DOCUMENT RESUME

ED 354 295   UD 029 055

AUTHOR   Schonert-Reichl, Kimberly A.; Offer, Daniel
TITLE   Seeking Help and Social Support in Adolescence: The
                Role of Non-Related Adults.
INSTITUTION   Columbia Univ., New York, N.Y. Inst. for Urban and
                Minority Education.
SPONS AGENCY   John D. and Catherine T. MacArthur Foundation,
                Chicago, IL.
PUB DATE   [92]
NOTE   86p.
PUB TYPE   Information Analyses (070)

EDRS PRICE   MF01/PC04 Plus Postage.
DESCRIPTORS   *Adolescents; *Adults; *At Risk Persons; Helping
                Relationship; *Help Seeking; *Mentors; Minority Group
                Children; Racial Differences; Role Models; Sex
                Differences; Social Behavior; Social Development;
                Social Environment; *Social Support Groups;
                Sociocultural Patterns; Stress Variables
IDENTIFIERS   *Protege Mentor Relationship

ABSTRACT
                This paper attempts to answer questions about the
role that non-related adults may play in the lives of adolescents,
particularly who the non-related adults are that adolescents turn to;
how helpful do adolescents find these adults; and how these patterns
change by race, socioeconomic status, and gender. The paper draws
from the research literature specifically examining the adults to
whom adolescents turn for help and social support. The first section
of the paper provides information about the age-period of adolescence
and includes both historical perspectives and current knowledge about
the social, emotional, and psychological worlds of adolescents. The
second section provides prevalence rates of the number of adolescents
in need of help. The third section reviews the literature on
adolescent stress and coping in order to provide a context with which
to perceive how adolescents adapt to developmental and environmental
stresses. The fourth section explores empirical research on
adolescent help-seeking and social support. In the fifth section,
some information regarding the adult's perspective about adolescence
in general is provided. A conclusion outlines suggestions for the
planning of mentoring programs for adolescents based on some
conclusions drawn from the reviewed research. A 241-item list of
references is included. (JB)

SEEKING HELP AND SOCIAL SUPPORT IN ADOLESCENCE: THE ROLE OF NON-RELATED ADULTS

Kimberly A. Schonert-Reichl
University of British Columbia

Daniel Offer
Northwestern University

SEEKING HELP AND SOCIAL SUPPORT IN ADOLESCENCE: THE ROLE OF NON-RELATED ADULTS

Kimberly A. Schonert-Reichl
University of British Columbia

Daniel Offer
Northwestern University

Seeking Help and Social Support in Adolescence:
The Role of Non-Related Adults

I. Introduction

II. Defining Adolescence
  A. Early Perspectives of Adolescence
  B. Contemporary Perspectives of Adolescence
    1. A Framework for Studying Adolescent Development
    2. The Biological, Cognitive, and Social World of
       the Adolescent

III. How Many Adolescents Need Help?
  A. Prevalence of Adolescents Exhibiting High-Risk Behaviors
  B. Prevalence of Emotional Disturbance

IV. Stress and Coping in adolescence
  A. The Stresses of Adolescents
    1. Developmental and Environmental Stresses
    2. The Self-reported Problems of Adolescence
  B. The Coping Behaviors of Adolescents
  C. Research on Resiliency and Invulnerability

V. Seeking Social Support and Help in Adolescence
  A. What Are the Sources of Social Support in Adolescence?
  B. What Are the Help-Seeking Behaviors of Adolescents?
  C. How Does Help-Seeking Vary by Race, Socioeconomic Status, and Race?
  D. Does Help Help? Adolescents' Perceptions of the
     Helpfulness of the Help they Receive
  E. What Are Adolescents' Perceptions of the Barriers to Seeking Help?
  F. Recent Research on the Differences Between the
     Help-seeking Behaviors of Non-disturbed and Disturbed Adolescents

VI. Why Are Some Adolescents Not Able to Seek Help?

VII. Helping Adolescents: The Adult's Perspective
  A. Adults' Conceptions of Adolescence
  B. Characteristics of adults who are successful with adolescents
  C. Adults as Helpers

VIII. Implications for Practice

I. Introduction

The psychoanalytic perspective, particularly as espoused by Anna Freud (1958), has had a profound influence in shaping our conceptualization of the adolescent age-period. According to this view, one of the major tasks of adolescence is detachment from parents and, in order for this to occur successfully, adolescents must turn away from their parents and renounce any and all of their parents' values and beliefs. Moreover, those adolescents whose relationship with parents is not characterized by conflict and disharmony, are considered to be immature and pathological. Considerable evidence in the literature has now accumulated suggesting that the vast majority of adolescents have positive feelings toward their parents (Douvan & Adelson, 1966; Mitchell, 1980; Offer, 1969; Offer & Offer, 1975; Offer, Ostrov, & Howard, 1981, 1984) and, in fact, adopt beliefs compatible with those of their parents (Bealer, Willits, & Maida, 1971; Elkin & Westley, 1955; Kandel & Lesser, 1972; Thurnher, Spence, & Fiske, 1974; Yankelovich & Clark, 1974; Youniss & Smollar, 1985). One aspect of truth, however, exists in Anna Freud's description of adolescence. That is, during the adolescent age-period, the teenager expands his or her perspective beyond the family and into a larger social system (Youniss, 1980).

Existing research on adolescent social relations and social networks has primarily focused on the influences of peers versus parents (Berndt, 1979; Berndt & Ladd, 1989; Biddle, Bank, & Marlin, 1980; Brittain, 1963, 1967; Bowerman & Kinch, 1959; Condry & Siman, 1974; Condry, Siman, & Bronfenbrenner, 1968; Devereux, 1970; Kandel & Lesser, 1969; Youniss & Smollar, 1985); or the effects of poor peer relations on healthy adjustment (e.g., Cairns & Cairns, 1989; Dishion & Skinner, 1989; Parker & Asher, 1987; Roff, Sells, & Golden, 1972); or the effects of parenting style on adolescent development (e.g., Baumrind, 1968, 1971, 1975, 1989; Elder, 1968, 1980). Although these previous studies have yielded important information about the crucial role that parents and peers play during

adolescence, they have not provided us with an entirely complete picture of the social world of the adolescent.

Undoubtedly, parents and peers become important social referents during the adolescent age-period. Nevertheless, the influence of individuals other than parents or peers has often been overlooked. One group in particular that has been ignored in empirical studies on adolescent social relationships is that of adults other than parents. Non-related adults that adolescents encounter in schools (e.g., teachers, school counselors) and communities (e.g., clergy, mental health professionals) can play a key role in helping adolescents cope and develop into healthy functioning adults.

The examination of the facilitative role of non-related adults on the healthy development of youth is particularly salient in light of the current changing family structure. There has been a dramatic reduction in the size of both the immediate and extended family structure in America during the last century. The "ideal" family unit, characterized with a mother at home to raise the children while the father works, no longer exists. Traditional sources for supporting the development of adolescents in society have disbanded (Wynn et al., 1987). Recent demographic statistics demonstrate the dramatic change from the ideal two-parent household to one with a mother working and the father absent. Indeed, one in four adolescents today live with only one parent, most typically their mother. Among black youth, more than 50% do not have a father in the home. Further, approximately 70% of mothers of adolescents are currently in the work force (Dryfoos, 1990). Thus, non-related adults with whom adolescents come into contact may be particularly helpful in fostering the healthy development of youth in light of the demise of the traditional family unit. In addition, increasing numbers of children and adolescents are growing up in disadvantaged circumstances that put them at risk for adverse outcomes (Schorr, 1988). This further underlines the need for extra-familial support.

The purpose of this paper is to attempt to answer several questions regarding the facilitative role that non-related adults may play in the lives of

adolescents. As a starting point in determining the role of non-related adults, we thought it useful to first examine the adults to whom adolescents naturally approach for help and support. Several of the questions that we will attempt to answer include: Who are the non-related adults that adolescents solicit for help with emotional problems? How helpful do adolescents perceive the help that they do receive? How do these "help-seeking" behaviors vary by race, socioeconomic status, and sex? That is, ﹒ adolescents from certain socioeconomic and racial backgrounds prefer to seek help and social support from different helping agents? Why are some adolescents not able to seek help? What can we do to facilitate adolescent help-seeking? Our intent is to provide a theoretical and research foundation that will be helpful in the planning and designing of both preventive and interventive methods for adolescents, particularly programs aimed specifically at cultivating the healthy adjustment of adolescents through adult "mentoring."[1]

Because there exists a paucity of available research on the effects of planned mentoring programs on adolescents, we draw from the research literature that has specifically examined the adults to whom adolescent turn for help and social support. Our focus is on non-related adults, not on institutions or communities. The latter are beyond the scope of the paper (for an excellent review of the role of communities, see Wynn et al., 1987).

In the first section of this paper, we provide information about the age-period of adolescence and include both historical perspectives and current knowledge about the social, emotional, and psychological world of adolescents. This section is intended to serve as a background so that those concerned with designing and planning programs for adolescents will have some knowledge about "normative" adolescent development. In the second section, we provide

---

1. Although the precise meaning of mentoring remains unclear (Healy & Welchert, 1990), for the purposes of the present paper, we define mentoring as a one-to-one relationship between a caring non-related adult and an adolescent who needs help and support to achieve goals (McPartland & Nettles, 199﹒).

prevalence rates of the number of adolescents in need of help. In the third section, the literature on adolescent stress and coping is reviewed in order to provide a context with which to perceive how adolescents adapt to developmental and environmental stresses. In the fourth section, we review empirical research on adolescent help-seeking and social support. In the fifth section, we provide some information regarding the adult's perspective about adolescence in general and as a help-giver specifically. We conclude with an outline of suggestions for the planning of mentoring programs for adolescents based on some conclusions drawn from the reviewed research.

II. Defining Adolescence

Adolescents are faced with both developmental (e.g., puberty) and environmental (e.g., transitions to school and work) stresses. Despite the numerous changes that occur during adolescence, however, it is only recently that researchers have turned their attention to conducting research specifically on the adolescent age-period.

The word "adolescence" originated from the Latin verb *adolescere*, which means to grow into adulthood. The period of adolescence is usually defined as beginning with puberty and ending when adult roles are entered. Because much individual variability exists within this definition (e.g., onset of puberty), adolescence is now defined as the second decade of life (Dornbusch, Petersen, & Hetherington, 1991).

Adolescence is characterized as a time of change and transition, a time when the individual must acquire important skills and accomplish many developmental tasks. Although adolescence may span a decade, so many social and psychological changes occur during this period of growth that many social scientists have now begun to differentiate among early adolescence, which occurs between the ages of 11 and 14 years, middle adolescence, occurring between the ages of about 15 to 18 years, and late adolescence (also frequently referred to as youth) which occurs between the ages of 18 through 21 years (Steinberg, 1985).

These age groupings roughly correspond to society's grouping of adolescents in educational institutions.

Before turning to a contemporary description of adolescence, we begin by first providing an historical perspective on adolescence in order to demonstrate how previous misconceptions about adolescent development may have led researchers to dismiss the importance of studying this age-period of development and the role that adults may have in the lives of adolescents.

A. Early Perspectives of Adolescence

Historically, many researchers and clinicians have described adolescence as a tumultuous developmental period, a time of physical and emotional upheaval, with various authors indicating that mental disorders and deviant behaviors appear more frequently during this time period than in any other period in the life span (Blos, 1962; Erikson, 1968; A. Freud, 1958; Rabichow & Sklansky, 1980). Moreover, these researchers and clinicians have stated that adolescence is the most stressful and turbulent of all stages in life cycle. These individuals have written that if adolescents do not go through a serious and prolonged identity crisis, they will ultimately become very disturbed persons. Adults today tend to hold the same view (Hechinger & Hechinger, 1963).

