult relationships		Homework
	Caring neighborhood		Bonding to school
	Caring school climate		Reading for pleasure
	Parent involvement in schooling	Positive Values	Caring
Empowerment	Community values youth		Equality and social justice
	Youth as resources		Integrity
	Service to others		Honesty
	Safety		Responsibility
Boundaries and Expectations	Family boundaries		Restraint
	School boundaries	Social Competencies	Planning and decision making
	Neighborhood boundaries		Interpersonal competence
	Adult role models		Cultural competence
	Positive peer influence		Resistance skills
	High expectations		Peaceful conflict resolution
Constructive Use of Time	Creative activities	Positive Identity	Personal power
	Youth programs		Self-esteem
	Religious community		Sense of purpose
	Time at home		Positive view of personal future

Cultural Scorecards

Finally, PD projects should consider employing cultural scorecards (Singhal, Dura, & Felt, 2011).

> Our analysis suggests that a scorecard exhibits one or more of the following attributes: (1) it is culturally-embedded – that is, it involves data that may be "invisible" to outsiders such that one must be a member of the culture in order to appreciate its significance; (2) it is user-defined – that is, the assessment metric is created by participants themselves; and (3) it is (usually) non-textocentric – that is, the indicator of change is not captured by (and perhaps cannot be wholly captured by) textual methods (Singhal, Dura, & Felt, 2011, p. 11).

> While PD projects in Uganda and Indonesia (Singhal & Dura, 2009)

employed non-textocentric metrics for measuring change, such as participatory

sketching and narration, this decision is not circumscribed within "PD law."

Perhaps it should be. The voices of individuals involved in projects is valuable,

and their insights often describe how an initiative spurred unintended

consequences, both positive and negative, as well as scaled horizontally.

Additionally, the gathering of this data can function as an intervention in and of

itself, once again because it models the value ascribed to community members'

opinions and experiences, boost self- and collective efficacy, allows for

interpersonal communication and communication storytelling, hones individuals'

expressive capacities (sketching, public speaking), and functions as social proof

that change is possible. In addition to gathering objective, quantitative data on

the carefully chosen indicators via sensitive instruments, PD practitioners should

also seek out cultural scorecards, and appreciate the full portrait of change.

Conclusion

This paper examined positive deviance (PD) in terms of its major tenets and processes. It also thoroughly examined its limitations, illuminating assumptions, requirements, and unintended consequences. Finally, this paper suggested various other theories as complements to PD, helping it to overcome some of the aforementioned limitations and better support individuals and communities. PD is a promising approach to development that significantly avoids the missteps of externally imposed, top-down solutions. With continued theory-building and practical experiences in the field, this approach may meaningfully aid the health and wellness of people around the world.

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