Historians generally credit G. Stanley Hall (1904) as the father of the scientific study of adolescence, although earlier writers have acknowledged this age period. For example, Aries (1962) notes that in a 13th-century translation from Latin, ancient Byzantine writers made reference to the adolescent age period. Jean Jacques Rousseau, in 1762, also made reference to the time of adolescence as we know it today (Rousseau, 1911 translation). Nevertheless, G Stanley Hall's Adolescence, published in 1904, really signified the beginning of the scientific study of adolescent development.

According to Hall (1904), adolescence is a period of "Sturm und Drang," (i.e., storm and stress) full of contradictions and wide swings in mood and emotion. The ubiquity and stability of this characterization of the adolescent age-period has been bolstered by clinicians from their primary contact with disturbed

adolescents who are patients, or with adult patients who recall a disruptive and tumultuous adolescence. Indeed, assumptions about "normative" adolescent development have been based on the clinical experiences of psychiatrists and psychoanalysts, such as Anna Freud (1958), working with emotionally disturbed adolescents.

Anna Freud's (1958) statement, in her classic paper on adolescence, clearly conveys the way many individuals think about adolescent boys and girls:

> . . . adolescence constitutes by definition an interruption of peaceful growth which resembles in appearance a variety of other emotional upsets and structural upheavals. The adolescent manifestations come close to symptom formation of the neurotic, psychotic or dissocial order and merge almost imperceptibly into borderline states, initial, frustrated or fully fledged forms of all the mental illnesses (p. 267).

As is illustrated in Anna Freud's description, adolescence is a period of turmoil. In her view, adolescent aggressive impulses are characteristically magnified, sometimes to the point of criminal behavior. Further, Anna Freud believed that equilibrium during adolescence was itself abnormal and if adolescents do not experience turmoil, they will eventually become very disturbed. In her own words, Anna Freud (1958) stated: "To be normal during the adolescent period is by itself abnormal" (p. 275).

These early theories may have overestimated the extent of normative psychopathology among teenagers, while underestimating the amount of psychopathology among those who are truly disturbed. By describing only those adolescents who had sought intervention, many of the earlier theorists of adolescence deflected attention from disturbed adolescents in the community who were not receiving help.

Psychological difficulties arising during adolescence have often been attributed to the difficulties associated with puberty and other psychosocial changes that occur along with it. Because all adolescents go through puberty, then all are assumed to experience psychological problems. Undoubtedly, the physiological, psychological, and social changes that take place during adolescence

are intense. However, they are now not thought to be as devastating as previously believed. Indeed, the empirical evidence indicates that the mean frequency of disorders in general remains constant through the periods studied, although the nature of the symptoms appear to be age-related (Achenbach, 1982; Rutter, Graham, Chadwick, & Yule, 1976).

Believing that adolescence is necessarily and characteristically a time of emotional disturbance, several researchers began to investigate more closely the adolescence age period for evidence of psychological difficulties (Bandura, 1964; Csikszentmihalyi & Larson, 1984; Douvan & Adelson, 1966; Offer, 1969; Offer & Offer, 1975). In addition, the work of cultural anthropologists such as Mead (1928) and Benedict (1938) suggests that one also has to look at environmental determinism and cultural relativism when devising assumptions about universal patterns of development. Mead (1928), for example, through field studies, concluded that puberty does not cause adolescent turmoil but the anxieties or insecurities associated with puberty are created by cultural conditioning and can vary from society to society.

In summary, from the early part of the century, clinicians and researchers have described adolescence as a time when the personality is severely strained leading to intense inner turmoil. Despite the prevalence and tenacity of this view, however, little research exists that supports the contention that normal adolescence is characterized by disturbance. Moreover, recent research demonstrates that the rate of behavioral disturbance among adolescents is the same as in other parts of the life cycle (Offer, Ostrov, & Howard, 1989). Unfortunately, the adults working with adolescents may tend to underestimate the severity of adolescents' problems because of the near-universal belief that all adolescents undergo "adolescent turmoil."

B. Contemporary Perspectives of Adolescence

During the past decade, a flurry of research has emerged with regard to the adolescent age-period. Through this new interest in identifying the period of adolescence as an interesting and worthy area of investigation, researchers now

possess a more thorough and in-depth understanding of this time of development. This new interest in studying adolescence has arisen, in part, as a result of the conclusion that the early years of life are no longer considered to be the most important ones (Brim & Kagan, 1980). Indeed, current research findings now suggest that many important changes occur during the teen age years, and many of the previously held beliefs about adolescence have now been refuted. It should be noted, however, that research on the period of adolescence has been somewhat disabled because of some of the strongly held beliefs about adolescents (Petersen, 1988). Misconceptions about adolescence continue to flourish. Moreover, many people remain unreceptive to research findings that contradict their beliefs about adolescents and continue to believe that they know what adolescents are really like (Brooks-Gunn & Petersen, 1984).

1. A Framework for Studying Adolescent Development

A useful framework for studying adolescent development has been posited by John Hill (1980). We put forth this framework in order to provide the reader with information regarding the many changes and transitions with which adolescents are confronted.

John Hill's framework (1980) consists of three basic components. The first component involves the fundamental changes of adolescence and includes biological, cognitive, and social changes. The changes that occur in each of these areas have special significance during adolescence. Biological changes include puberty, cognitive changes refer to the emergence of more advanced thought processes, and social changes refer to the transitions into the new roles of society.

The second component of Hill's (1980) framework includes the "context" of adolescence. That is, adolescence does not occur in a vacuum; it occurs in the context in which the adolescent is emerged. These contexts include: families, peers, schools, and work settings.

Finally, the third component put forth by Hill (1980) encompasses five sets of developmental concerns that become particularly salient during adolescence: identity, autonomy, intimacy, sexuality, and achievement. These constitute the

aspects of "psychosocial" development and refer to aspects of adolescence that are psychological and social in nature.

2. The Biological, Cognitive, and Social World of the Adolescent

Adolescence has frequently been characterized as a time of specific developmental challenges and changes. There are several aspects or dimensions of growth that become particularly salient during this period of development. The following section briefly delineates some of the changes that occur during adolescence. These changes occur in the biological, cognitive, and social realms and have many implications for adolescent development. Because of the many changes that occur during adolescence, those individuals concerned with planning and designing prevention and intervention programs specifically for adolescents need to become cognizant with what makes adolescence a distinctive period of development. For those interested in learning more about adolescence, there are several recent articles and books that can provide a comprehensive review of topics not covered in the present review (e.g., Dornbusch, 1989; Feldman & Elliott, 1990; Petersen, 1988).

a. Biological Changes

With the onset of puberty, many biological changes occur within the adolescent. At no other time in the life cycle, with the exception of infancy, is growth so rapid or dramatic (Brooks-Gunn & Reiter, 1990). Today, adolescents enter puberty earlier than adolescents from previous generations. The "secular trend" refers to the phenomenon in which individuals become biologically mature at earlier ages (Petersen, 1979). This decrease in the age of onset for sexual maturity may render many adolescents particularly vulnerable because many remain intellectually and emotionally immature. They may be unequipped to make appropriate decisions regarding sexual involvement, thus making inappropriate decisions that can affect them for the rest of their life.

b. Cognitive Changes

What developmental changes occur during adolescence that would make us believe that adolescents are more capable of seeking help and social support from

non-related adults? Inhelder and Piaget (1958) posit that adolescence is characterized by the emergence of new mental capabilities that allow the adolescent to consider possibilities and alternatives, a time when the individual is able to generate hypotheses and possible solutions. These changes refer to the stage of cognitive development entitled "formal operations" and begin at about 11 years of age.

Besides influencing adolescents' perceptions in the cognitive realm, these changes in mental capabilities have repercussions for adolescents' perceptions in the social realm. That is, adolescents' ability to think more abstractly, consider possibilities, and hypothesize in matters of scientific problems or physical objects also allows them to use more sophisticated thinking about their social world (Lapsley, 1990).

This merging of both cognitive and social developmental theory has been designated as the theory of "social cognition," and supplies us with a useful theoretical framework with which to view the capabilities that adolescents possess that would lead them to seek help and support in adolescence. Social cognition refers to the processes by which individuals learn and interpret their social world and apply cognitive skills to social situations (Bandura, 1977; Kohlberg, 1969, 1976; Youniss, 1980). Specifically, the theory of social cognition supplies researchers with a theoretical framework with which to answer questions regarding the adolescent's growing ability to understand how he or she feels and thinks about one another's behavior as well as how the adolescent conceptualizes other people's thinking as well as his or her own thinking.

The cognitive developmental view of social cognition is derived primarily from the theories of Jean Piaget (1952) and Lawrence Kohlberg (1969, 1976), as well as the research of John Flavell (1981, 1985). These researchers believe that an individual's thinking about his or her social world can best be understood when one also considers the individual's level of maturational development.

The cognitive-developmental theory of social cognition provides a way to understand the complex individual behaviors that lead an adolescent to seek help

and social support in three different ways. Each of these will now be discussed in turn.

First, previous research has found that as children become older they gain increasing sophistication in their ability to understand both the internal and external factors that influence mental illness (Coie & Pennington, 1976; Dollinger, Thelen, & Walsh, 1980; Kalter & Marsden, 1977; Kazdin, Griest, & Esveldt-Dawson, 1984; Marsden & Kalter, 1976; Whiteman, 1967). These investigations indicate that the ability to think in more complex and abstract ways about aspects of mental illness increases with advancing age. Thus, adolescents are more able to understand their disturbance as well as hypothesize about the various factors that have an influence on it. In addition, recent research conducted by Kaser-Boyd, Adelman, Taylor, and Nelson (1986) that examined children and adolescents' understanding of the risks and benefits of psychotherapy found that the majority of children and adolescents (64%) were able to accurately identify and weigh the risks and benefits of psychotherapy. These findings suggest that a substantial number of children appear to have the competence to make decisions with regard to entering psychological treatment and seeking help. Adolescents' understanding of the etiology of their disorder will undoubtedly affect the type of treatment or help they should receive.

Second, due to their more sophisticated cognitive abilities, adolescents are more able to comprehend that other individuals will understand their problems. That is, the adolescent's ability to use recursive thinking helps the adolescent to realize that other's perspectives are different from one's own as well as that others can take into account the adolescent's thinking. Thus, social cognitive theory would suggest that the adolescent will seek help from someone that he or she believes will truly understand his or her feelings and problems. In addition, these skills benefit the adolescent because they are linked to better quality relationships (Davis & Oathout, 1987) and therefore allow the adolescent the opportunity to gain access to important social support networks.

Finally, social cognitive abilities not only allow the adolescent the opportunity to hypothesize and generate the possible alternative courses of action to take to seek help, but they also give the adolescent the capabilities to imagine the consequences associated with seeking help. Undoubtedly, the adolescent's perceptions of whether or not seeking help will positively impact his or her life is inextricably linked to whether or not they will seek help in the first place. Indeed, how the adolescent assesses the probable outcome of a future event, specifically seeking help, influences the adolescent's help-seeking behavior.

This link between social cognitive ability and behavior during adolescence has been applied to adolescent contraceptive use. For example, Cvetkovich and Grote (1983) have demonstrated that the risk for not using contraceptives increases for those adolescents who are not able to assess other behavior possibilities and think about the implication those behaviors will have in the future.

Gender differences with regard to social cognitive ability exist in adolescence. Specifically, it appears that disturbed adolescent girls score higher on measures assessing different aspects of social cognitive ability, such as moral reasoning (Schonert, 1992) and ego development (Paget, Noam, & Borst, 1990). Other research has indicated that females, in general, score higher in domains theoretically related to social cognitive ability, such as empathy (Hoffman, 1977), altruism (Krebs, 1975), and the decoding of visual and auditory cues (Hall, 1978). The implication of the above research is that adolescent girls might be more capable than boys of seeking help and social support.

c. Social Changes

One of the most readily apparent changes in the social world of the adolescent is the increase in the amount of time spent with peers, both same-sex and opposite-sex. Indeed, during adolescence, teenagers spend about twice as much time with their friends than with their family (Csikszentmihalyi & Larson, 1984) and these peer experiences fulfill a developmental need that can not be filled by parents (Seltzer, 1982). Moreover, peer relationships are seen as serving

very important functions during adolescence (Berndt, 1982), and positive experiences with peers are associated with more positive adaptation (Vernberg, 1990). Much of the time spent with peers is without adult guidance, a change from that which existed in childhood.

What accounts for these changes in adolescent peer relations? Brown (1990) has identified four mechanisms or sources of change that help to explain the transformation of peer groups from those that existed in childhood to those that exist in adolescence. First, forming an identity becomes particularly salient during adolescence. Spurred by the need to separate from the psychological dependence on his or her parents, the adolescent turns to his or her peers to develop a sense of distinctiveness. Second, changes associated with puberty promote an intensified interest in the opposite sex and the need to include them within their peer group. Puberty also seems to prompt withdrawal from adult influence (Garbarino, Burston, Raber, Russel, & Crouter, 1978; Savin-Williams, 1987), with recent research indicating that early maturing females may encounter heterosexual relations before they are psychologically ready and associate with older peer groups who may urge participation in both sexual and delinquent acts (Magnusson, 1988). The third source of change is a result of advances in social cognitive development and the adolescent's need to find a peer group whose values and aspirations are congruent with his or her own. Finally, the fourth source of change arises from social-structural changes. That is, as a result of the transition from elementary school to middle or junior high school and then to high school, adolescents seek strategies to manage these stressful transitions successfully. Because just about one hour a day is spent with each teacher, adolescents form peer groups and cliques with which to help them manage.

It should be noted, however, that although peers increase in their importance during adolescence, adults still play a major role. For example, Ianni (1983) found that although adolescents seek out their peers when trying to better understand their identities and statuses, they sought out their parents and adults in their communities for help in decisions about their future. As a result of this

finding, Ianni (1983) believes that it is important that adults be included in the social networks of adolescents.

III. How Many Adolescents Need Help?

We have so far considered "normative" adolescent development. Before we turn to the literature on help-seeking and social support in adolescence, we present prevalence rates of adolescent disturbance and problem behaviors so that one can obtain a clearer picture of just how many adolescents are in need of help and social support from adult mentors.

The adolescents that are in need of such interventions are those considered "at risk" and in need of help and support in order to mature into healthy and responsible adults. This group of "at risk" adolescents includes both those individuals who have been determined to be "disturbed" by diagnostic criteria specified by the psychiatric community as well as those adolescents who have not been classified as such, but who are either experiencing difficulties adapting to environmental and developmental changes that characterize adolescence or those who have been exposed to a number of risk factors (e.g., poverty, divorce). Because these groupings have been distinguished in the literature, we present each separately.

A. Prevalence of Adolescents Exhibiting High-Risk Behaviors

Dryfoos (1990) identifies four problem areas that place adolescents at-risk for developing into healthy and well-functioning adults. These four problem areas include: teenage pregnancy, school failure, delinquency, and drug abuse. According to recent statistics (Dryfoos, 1990), approximately one in four adolescents are at considerable risk for healthy adult adjustment because they engage in more than one of these behaviors. As Dryfoos (1990) states: "Of the 28 million girls and boys aged 10 to 17, it is estimated that 1 in 10 (almost 3 million) are in critical situations. Another group of 4 million (15%) have excessively high prevalence rates for some but not all high-risk behaviors" (p. 115). Only about one half of today's youth (14 million) are not considered to be at risk. Although minority youth and those living in disadvantaged neighborhoods have

higher prevalence rates, the majority of youth engaging in multi-problem behaviors are white males.

It appears that the problem behaviors of adolescents have been increasing in recent years. In a recent compilation of research studies disseminated by the Carnegie Council on Adolescent Development (1989), the authors state: "Young adolescents are far more at risk for self-destructive behaviors—educational failure, drug and alcohol abuse, school age pregnancy, contraction of sexually transmitted diseases. violence—than their age group ever was before" (p. 13). As can be seen, many adolescents are in need of help and assistance from non-related adults in their communities.

B. Prevalence of Emotional Disturbance

Although there is a burgeoning literature on emotional disturbance among the general population of adults (e.g., Myers et al., 1984), relatively few researchers have systematically examined the frequency or character of emotional disturbance in the general population of adolescents. The existing studies suggest that approximately one in five adolescents in the general population have mental health problems (Bernstein, Cohen, Schwab-Stone, Valex, & Siever, 1990; Bird et al., 1988; Bjornesson, 1974; Esser, Schmidt, & Woerner, 1990; Graham & Rutter, 1973; Kashani et al., 1987; Krupinski et al., 1967; McGee et al., 1990; Offord et al., 1987; Rutter, Graham, Chadwick, & Yule, 1976; Weyerer, Castell, Biener, Artner, & Dilling, 1988; Whitaker et al., 1990). Studies of adults show a mental disorder prevalence rate that is almost identical to that shown by adolescents (e.g., Klerman & Weissman, 1984; Uhlenhuth, Balter, Mellinger, Cisin, & Clinthorne, 1983).

Research studies investigating prevalence rates of mental illness among adolescents, however, are limited in the degree to which they can be generalizable to a wide population of adolescents. One salient limitation evident in many studies is that very few investigators have distinguished rates of mental illness of children from those of adolescents. A second limitation is that the majority of studies have been carried out on school-based samples and therefore cannot be

generalized to adolescents not in school. This second limitation most likely leads to an <u>underestimate</u> of the prevalence rates of adolescent disturbance because it excludes adolescents who, because they are emo onally disturbed or delinquent, drop out of school. Third, with a few exceptions (Bird et al., 1988; Langner et al., 1976), the adolescents in these studies were non-Hispanic Caucasians. Therefore, we do not know to what extent these rates are applicable to black and Hispanic youth. The number of adolescents in need of help and guidance from adults is probably much greater than that conveyed from these previous investigations. Indeed, the dearth of reliable estimates of frequency and severity of emotional disturbance during adolescence is particularly unfortunate when so many disturbed adolescents may go unnoticed.

In summary, it would not be surprising if many disturbed adolescents do not obtain needed help. Many persons, including persons who theorize about adolescence, believe teenagers typically and in fact need to experience turmoil as part of their normal development (e.g., A. Freud, 1958). One implication of these beliefs is that disturbed teenagers are not a cause for concern and intervention because they will "simply grow out of it." This belief may lead us to overlook those adolescents who are truly disturbed. Our belief is that disturbance among adolescents should be taken just as seriously and studied as carefully as disturbance among adults and should not be considered lightly as something that adolescents will easily overcome by simple maturity.

IV. Stress and Coping in Adolescence

What are the problems and concerns of adolescents and what do they do to manage the stress in their lives? Research on stress and coping in adolescence is emerging as a compelling area of investigation, and researchers are now beginning to try to answer questions regarding the stresses that adolescents experience and the coping strategies they utilize (Compas, 1987; Cummings, Greene, & Karraker, 1991; Garmezy & Rutter, 1983; Rolf, Masten, Cicchetti, Nuechterlein, &

Weintraub, 1990). Unfortunately, however, little is yet known about the stresses that adolescents encounter or the coping behaviors that adolescents employ in dealing with stress (Compas, Davis, Forsythe, & Wagner, 1987). As noted earlier, as a result of the tenacity of the belief that all adolescents experience "storm and stress," researchers have perhaps overlooked more fully examining the stresses with which adolescents are faced and the coping strategies they use to deal with their stress.

One area of investigation regarding stress and coping in adolescence in which researchers have become interested is identifying those factors that predict emotional and behavioral problems in adolescence (e.g., Dryfoos, 1990). The literature on adult populations suggests a strong association between stressful life events and psychological disorders (see Lazarus, 1984; Thoits, 1983), however, the application of this relationship to adolescent populations has been somewhat limited. This is, in part, due to the lack of existing measures with which to assess adolescent stress.

In order to more fully understand the role that non-related adults may have in helping adolescents' cope, it is useful to begin by first delineating the stresses experienced by adolescents along with some of their characteristic coping patterns.

A. The Stresses of Adolescents

1. Developmental and Environmental Stresses

Adolescents today experience more stress than in previous generations. They are confronted with a greater number of difficulties and challenges because our society has changed so dramatically (Feldman & Elliott, 1990). These societal changes include changing demographics, family contexts, and exposure to risks.

Higher levels of stress among adolescents are associated with more dysfunction. Research indicates that negative life events are related to health and behavior problems in adolescence (Gad & Johnson, 1980; Greenberg, Siegel, & Leitch, 1983; Hotaling, Atwell, & Linsky, 1978; Swearingen & Cohen, 1985; Vaux & Ruggiero, 1983). Family stress appears to be particularly deleterious (Siddique & D'Arcy, 1984).

Adolescence can be a particularly challenging period of life due to the many developmental and environmental changes that occur concurrently (e.g., Hamburg, 1974; Petersen & Crockett, 1985; Simmons & Blyth, 1987). For example, with the onset of puberty, adolescents are faced with adapting to a broad array of hormonal and physical changes in a rather short period of time. As stated by Brooks-Gunn and Reiter (1990):

> Puberty itself is a key developmental challenge for adolescents. They must accommodate to the physical changes in a cultural milieu that, for girls, values the prepubertal over the mature female body. They must negotiate the loosening of childhood ties to parents and the move toward greater psychological and physical. As they do so, they must deal with sexual arousal and the beginning of relationships with members of the opposite sex, even as they are trying to develop a stable and cohesive personality structure for the regulation of mood, impulse, and self-esteem (p. 16).

Issues of identity become particularly salient during adolescence (Harter, 1990). Important biological changes that accompany puberty exert an influence on identity, self-image and self-esteem, which in turn, influence a multitude of psychological variables, such as self-confidence and anxiety. In addition to the physiological changes taking place, changes are also occurring in the domain of vocational and occupational choices. Choices have to be made and the adolescent is faced with decisions he or she has never before encountered.

Adolescents are also faced with many environmental changes. One of the most marked environmental changes that occurs for adolescents is the transition from elementary school to junior high or middle school. School transitions can be very stressful for adolescents because these transitions occur at a time when many other changes are taking place simultaneously, including cognitive, social, and biological changes (Eccles et al., 1989; Entwisle, 1990; Hawkins & Berndt, 1985; Hirsch & Rapkin, 1987; Simmons & Blyth, 1987).

In addition to a myriad of biological, cognitive, and social changes with which they are confronted, today's adolescents encounter a society that has itself been undergoing radical changes. All of these changes are undoubtedly stressful

for the adolescent. The stability of close family ties and extended family circles
from which to draw nurturance and social support is becoming much less frequent.
In these changing times, adolescents may not receive the guidance necessary to
successfully transverse the road to successful adult roles.

The family unit is undergoing dramatic change which is undoubtedly a
stressful experience for the adolescent. No longer is the two-parent home the
norm where the mother stays at home to raise the children while the father goes
to work. Mothers have now entered the work force. Statistics from 1987 indicate
that over 50% cᶠ mothers with children under six and 70% of the mothers with
children ranging in age from 6 to 17 were working or looking for jobs. Divorce
and separation is also on the rise. Approximately 15 million children and
adolescents reside in single-parent homes. Only 40% of children born in the
United States can expect to spend their childhood in the same home as both of
their biological parents (William T. Grant Foundation Commission on Work,
Family, and Citizenship, 1988).

This breakdown of the traditional support systems from which adolescents
could previously draw guidance and nurturance underlines the need for programs
that can provide adults that adolescents may go to for support and guidance.
Indeed, with the disintegration of the traditional two-parent family unit, along with
the increasing stresses faced by today's youth (e.g, parental divorce, drugs,
poverty), adolescents are in need of adult mentors more than ever to help them
successfully cope.

2. The Self-Reported Problems of Adolescents

Adolescents experience several sources of stress, with those emanating from
the family, peer group, and school being most relevant (e.g., Breton, 1972; Elkin
& Handel, 1978; Ishwaran, 1979; Richer, 1979; Siddique & D'Arcy, 1984). The
circumstances and situations that produce stress in the lives of adolescents can be
both enormous and slight. What is important to keep in mind, however, is the
adolescent's "experience" of stress. "Adolescents who perceive their family, school,
and peer-group life as stressful may be expected to manifest greater emotional

distress in the form of depression, anxiety, social dysfunction, and a reduced level of energized activity (anergia)" (Siddique & D'Arcy, 1984, p. 461). This is why it is so important to gather data directly from the adolescents themselves.

Although previous researchers have emphasized the major events in adolescents' lives that may produce stress, researchers today are beginning to identify the day-to-day events that may lead to stress. Adolescents who experience more daily hassles have more negative self-images than those adolescents who do not experience such (Tolan, Miller, & Thomas, 1988). Those adolescents living in poverty and/or experiencing a conflictual family environment may not have experiences that would be rated as stressful on an inventory of major life events. However, the everyday "hassles" of living in such an environment can add up and eventually lead to psychological difficulties (Compas, 1989: Conger et al., 1989; Greene, 1989; Lazarus & Folkman, 1984; Lempers, Clark-Lempers, & Simmons, 1989).

What are the "daily hassles" of adolescents? One recent study addressed this question. Kanner, Feldman, Weinberger, & Ford (1987) asked 232 sixth-grade boys and girls to identify their daily hassles and uplifts. Those daily hassles most frequently identified by the students included: having to clean own room, boredom, need for privacy, other children doing something better than self, losing something, bothersome siblings, wrongfully punished, dissatisfaction with appearance, going to bed when not ready, disappointment with mother or father, teasing by classmates, father's or mother's illness, difficult schoolwork, not knowing an answer when teachers called on you in school, mother or father not having time to spend with child, and father or mother not home when expected. Self-reported daily hassles were related to level of anxiety, depression, distress, self-restraint, perceived support from friends, and perceived competence. General self-worth was related to the number of daily hassles with negative outcomes. Adolescent girls more often than adolescent boys experienced the hassles as bad. This finding is in accord with other literature indicating that female adolescents tend to perceive greater stress in several spheres of life in comparison to males

(Burke & Weir, 1978; Douvan & Adelson, 1966; Gove & Herb, 1974; Ostrov, Offer, & Howard, 1989).

Researchers have also examined the self-reported problems of adolescents. Sternlieb and Munan (1972) conducted a study assessing 1,408 adolescents' (ages 15-21) perceptions of their own health and personal problems. Findings revealed that females indicated greater concerns for problems than males in the areas of nervousness, headaches, and sexual relationships. Males, on the other hand, expressed more concerns than females on issues relating to acne, adaptation to work, and drug and alcohol problems. As might be expected from the above findings, when these same adolescents were queried about their interests in obtaining information regarding a number of health-related topics, girls more frequently indicated an interest in obtaining information about birth control whereas boys indicated a greater interest in obtaining information about dealing with drugs, venereal disease, and alcohol.

With regard to perceived vulnerability to illness, more females than males perceive themselves as more vulnerable to illness and express concerns about their health and about becoming sick (Radius, Dillman, Becker, Rosenstock, & Horvath, 1980). However, adolescent boys, particularly those 16 years of age and older, describe themselves as doing things that are not good for their health.

Adolescent girls more frequently report physical problems than adolescent boys. For example, Dubow, Lovko, & Kausch (1990) reported that girls were significantly more likely to report headaches, frequent colds and coughs, fatigue, stomach aches, muscle and bone aches, nail biting, visual problems, chest pains, dizziness, sleeping problems, and vomiting than adolescent boys. In addition, these researchers found that adolescent girls predominated with regard to psychological problems such as moodiness, anxiety, irritability, depression, loss of appetite, and suicidal ideation.

Research has suggested that adolescent girls are more likely than adolescent boys to associate emotional problems with poor health. Alexander (1989), in a study examining gender differences in adolescent health concerns

found that whereas emotional and social concerns were associated with poorer perceived health among 13 year old girls, physical concerns were associated with poor health for same aged boys. Further, Alexander (1989) found that girls' health concerns were related to body image and social relationships.

Garrick, Ostrov, and Offer (1988) found that adolescent girls with many physical complaints displayed specific disturbance in their psychological functioning. On the other hand, among adolescent boys, somatic symptomatology was related to a poor self-image.

House, Durfee, and Bryan (1979) carried out a study designed to obtain information regarding adolescents' perceptions of their own psychological problems. A survey instrument was administered to 1,349 adolescents enrolled in two senior high schools and one junior high school. The findings revealed that adolescent girls expressed more frequent concerns than the boys on areas relating to personal appearance (e.g., weight), relationships with parents emotional stress, and sex-related problems. In contrast, adolescent boys expressed more frequent concerns than the girls on problems relating to substance abuse. Research findings from studies conducted by Feldman, Hodgson, Corber, and Quinn (1986) and Marks, Malizio, Hoch, Brody, and Fisher (1983) are in agreement with these findings indicating that adolescent girls are concerned about being overweight, feeling depressed, and having nervous and emotional problems while adolescent boys are more concerned about drug and alcohol abuse.

Body image and weight appear to be frequent concerns of adolescent girls. For example, Dubow et al. (1990) found that adolescent girls report more distress on issues relating to weight. Specifically, these researchers found that while only 16% of the adolescent boys indicated that they were concerned about feeling overweight, over half (53%) of the adolescent girls reported such. Casper and Offer (1990) have found similar results indicating that female adolescents are preoccupied with weight and dieting as opposed to male adolescents and go on to suggest that the fairly common thoughts and concerns about weight and dieting among adolescent girls are reflective of society's greater emphasis on thinness for

women. However, they note that adolescent girls or boys who possess substantial weight and/or dieting concerns are most likely indicative of psychological problems. In addition to concerns about weight, other researchers have found that adolescent girls are more likely than boys to report concerns relating to grades and future schooling (Eme, Maisiak, & Goodale, 1979).

As can be surmised from the above review, a number of gender differences exist in the manner with which adolescents are stressed. On the one hand, adolescent boys who are troubled are likely to express their disturbance through acting-out behavior such as theft, running away, or substance abuse. On the other hand, adolescent girls express their disturbance through inwardly turned symptomatology, such as depression and anxiety. The source of adolescent girls' proclivity toward inwardly experienced symptomatology and adolescent boys' apparent greater proclivity toward acting out is unclear (Weissman & Klerman, 1979). Cultural factors emphasizing the desirability of girls being open to affective and interpersonal experience, and boys being more action oriented, may be involved. Further, fundamental biological differences may be operating. These differences should be taken into account when devising mentoring programs and determining if gender-specific interventions are required.

B. The Coping Behaviors of Adolescents

Undoubtedly, the changes and choices with which they are confronted introduce new stresses into the lives of adolescents. As a result of these new stresses, adolescents must devise coping strategies. According to Frydenberg and Lewis (1991): "Coping is the means by which the adolescent adapts to the competing demands made by the biological, emotional, and social stresses which occur during this period of development" (p. 120).

What do adolescents do to manage stressful experiences? Unfortunately, we know little about the ways in which adolescents cope and how their coping strategies affect their health and well-being (Rutter, 1987). Undoubtedly, the adolescent's ability to cope with stress can play a major role in his or her later

adult adjustment. Given the relationship between stress and disorder, researchers have begun to turn their attention to coping strategies that adolescents utilize to manage the stress in their lives.

Researchers have begun to utilize several conceptualizations from the literature on adult coping to assess and classify child and adolescent coping (e.g., Band & Weisz, 1988; Compas, Malcarne, & Fondacaro, 1988; Dise-Lewis, 1988; McCubbin & Patterson, 1986; Patterson & McCubbin, 1987; Wertlieb, Weigel, & Feldstein, 1987; Wills, 1985, 1986). For example, an approach/avoidance coping framework conceptualizes coping efforts as either passive-or avoiding-oriented or active-or approach-oriented (Lazarus & Folkman, 1984; Roth & Cohen, 1986).

How adolescents cope with stress is, in part, related to how much control they believe they have over the stressor (Compas, Malcarne, Fondacaro, 1988). Those adolescents who believe they have control are more likely to cope with the stressor without experiencing severe distress then those who believe the stress is out of their control and a result of luck, fate, chance, or powerful others (Rotter, 1966). Recent research supports this hypothesis (Siddique & D'Arcy, 1984). Strategies to deal with stress through active efforts to change, manage, or positively reappraise a stressful situation are important for long-term healthy adjustment, thus suggesting that seeking out help and social support from non-related adults would have positive long-term consequences.

Researchers have found that adolescent boys and girls employ different coping strategies when attempting to deal with stress (Frydenberg & Lewis, 1991). Adolescent girls are more likely than adolescent boys to talk to friends as a coping strategy. In contrast, adolescent boys are more likely than adolescent girls to cope by "working hard" and using humor. Despite these sex differences, however, many similarities exist among adolescent boys and adolescent girls. In a study carried out by Frydenberg and Lewis (1991), coping strategies frequently endorsed by both boys and girls included:

1. avoid; try not to worry; block out of mind
2. talk to parent or other members of family

3. contemplate problem; think of solutions

4. relax by reading a book, watching TV, talking on telephone, etc.

Asking for help from teacher, tutor, family or friend was endorsed by only 2.4% of the sample.

Two different types of coping strategies have received the most attention in the literature on adolescent coping: emotion-regulating coping and problem-solving coping (Folkman, 1984; Folkman & Lazarus, 1980). Problem-solving or problem-focused coping refers to efforts to act on the source of the stress and modify or change it. Emotion-regulating or emotion-focused coping refers to efforts to regulate one's emotional states that are associated with or result from the stressor, such as denying that the problem or stressor exists. A recent investigation by Compas, Malcarne, & Fondacaro, (1988) examined the relationship between these two coping strategies and emotional and behavioral problems in a sample of 10-14 year old boys and girls. The researchers asked the children and adolescents to describe academic and interpersonal stressful experiences and indicate how they had handled the event. Their responses were then coded as either emotion-focused (e.g., calmed myself down, ignored the situation, hit other person, threw things) or problem-focused (e.g., studied more, did more homework, talked things over with the other person). Those adolescents who used more problem-focused strategies as a response to stressful experiences had fewer emotional and behavioral problems whereas those who used more emotion-focused strategies had more behavior problems. It should be noted, however, that these findings were significant only for coping with regard to interpersonal stresses and not for coping with regard to academic stresses. Overall, there was an increase in the use of emotion-focused strategies from grades 6th to 8th and the use of problem-focused strategies remained constant.

Problem-focused and active efforts to manage the stressful experience appear to be the most adaptive coping strategies. Ebata and Moos (1989) examined the coping responses in four groups of adolescents (healthy controls, rheumatic disease, conduct disorder, and depressed) and found that conduct

disorder and depressed adolescents used more avoidant coping strategies (e.g., ventilating feelings, acting out as a means to manage tension) in comparison to rheumatic disease and healthy adolescents. Overall, the results indicated that the adolescents who used more approach-oriented coping strategies (e.g., information gathering, problem solving) had fewer psychological and behavioral problems and were better adjusted. In addition, those adolescents who coped by seeking guidance and support from others were better adjusted than those who did not use such strategies.

As can be surmised, some coping strategies appear to more successful than others in helping adolescents manage stressful experiences. It is important to keep in mind, however, that it is difficult to determine exactly which coping responses are the most adaptive. As stated by Hauser and Bowles (1990): "Coping processes cannot simply be labeled as inherently 'good' or 'bad'; the specific context must be considered. A strategy that is effective for one problem or person may not work at all for another" (p. 390). That is to say that adolescents have to utilize coping strategies that are appropriate to a certain given situation.

C. Research on Resiliency and Invulnerability

Although much focus has been given to those children who are classified as vulnerable, researchers are now beginning to more precisely examine "invulnerable children"—healthy children in unhealthy settings. In recent years, a number of empirical investigations have been published on factors that make it possible for children and adolescents to cope successfully despite numerous risk constellations and cumulative stresses (for an overview see Anthony & Cohler, 1987; Garmezy, 1985; Rutter, 1985; Werner, 1985; Cowen & Work, 1987). According to Losel, Bliesener, and Koferl (1989), the concept of invulnerability is related to a host of other constructs, such as resilience, hardiness, adaptation, adjustment, mastery, plastic ty, person-environment fit, or social buffering.

A number of recent studies on resiliency have emerged (Block & Block, 1980; Chess & Thomas, 1986; Elder, 1974; Felsman & Vaillant, 1987; Murphy & Moriarty, 1976; White, Kaban, & Attanuci, 1979). Based on the data collected in each of their studies, researchers have delineated the significant factors that are associated with resiliency in childhood and adolescence. These factors include both the personal resources (e.g., self-esteem) and social resources (e.g., social support network) that the individual can draw upon in times of stress.

One research group has found that those adolescents high in level of ego development possess more effective coping strategies than those adolescents low in level of ego development (Hauser & Bowles, 1990). These researchers argue for the importance of maintaining a developmental perspective when examining adolescent coping abilities. Others are in accord with this view (Ebata, Petersen, & Conger, 1990).

Both individual characteristics and the availability of individuals in one's support network are important protection against risk. Werner and Smith's (1982) longitudinal investigation found that those youth categorized as resilient (i.e., those who had a more internal locus of control, more positive self-concept, more nurturant, responsible, and achievement-oriented toward life than others) were more likely to have a larger social network from which to draw support. Further, a full 80% reported that they felt the help they received was helpful. It should be noted, however, that both the resilient youth and the youth who developed coping problems indicated that they preferred to seek help from informal sources (e.g., family, friends) rather than formal sources (e.g, mental health professionals).

Constitutional factors, such as temperament, play a major role in moderating the effects of stressful experiences and therefore are also related to resilience (Werner & Smith, 1982; Wertlieb, Weigel, Springer, & Feldstein, 1987). Although the precise relationship between stress and temperament remains somewhat elusive, temperament undoubtedly plays a major role in evoking either positive or negative responses from others. As Lerner and East (1984) assert:

not only does temperament moderate other intra-individual
moderators of stress reactions, but it interacts . . . with key
contextual moderators such as social support (p. 158).

As suggested, temperament can play a role in one's ability to engage others
in social supportive behavior. In a study investigating resiliency in adolescence,
Losel, Bliesener, & Koferl, (1989) found that "resilients" reported a wider range of
support persons across a range of situations. This resilient group also were found
to be appropriately assertive in social problems, less arrogant in their interactions
with others, and less jealous and withdrawn. Thus, it would appear that resilient
adolescents may be more likely to evoke others' interest in them because of their
personality characteristics. Those most at risk would be those who others do not
see as approachable and therefore would not instigate the offer of help from
others. As suggested by Rutter (1985), in a comprehensive review of the
literature, personality characteristics such as temperament may encourage both
successful coping and positive interactions with others.

What is especially noteworthy for those concerned with planning mentoring
programs for at-risk adolescents is the finding that one of the protective factors
include involvement with a significant adult figure (Garmezy, 1983; Murphy &
Moriarty, 1976; Rutter, 1979; Werner & Smith, 1982). Nevertheless, little
empirical research exists that has precisely examined the role of the "other" adults
that exist in the lives of resilient children and adolescents and how they help
adolescents successfully negotiate the transition to adulthood and "buffer" stressful
factors. Recently, however, researchers are beginning to note that "high risk"
adolescents who are able to draw on a number of informal sources of support are
more likely to develop in a psychologically healthy way (Werner, 1984).

V. Seeking Social Support and Help in Adolescence

In the following sections, we review the literature on social support and
help-seeking in adolescence. One caveat should be mentioned. The literature on

social support is extremely inconsistent. One major limitation has been the failure of researchers to differentiate social support as a *resource* versus social support as a *coping strategy* (Stone, Helder, & Schneider, 1988). The former refers to the real or perceived availability of helpful others in one's social network and the latter refers to actively seeking help from others for coping assistance. We review only those studies that are the most relevant to understanding the role of non-related adults.

A. What are the Sources of Social Support in Adolescence?

Adolescents obtain support from social relationships as well as by tapping into their own internal resources (Bryant, 1985). Indeed, one way in which to cope with stress is to seek out help through social support. Social support has been found to provide a buffer against stress (Stiffman & Hann-Jong, 1990) and depression (Dean & Ensel, 1983) and enhance social and emotional functioning (Bryant, 1985).

Various types of support can be provided from a helper, such as assisting the individual in mastering emotional distress, sharing responsibilities, providing advice, teaching skills, and providing material aid.

Family structure appears to have an impact on support available to children. One study found that the presence of older siblings and two parents in the house related to lower levels of stress among children who were experiencing adjustment problems (Sandler, 1980).

How do adolescents decide whom to approach for social support? One question should be "with whom do adolescents spend their time?" because adolescents draw support from those in their immediate social networks. During an average week, high school students spend 23% with classmates, 29% with friends, 27% alone, and 19% with family. Only 2% of an average adolescent's week is spent with other adults (Csikszentmihalyi & Larson, 1984).

Garbarino, Burston, Raber, Russell, and Crouter (1978) examined the characteristics of the social networks of sixth-graders as a function of neighborhood type, socioeconomic status, and pubertal development. These

researchers were particularly concerned with the relative importance of peers versus adults in adolescents' social networks as they experience puberty. Of particular importance to the current review was Garbarino et al.'s (1978) exploration of the non-related adults with whom the adolescents were involved. In this study, these researchers were particularly interested in examining the child's social networks as a way to obtain information regarding the child's available social resources.

Findings from Garbarino et al.'s (1978) investigation indicated that the neighborhood in which the children lived influenced their social networks. When asked "If you needed help with some problem, who do you think would help you?" (p. 420), urban children reported fewer people than did either suburban or rural children. In contrast, when asked to report the number of adults whom they knew best and saw at least once a month, suburban children reported fewer such relationships than either urban or rural children. Specifically, 60% of the suburban children reported the absence of any such relationship in their lives. Further, the percentage of adults in the child's social network was greatest during preadolescence and decreased during early adolescence (31% versus 18%).

A study conducted by Blyth, Hill, and Thiel (1982) provides some information regarding the significance of adults in the lives of young adolescents. The purpose of their study was to provide a description of the social relationships of early adolescents, specifically those of "significant others." Over 2,800 middle-class adolescents from the seventh-through-tenth grades were administered the Social Relations Questionnaire (Blyth, Hill, & Thiel, 1982), an instrument designed by the authors to elicit information regarding adolescents' perceptions of the significant individuals in their lives from four contexts: family, school, neighborhood, and activities outside of school. Those responses that did not fit into one of these "contexts" were placed into an undefined category.

First, adolescents were asked to list all of the significant others in their lives, that is, people who meet one or more of the following criteria:

> People you spend time with or do things with,
> People you like a lot or who like you a lot or both,
> People who make important decisions about things in your life,
> People who you go to for advice, or
> People you would like to be like
> (Blyth, Hill, & Thiel, 1982, p. 430).

Second, specific information (i.e., age, gender, residence, familial relationship to the respondent, and, if applicable, grade and school attended) on each of the individuals listed by the adolescent was obtained from the adolescent. For the purposes of this review, only findings regarding adults other than parents will be presented.

Non-related adults comprised about 10% of the adolescents' lists, with 60% of the adolescent boys listing at least one non-related adult and 75% adolescent girls listing such. The majority of the non-related adults identified by the adolescents were of the same sex of the adolescent and resided in the same neighborhood or metropolitan area as the adolescent. These non-related "significant others" of the adolescents were seen in several different contexts, but primarily school and home settings, either the adolescent's or the adult's. The research results also indicated that almost half of these adults were seen on a *daily* basis by the adolescent. One significant limitation of the study, noted by authors, is "that frequency of contact (as used in this study) does not necessarily relate to the level of salience or the quality of the interaction. There are many dimensions to a relationship, and we are interested in the ways in which adolescents perceive their listed significant others in terms of advice, modeling, and intimacy" (p. 448).

Recent studies have now begun to examine the functionality of the supportive relationships within the network. In a recent investigation by Munsch (1990), two types of measures of social support were brought together to better describe how the level of support provided by network members can be influenced by the structure of the network in which the supporter is found. Three hundred and fifty-nine adolescents were queried about a recent stress and whom they thought would be the "most helpful" to seek out for help in coping. No

differences were found between perceived level of emotional support provided to adolescents from support networks labeled as "mother only" versus support networks with "mother and father." With regard to level of support provided by peers, a comparison was made between those adolescents who indicated that peers were the only helpers versus those adolescents who identified peers who were selected as part of a network which also included parents and other adults. Adolescents in the "peers only" network perceived lower levels of support than those adolescents who identified peers who were in networks with adults. Although this investigation did not specifically examine the role of non-related adults, it indicates that the social support networks of adolescents that contain both peers and adults provide the highest and most adaptive levels of social support.

Older adolescents perceive higher levels of support from peers and lower levels of support from parent than do preadolescents (Renick, 1989). Older adolescents are also more likely than younger adolescents to seek emotional support and help rather than instrumental and/or informational help (Kliewer, Lepore, Broquet, Zuba, & Cosgrove, 1989).

Researchers have found an abundance of differences between adolescent boys and girls with regard to seeking help and social support. Adolescent females tend to report more significant others than males (Blyth, Hill, & Thiel, 1982). Both females and individuals high in femininity are more likely to receive social support and use support resources in times of need (Burda, Vaux, & Schill, 1984). Black females report having more frequent contact with members in their social network and that their network members are slightly older, and that they see their network members in more private settings than black males (Coates, 1987). Further, relationships with nonparental adults have a significantly positive impact on the problem behaviors of in girls but not boys (Foster-Clark, 1990).

A recent study that specifically addressed the question about the importance of adults in the lives of children and adolescents was conducted by Robert Coles (1989) for the Girl Scouts of America. In this investigation, 5,012

children in grades 4 through 12 were asked questions about their feelings and perceptions of adults in their lives. Consistent with the results of Offer, Howard, Schonert, and Ostrov (1991), Coles found that the majority of children reported that they would most often turn to their parents for advice concerning problems. As might be expected, with increasing age, parents became less frequently cited, although almost all of the children and adolescents in the survey (94%) reported that they had parents who cared deeply for them.

Family members other than parents were also seen to be important adults in the lives of these children and adolescents. For example, 20% of both junior high and senior high school students indicated that they would turn to their brother or sister for advice about a problem. This was less true for other family members. For example, only 14% of junior high students and only 9% of senior high students reported that they would turn to another family member (e.g., grandparent, aunt, uncle).

With respect to children's and adolescents' perceptions of the important adults in the school setting, 12% of the elementary school children and 5% of senior high school students reported that they would turn to teachers or coaches for advice. A very small minority of junior and senior high students reported that they would turn to an adult leader of a youth group, a religious leader, or a counselor or social worker.

Seeking help from a professional was done by about one fourth (22%) of both junior and senior high school students. This percentage was somewhat higher among blacks and Hispanics as well as among those students who were considered to be living in poverty. The authors explain: "The most prominent factor is poverty. Virtually half (47%) of the children from the poorest families (that is, families who use food stamps and have an unemployed adult looking for work)—twice the percent of all children (23%)—acknowledged that they have had regular counseling over a personal problem" (p. 2).

When asked who performed the counseling, school counselor was cited most frequently by students (43%) followed by professional therapist(31%), social

worker (18%), and clergy (10%). One important finding noted by these researchers is that as children became adolescents, their level of confidence in adults dropped markedly.

Although research on the social networks and social support of adolescents is just beginning, the available research seems to indicate that adolescents turn to those individuals in their social network and that these individuals are sometimes non-related adults. What is not entirely clear is precisely who these non-related adults are. The research on adolescent help-seeking provides us with some answers to this question. It is to this topic we now turn.

B. What are the Help-Seeking Behaviors of Adolescents?

In recent years, interest in the help-seeking behaviors of adolescents has increased (Dubow, Lovko, & Kausch, 1990; Feldman et al., 1986; Marks et al., 1983; Offer, Ostrov, & Howard, 1986; Seiffge-Krenke, 1989; Whitaker et al., 1990). This age period appears to be a crucial time for intervention due to the physical, cognitive, and social changes that occur during this time. Thus, as Seiffge-Krenke (1989) states, "Diagnostically speaking, adolescence is a period when we may be able to detect early signs of potentially serious trouble that could arise later, offering us a unique opportunity to intervene . . . " (p. 473).

Clearly, at some point in time, adolescents are confronted with situations and problems that cause them to experience stress. While some adolescents may prefer to try to handle these problems by themselves, others may attempt to alleviate their distress by approaching some type of helping resource, either formal (e.g., school counselor, social worker, psychologist) or informal (e.g., family, friends).

The study of individual differences in the types of help-seeking behaviors that adolescents employ and the specific adults and agencies to whom they turn for help is a concern for researchers and policymakers alike (DePaulo, Nadler, & Fisher, 1983). This growing interest in understanding adolescent help-seeking has increased because of the impact this research will have on devising successful programs for adolescents. Specifically, the investigation into the help-seeking

behaviors of adolescence not only has direct implications for prevention and intervention strategies but service provision and delivery as well (Windle, Miller-Tutzauer, Barnes, & Welte, 1991).

Although there is a paucity of available research regarding adolescent help-seeking, researchers have recently begun to identify salient issues related to the help-seeking behaviors of adolescents. These important issues will now be discussed.

Research conducted by Kellam, Branch, Brown, and Russell (1981) illustrates the importance of the characteristics of individuals who offer support and help to adolescents. According to these authors, an adolescents' acceptance of an offer of help through counseling was not associated with the level of emotional disturbance, but instead was associated with the characteristics of the individual offering the help. Unfortunately, however, Kellam et al. (1981) do not describe any of the characteristics of those individuals who were most successful in eliciting adolescents' acceptance of counseling.

Several investigations addressing adolescent help-seeking have been primarily concerned with obtaining data necessary for designing specific intervention programs (Feldman et al., 1986; Hodgson, Feldman, Corber, & Quinn, 1986; House et al., 1979; Riggs & Cheng, 1988). One such study was conducted to determine students' willingness to utilize a school-based clinic (Riggs & Cheng, 1988). Findings of this investigation indicated that although the majority of adolescents experiencing emotional distress expressed a willingness to go to the school-based clinic for help with their problems and concerns, many would do so only if confidentiality was guaranteed. Results from other research are in accord with Riggs and Cheng's (1988) findings concerning the importance adolescents place on the issue of confidentiality (Marks et al., 1983).

House et al. (1979) conducted a study aimed at gathering information regarding the health problems and social concerns of low-income Southern rural adolescents. These authors also examined the professional and non-professional resources that adolescents would go to for help with their concerns. Subjects were

given a list of eight helping professionals (i.e., doctor, nurse, teacher, druggist, social worker, psychologist, guidance counselor, preacher) and were then asked to indicate both a first and second choice of whom they would seek help from for those problems that they had experienced during the previous six months. Results revealed that although guidance counselors were more frequently nominated by the adolescents as helping agents for problems relating to family and getting along with others, the majority of the adolescents' responses indicated a preference for seeking help from doctors for both emotional and health-related problems. In response to the open-ended question "If you had a problem with your health or your emotions you would want to talk with what adults?" adolescents replied that family and friends would most frequently be sought followed by school personnel, physicians, and ministers. Other research is in agreement with these findings suggesting that teenagers prefer to seek help from friends or parents for emotional problems (Feldman et al., 1986). Unfortunately, however, House et al. (1979) do not provide an explanation for the reason that so many of their subjects endorsed doctors and nurses as those adults from whom they would seek help. It may be that because House et al.'s survey was directed toward obtaining information about adolescents' health problems and concerns, adolescents were more likely to indicate those individuals most easily associated with the health professions.

Another investigation examining the help-seeking behavior of adolescents was carried out by Hodgson et al. (1986) in Ontario, Canada. Although the adolescents in this study were queried about their utilization of helping agents for emotional problems, the primary purpose of this survey was to obtain information regarding health care utilization by adolescents for physical problems. Results indicated that girls more frequently nominated friends, and boys more frequently nominated parents when asked who they can go to for help with personal problems. Furthermore, few adolescents reported that they had no one with whom to discuss personal problems. These findings are in agreement with the findings of an earlier study conducted by Sternlieb and Munan (1972) who found

that adolescents prefer to discuss problems deemed "personal" with parents and friends.

Dubow et al. (1990) found that adolescents used a variety of sources of help. Adolescents (N = 1,384) indicated that they had consulted a number of the 27 listed help resources during the past year. With regard to informal helping sources, 89% of the adolescents consulted their friends and 81% consulted family. With regard to seeking help for a problem from formal helping sources, 32% of the adolescents consulted clergy, 57% consulted teachers, 36% consulted a principal, 35% consulted a team coach, and 30% of the adolescents had consulted a school counselor. It should be noted that the majority of adolescents completing the survey were not very knowledgeable about the availability of professional helping agencies in their community.

An investigation which examined adolescents' mental health service utilization was carried out by Whitaker et al. (1990). These researchers found that the majority of disturbed adolescents had not come into contact with a mental health professional, with the exception of teens with eating disorders. However, Whitaker et al. (1990) did not examine other types of social support (e.g., parents, peers, school personnel) that the adolescents in their sample utilized or the adolescents' perceptions of the helpfulness of the helping agents they encountered. Finally, Whitaker et al. (1990) did not specifically examine who initiates the help-seeking—that is, does the adolescent himself or herself seek out help from a mental health professional or does a parent or other adult seek help for the adolescent? It seems likely that in Whitaker et al.'s (1990) study the reason that the largest proportion of adolescents who had contact with a mental health professional were those with eating disorders was due to the fact that eating disorders are so readily apparent to the parent. It be that those adolescents seeking help from mental health professionals are th who do so through their parents' initiative rather than their own. This is especially noteworthy when one considers that during adolescence individuals gain an increasing ability to conceal distress (Broughton, 1981). Thus, many parents may be unaware of their son's or

daughter's internal states and therefore be unable to take action toward intervention. One could also speculate that those adolescents whose disturbance is outwardly manifested would be more likely to encounter parental intervention than those adolescents whose disturbance is turned inwardly, such as depressed feelings.

Earls, Robins, Stiffman, and Powell (1989) conducted an evaluation study examining comprehensive health care for high risk adolescents. This investigation evaluated the effectiveness of 20 medical schools that received funding from the Robert Wood Johnson Foundation to provide comprehensive health services that was particularly targeted to those adolescents who were at higher risk for several of the problems associated with the adolescent age period (e.g., pregnancy, substance abuse, suicide). These clinics were in schools as well as hospitals and community clinics. Also included in the evaluation were non-funded clinics.

Earls et al. (1989) initially examined which youth frequented the clinics and found that females made up 3/4 of the adolescents who used the clinics. Black females constituted the largest sex-race group across all types of clinics whereas white males represented the smallest and least well-distributed group. Males not in school were the least represented. With regard to the type of adolescents attracted to each type of clinic—males constituted the largest percentage (43%) of those who attended school-based clinics. This percentage dropped for the community clinic (21%) and dropped even more with respect to the neighborhood/ hospital funded comparison clinic (12%). All of the clinics were successful in attracting high-risk females and were least successful in attracting males not in school. As Earls et al. (1989) state: "This remains a challenge since these males represent the highest risk group for intentional and unintentional injury in the community" (p. 1002).

Interestingly, these researchers also found that many of the adolescents in their investigation sought help in communities other than their own in order to avoid stigma that might have occurred if they had sought help in their own neighborhood. In addition, Earls et al. (1989) found that the funded clinics did

attract high-risk youth. For example, approximately 66% of the adolescents attending the neighborhood and hospital-based clinic were assessed as having multiple behavioral and life-style problems. These researchers note, however, that for the most part, physicians who are trained in adolescent medicine are not trained to detect and treat a wide range or problems that are particularly associated with adolescence.

In summary, the investigation of the help-seeking behaviors of adolescents is in its infancy. From the research findings thus far we have determined that adolescents prefer to seek help from family and friends, and sometimes from health professionals, school counselors, ministers, and physicians. In addition, confidentiality is an important factor to the adolescent when seeking help as are the characteristics of the individual offering the help.

C. How does Help-Seeking Vary by Race, Socioeconomic Status, and Race?

Despite the supposition that adolescents are equipped with the cognitive mechanisms necessary for seeking help, research suggests that a large proportion of adolescents do not receive help (Dubow et al., 1990). Although research on help seeking in adults has found that certain emotional disturbances and socio-demographic factors are predictive of whether or not an individual will seek the help of a mental health professional (e.g., Shapiro et al., 1984; Taube, Burns, & Kessler, 1984; Ware, Manning, Duan, Wells, & Newhouse, 1984), little is known about the factors that predict adolescent help-seeking. Indeed, very few systematic studies have been carried out examining the help-seeking behaviors of adolescents.

One investigation that specifically examined the relationships among various socio-demographic variables and adolescent help-seeking was conducted by Dubow et al. (1990). Specifically, these researchers examined demographic differences with regard to adolescents' health problems and perceptions of helping agents. This study should be highlighted because Dubow et al. (1990) addressed several of the deficits of previous investigations by including in their survey items related to

adolescents' ratings of the degree of severity of their problems as well as by distinguishing between formal and informal sources of help. Results of this comprehensive questionnaire indicated that when adolescents sought help, both males and females most frequently did so from family and friends. Females were more likely to seek the help of friends whereas males more often sought the help of a team coach. With regard to age, there was an increase in seeking help from friends as well as guidance counselors from grade 7 to grade 12. With regard to socioeconomic status, adolescents from higher socioeconomic backgrounds more frequently sought help from a team coach than those who were from lower levels. Minority students (i.e., black, Hispanic) reported seeking help from the Health Department more frequently than white students.

Recently, Windle et al. (1991) examined adolescents' perceptions of the help-seeking social resources (e.g., parents, friends, school counselor, clergyman) they would utilize for problems specifically related to substance abuse. Using data from a large sample survey of 27,335 adolescents randomly selected from New York public school districts, these researchers examined differences in help-seeking by gender and racial/ethnic background and with regard to consumption of alcohol, other substance-related difficulties, and school problem behavior. From this data, eight different perceived help-seeking categories were evidenced. Of these, two were associated with the highest number of behavioral difficulties. The first group consisted of individuals who reported that friends were the only social resource they would utilize for help with a substance-abuse problem and the second category, referred to as social isolates by the authors, reported that they would not utilize any type of helping agent for help with a substance-abuse problem. With regard to the relationships among demographic variables and the above-mentioned help-seeking categories, males were twice as likely as females to be categorized as social isolates, as were black and Hispanics more likely than whites to be represented in the social isolate category. Windle et al. (1991) suggest that it may be that blacks and Hispanics perceive themselves as being more socially detached from the available social resources or that they perceive

themselves as more self-reliant than their white counterparts. The authors note, however, that black and Hispanic males and females perceive parents and other adults as more viable helping resources than do whites.

Our own recent research uncovered several interesting findings with regard to the relationship between sociodemographic variables and seeking help (Schonert-Reichl, Offer, & Howard, 1991). Our findings indicate that adolescent females are more likely than adolescent males to seek help from friends as well as help from mental health professionals (i.e., social worker, psychologist, psychiatrist). White adolescents are more likely than are minority adolescents (i.e., blacks, Hispanics) to seek help from mental health professionals. Minority adolescents prefer to seek help from school counselors. This finding has direct implications for prevention and intervention efforts especially targeted for these groups.

With regard to the link between psychological functioning and seeking help, our findings indicate that those adolescents with higher self-images are more likely to seek help and guidance from their parents. Adolescents with more psychiatric symptoms are more likely to seek help from friends and not from their parents. Finally, those adolescents who seek help from both informal and formal helping sources, compared to those who seek help from informal sources only, are more likely to be female, not living with both biological parents, receive lower grades in school, have a poorer self-image, and to have more reported psychiatric symptoms and delinquent behaviors.

Other researchers have found that females are more likely than males to seek therapeutic assistance (McGee et al., 1990). As has been found, it is not only that gender differences exist in the disturbances themselves, but also who seeks treatment. Researchers have found that far more boys than girls are referred for counseling as children, whereas the reverse is found around the age of 15. Indeed, it appears that adolescent girls are more likely to use informal sources of help and demonstrate a greater openness in expressing feelings and disclosing problems (Seiffge-Krenke, 1987).

D. Does Help Help? Adolescents' Perceptions of the Helpfulness of the Help They Receive

The level of support perceived by adolescents is inextricably linked to their feelings of self-worth (Renick, 1989). The research available on the impact of social support on adolescents is meager (Cauce, Felner, & Primavera, 1982), however, the existing research yields some important information on adolescents' perceptions of the social support they do receive.

Very few studies exist which have examined adolescents' perceptions of the helpfulness of the help they receive. The study carried out by Dubow et al. (1990), however, did ask adolescents to rate how helpful the help was that they received. Approximately 90% of the adolescents in their survey indicated that friends and family were "somewhat" or "a great deal" helpful. These were followed by doctors (75%), nurses and other health professionals (69%), teachers (63%), guidance counselors (59%), clergy (58%), and principals (40%).

E. What Are Adolescents' Perceptions of the Barriers to Seeking Help?

Why don't adolescents seek help? Only one study directly addressed this question (Dubow et al., 1990). These researchers found that adolescents were unaware of the majority of the professional helping agencies available in the community and were reluctant to seek help for a variety of reasons. The most frequently endorsed reasons for failing to seek help included the following: (a) the adolescent felt that he or she could handle the problem on his or her own, (b) the adolescent felt that no person or helping service could help, (c) the adolescent was concerned that family or friends might find out, and (d) the adolescent felt that his or her problem was too personal to tell anyone.

F. Recent Research on the Differences Between the Help-Seeking Behaviors of Disturbed and Non-disturbed Adolescents

In our own previous work, we found that the majority of adolescents who were identified as emotionally disturbed were not actively seeking or receiving help from mental health professionals (Offer, Ostrov, & Howard, 1987). Although several studies have been carried out examining the relationship between

adolescent help-seeking behavior and perceptions of health and illness, these investigations possess several limitations. First, the majority of investigations have examined adolescents' help-seeking behaviors with regard to the medical professions (e.g., doctors, nurses) and little attention has been given to adolescents' help-seeking behaviors with regard to the utilization of mental health professionals. Second, many of the studies have not differentiated between the use of formal (e.g., physicians, psychiatrists) and informal (e.g., parents, peers) helping agents (Parcel, Nader, & Meyer, 1977). Third, the few existing investigations that have examined adolescent help-seeking behavior with regard to psychological disturbance have not made a distinction between the help-seeking behavior of those who are psychiatrically diagnosable and those who are not. Finally, few studies exist that have assessed adolescents' perceptions of the helpfulness of the helping agents to whom they do turn for assistance.

As can be surmised, although researchers have begun to identify some of the help-seeking behaviors of adolescents, these previous efforts have not primarily focused on where adolescents actually turn for help with their problems. Furthermore, no data are available that differentiate the help-seeking behaviors of those adolescents who are emotionally distressed from those who are not.

The 1987 Adolescent Help-Seeking Study

We have recently conducted an investigation on adolescent help-seeking in an attempt to address several of the shortcomings noted in previous investigations. Specifically, we examined the help-seeking behaviors of both disturbed and non-disturbed adolescents. The goals of our investigation were three-fold. The first goal was to identify those adolescents experiencing emotional distress. A second goal was to examine both the formal and informal helping agents that adolescents seek out for help with emotional problems. The final goal was to describe adolescents' perceptions of the helpfulness of the helping agents from whom they sought help.

In our sample, we included adolescents from three high schools in a large metropolitan area in the Midwest. The high schools were chosen to reflect contrasting demographic statuses. Of these three high schools, two were located in the suburbs and one within the city. The students from one suburban school were predominantly white and from upper-middle class homes, and the students from the other suburban school were also mostly white and from middle class homes. The students from the urban school were mostly black and from lower- and working-class homes.

Altogether 497 adolescents participated. The students tested represent 83% of the students initially contacted for this study. The sample obtained included 249 males and 248 females. There were 261 whites, 213 black and 23 adolescents from other racial backgrounds. Fifty-nine percent of the adolescents were living with both biological parents, and 24% were living with only their biological mother. The mean age of the sample was 17 years, with 98% of the sample between 16 and 18 years of age.

Adolescents in the study were given measures to assess self-image (Offer Self-Image Questionnaire, OSIQ), delinquency (Delinquent Checklist, DCL), psychiatric symptomatology (Symptom Checklist, SCL), and help-seeking behavior (Mental Health Utilization Questionnaire). Each of these will now be discussed in turn.

The OSIQ is a self-report questionnaire that measures adjustment in areas relevant to an adolescent's life. It inquires about areas of functioning such as relationships with parents, the adolescent's body, and how he or she copes with the internal and external world. The OSIQ's reliability and validity has been repeatedly demonstrated (Offer et al., 1981). For this particular study, the OSIQ was modified from its original 130 items; 58 of the most representative items were chosen, yielding 11 scale scores (i.e., impulse control, emotional tone, body image, social relationships, vocational and educational goals, sexual attitudes, family relationships, mastery, psychopathology, superior adjustment, idealism). The scores on each of these scales are expressed as standard scores. In this metric, a

score of 50 represents functioning equal to the mean of a like-age, same-sex nationwide normative group, and a higher score represents better adjustment in a particular area of self-image. For the purposes of the present study, only three of the OSIQ subscales were employed (i.e., emotional tone, family relationships, psychopathology). These three subscales were chosen because they best differentiated normal from disturbed (i.e., psychiatrically hospitalized adolescents) in our pilot data. Based on the data collected, Cronbach's alphas for the three OSIQ subscales (i.e., emotional tone, family relationships, psychopathology) equaled 0.66, 0.74, and 0.68 respectively for boys, and equaled 0.76, 0.83, and 0.72 respectively for girls.

The DCL is a self-report inventory concerning the extent to which the adolescent engages in delinquent behaviors (Short & Nye, 1957). In the study, the DCL was shortened to 28 items and updated to conform with current language usage with respect to various substances and activities. In taking the DCL, adolescents were asked about delinquent behaviors that happened during the previous year. After standard score transformations, a lower score on this scale indicates more delinquent behavior.

Factor analyses based on the data collected were conducted separately for each sex and revealed five factors for boys (i.e., heavy substance abuse, stealing, aggression, drinking and marijuana abuse, trouble with police,) and five factors for girls (i.e., substance abuse, stealing, trouble with police, truancy and running away from home, aggression). These DCL factor scores were shown to be reliable (Cronbach's alphas equaled 0.66, 0.69, 0.27, 0.55, and 0.72 respectively for boys, and equaled 0.78, 0.72, 0.70, 0.55, and 0.36 respectively for girls).

The SCL employed in our investigation was a modified version of the SCL-90 (Derogaitis, 1977). This SCL version consists of 46 items presented with response alternatives ranging from 1="not at all" to 3="a lot" and covers a wide range of symptomatology and psychopathology. After standard score transformations, a lower score on this scale represents more symptomatology. In a factor analysis based on the data collected, three factors for boys (i.e., low

energy, depression, anxiety) and five factors for girls (i.e., depression, low energy, anxiety, hostility, phobic anxiety) emerged.

Based on a series of analyses on the data collected, the SCL factor scores were found to be reliable (alphas equaled 0.81, 0.85, 0.59 respectively for boys, and equaled 0.78, 0.71, 0.67, 0.72, 0.48 respectively for girls).

To assess adolescent help-seeking behavior, adolescents were administered the Mental Health Utilization Questionnaire. This questionnaire comprises 53 items exploring the extent to which the adolescent has felt the need to use various kinds of treatment programs. The MHUQ is based on a survey developed by the Institute for Social Research (Veroff, Douvan, & Kulka, 1981). Covered are the adolescent's feelings regarding the use of various treatment facilities. Also included are items related to the adolescent's use and perceptions of other types of formal (i.e., alcohol/drug abuse centers, teenage drop-in centers, mental health professionals, school counselors, clergy, crisis hotlines) and informal (i.e., teachers, coaches, parents, friends, siblings) helping agents.

At each testing site, students completed a computer version of the self-report questionnaires described in the previous section. The entire procedure time was approximately two hours, and the student was given a check for $20.00 at the end of the session.

Identification of Disturbance. The Adolescent Emotional Disturbance Assessment (AEDA; Offer et al., 1987) was developed to assess emotional turmoil in adolescents. This questionnaire is a composite of three separate assessments each measuring different aspects of the adolescent's psycho-social world. Included in the AEDA are: (1) the OSIQ which assesses self-image and measures the degree to which an adolescent is normal or disturbed, (2) the DCL which assesses anti-social behavior and measures the degree to which an adolescent engages in delinquent behavior, and (3) the SCL which assesses the degree to which an adolescent exhibits symptoms of psychopathology.

Our premise is that an adolescent can have serious problems in one of the three areas (i.e., self-system, behavior, symptomatology) without necessarily having

problems in the other two. The three instruments together cover a significant proportion of the psychological and social world of the adolescent.

For the purposes of our study, an adolescent was defined as being emotionally disturbed if he or she scored (a) one standard deviation below the standard score mean on a least two of three key OSIQ subscales (i.e., family relationships, emotional tone, psychopathology), or (b) two standard deviations below the standard score mean on two or more factors on the DCL, or (c) two standard deviations below the standard score mean on one or more factors on the SCL. Analyses were conducted separately for boys and girls.

As mentioned earlier, the three OSIQ scales that were used in the AEDA (i.e., family relationships, emotional tone, psychopathology) were chosen because they best differentiated normal from disturbed in our pilot data. During the past 20 years we have conducted extensive research with the OSIQ so we feel quite confident that using the one standard deviation below the mean cutoff point is appropriate in distinguishing those adolescents who are in distress from those who are not. Because we wanted to obtain only those adolescents who were clearly symptomatic and/or delinquent, we chose the two standard deviation below the mean cutoff point for the DCL and SCL.

Prevalence of Disturbance. Using our operational definition of disturbance, 22.3% (n = 111) of our sample of 497 adolescents were defined as emotionally disturbed. Twenty-five percent of the girls and 19.7% of the boys were defined as such. Of interest was our finding that a smaller proportion of the urban black adolescents were classified as disturbed when compared to their mostly white peers in the suburbs (18.7% versus 24.8%). We believe that the reason for this finding is related to the high school drop-out rate in the urban school. That is, in the inner city, by age 16, 49% of adolescents have dropped out of school. In contrast, in the suburbs the drop-out rate was 4%. We assume, therefore, that a higher percentage of healthy kids stayed in school in the city.

Help-Seeking Behaviors. As can be seen in Table 1, disturbed adolescents do not, on the whole, use the various mental health services available to them in

the community. Although as many as 40.5% of disturbed adolescents consult the high school counselor, only 34.2% have seen a mental health professional (defined here as either a psychiatrist, psychologist, or social worker) during the last year. More specifically, only 20% entered into treatment with any mental health professional. (Treatment is defined here as having at least three visits.)

Teachers were seen as a viable helping source for disturbed females (13%) more so than for disturbed males (0%). Non-disturbed females sought out the help of a teacher more frequently than did non-disturbed males (10% versus 7%).

With respect to community, one-third of the disturbed adolescents in the two suburban samples had used mental health services in the previous year, whereas only 5% of disturbed adolescents in the inner-city black community had used mental health services. In addition, an appreciable number (14%) of non-disturbed adolescents had used professionals' mental health services in the upper-middle-class white suburban community. This rate of utilization contrasts with that found among non-disturbed adolescents in the middle-class integrated community (5%), and in the black inner-city neighborhood (less than 1%). In contrast to results pertaining to mental health professionals, results show that disturbed urban teenagers use school counselors to a greater degree than do disturbed suburban teenagers (32% versus 13%). School counselors clearly play a greater role in treating disturbed urban teenagers compared with suburban teenagers.

Table 1. Percentage of Adolescents Seeking Help from Formal Helping Agents in the Past Year

Service	Disturbed (n = 111)	Non-disturbed (n = 386)	X2(1)
Alcchol/drug ⌐buse center	7.2%	1.0%	11.44**
Teenage drop-in center	7.2%	1.8%	6.82*
Mental health professional	34.2%	14.6%	20.61**
School counselor	40.5%	33.7%	1.49
Clergy	6.3%	5.4%	.01
Crisis hotline	1.8%	2.3%	.00

Note: Consulted the service at least once.
*p < .05, **p < .01

While the mental health professional sees one third of the disturbed adolescents, this figure is considerably lower in the city (10.5%) than in the suburbs (47%). We suspect that the large percentage of adolescents in the suburbs who are seen by mental health professionals most likely do so for evaluation rather than psychotherapy. Still, this finding is high compared to findings from adult studies (Taube et al., 1984). Perhaps because the city high school as well as one of the two suburban high schools were located near a university, mental health services were more available and more easily accessible.

When the adolescents were asked whether they knew where they could obtain mental health help, most were aware of the availability of the services in their community (see Table 2). Nevertheless, it appears that some services are better known to students than others. For example, although almost all of them knew where the school counselor could be found, only about a third knew where a teen-age drop-in center was located.

Table 2. Percentage of Adolescents Who Know Where
to Seek Help from Helping Agents in their Communities

Service	Disturbed (n = 111)	Non-disturbed (n = 386)	X2(1)
Alcohol/drug abuse center	64.9%	60.1%	.63
Teenage drop-in center	36.0%	37.6%	.03
Mental health professional	75.7%	67.9%	2.12
School counselor	91.9%	92.2%	.00
Clergy	57.7%	69.7%	5.11*
Crisis hotline	37.8%	45.1%	1.56

*p < .05

With regard to adolescents seeking help from informal helping agents, we found that teachers, as well as coaches, were not used by our subjects as a person with whom they could confer about emotional problems. Specifically, only 5% of the disturbed adolescents reported that they either had talked to a teacher when they had an emotional problem or that they would do so in the future. Similarly, only one third of the entire sample said that they either have talked to or would talk to their siblings.

The two groups that adolescents reported using most frequently were their parents and their friends. As can be seen in Table 3, disturbed adolescents more frequently chose friends, and non-disturbed adolescents more frequently chose parents to go to when they have an emotional problem. With regard to seeking help in the future, non-disturbed adolescents more frequently report that they would go to parents than would disturbed adolescents, and considerably more disturbed adolescents report that they will choose their friends and not their parents (see Table 4). Finally, when asked how helpful the discussions have been with those individuals the adolescents sought out for help, both disturbed and non-disturbed adolescents report that help from friends was beneficial whereas more

non-disturbed adolescents report receiving helpful advice from parents (see Table 5).

Table 3. Percentage of Adolescents Who Seek Help
from Friends and Parents (At least "Some of the time")

Helping Agent	Disturbed (n = 111)	Non-disturbed (n = 386)	X2(1)
Friend	88.3%	75.9%	7.16*
Parent	36.0%	56.5%	13.62**

*p < .01, ** p < .001

Table 4. Percentage of Adolescents Who Will Seek Help
from Friends and Parents in the Future
(At least "Some of the time")

Helping Agent	Disturbed (n = 111)	Non-disturbed (n = 386)	X2(1)
Friend	84%	78%	1.43
Parent	44%	70%	23.86*

*p < .0001

Table 5. Percentage of Adolescents Perceiving Friends
and Parents as Helpful (At least "Helps some")

Helping Agent	Disturbed (n = 111)	Non-disturbed (n = 386)	X2(1)
Friend	96%	95%	.11
Parent	74%	84%	5.87*

*p < .05

Overall, the findings from this investigation suggest that, for the most part, disturbed adolescents do not obtain the help they need. Although significantly more disturbed adolescents sought help from alcohol/drug abuse centers, teenage drop-in centers, and mental health professionals than did non-disturbed adolescents, the majority did not seek help from any formal helping agent. More specifically, of the adolescents categorized as disturbed, approximately two thirds had not sought help from a mental health professional. Unfortunately, we do not know why some adolescents seek help from mental health professionals and others do not. It may be that those adolescents seeking help from mental health professionals are those who do so through their parents' initiative rather than their own. As mentioned previously, this is especially noteworthy when one considers that during adolescence individuals gain an increasing ability to conceal distress and therefore many parents may be unaware of their son's or daughter's internal states and rendered incapable of taking action to intervene. One could also speculate that those adolescents whose disturbance is outwardly manifested would be more likely to encounter parental intervention than those adolescents whose disturbance such as depressed feelings is turned inwardly. Future efforts should attempt to determine what differences exist between those adolescents who obtain help from a mental health professional through their own volition and those who do so under parental coercion as well as the differences in help-seeking behavior with respect to specific symptomatology.

Undoubtedly, adolescents seek help from those services readily available to them. Our results suggest that a significant proportion of both disturbed and non-disturbed adolescents are aware of several of the helping agents available to them in their communities. Of particular interest are the data indicating that 41% of the disturbed adolescents and 34% of the non-disturbed adolescents had sought help from a school counselor, the category with the largest percentages for both groups across the various formal helping agents. This is not surprising considering that over 90% of the adolescents in both groups were aware of where to find their school counselor. Indeed, these findings have implications for designing

interventions for adolescents in need of help. Specifically, attempts should be made not only to make adolescents more aware of existing helping agents in their community but also to make these services more accessible.

The findings relating to both disturbed and non-disturbed adolescents' preferences for seeking help from friends and parents is in agreement with findings from previous investigations suggesting that adolescents prefer to seek help from family and friends for problems deemed "personal" (Dubow et al., 1990; Hodgson et al., 1986; Sternlieb and Munan, 1976). For example, Dubow et al., (1990) reported that 89% of the adolescents in their study consulted friends and 81% consulted family. Our results suggest that non-disturbed adolescents frequently seek help from their parents. Indeed, it appears our findings concerning non-disturbed youth seeking help from their parents for emotional problems are in accord with findings from previous investigations indicating that the vast majority of teenagers have positive feelings toward their parents and are not continually rebelling or in a state of antagonism toward them (Csikszentmihalyi & Larson, 1984; Douvan & Adelson, 1966; Offer, 1969; Offer & Offer, 1975; Mitchell, 1980; Offer et al., 1981, 1984). Especially noteworthy is the finding that those non-disturbed adolescents who seek help from their parents find it helpful.

Nonetheless, a different picture emerges when one examines the help-seeking behaviors of disturbed adolescents with regard to parents and friends. Of special interest is the finding that many disturbed adolescents seek help from their friends and not their parents. Although these adolescents find this help useful, one must question the advice they receive from their peers. Previous research has shown that disturbed adolescents indicate a significantly greater liking for their fellow disturbed peers than they do for their non-disturbed peers (Sarbornie & Kauffman, 1985). If the disturbed adolescents are seeking help from other disturbed adolescents, one must wonder how beneficial the help is that they receive. If these disturbed adolescents are more likely to turn to their peers

rather than adults, it may be that interventions such as peer counseling programs are more suited to this population.

VI. Why Are Some Adolescents Not Able to Seek Help?

Despite all the available resources, many adolescents do not seek help and social support. What are the factors that disable adolescents to seek the help they may so desperately need? Three basic reasons stand out.

First, adolescents may not possess appropriate coping strategies. As noted in an earlier section, adolescents with behavioral problems and difficulties rely on more emotion-focused strategies rather than problem-focused strategies. Problem-focused strategies might include seeking help and social support.

Second, adolescents may not realize they need help. During adolescence, changes in cognitive development are occurring. Although Piaget's (Inhelder & Piaget, 1958) theory of cognitive development would suggest that adolescents might be more capable of the kind of hypothetical-deductive reasoning necessary for reflecting about possible courses of action for seeking help, these growing cognitive abilities have been hypothesized to contribute to depression and social withdrawal in adolescents (Elkind, 1985). At the onset of formal operational thought, there is an initial overemphasis on assimilatory cognitive functions resulting in a differentiation failure of formal operational thought. This initial failure is best characterized by David Elkind (1967):

> [F]ormal operational thought not only enables the adolescent to
> conceptualize his thoughts, it also permits him to conceptualize the
> thoughts of other people. It is this capacity to take account of other
> people's thought, however, which is the crux of adolescent
> egocentrism. This egocentrism emerges because, while the
> adolescent can now cognize the thoughts of others, he fails to
> differentiate between the objects toward which the thoughts of

others are directed and those which are the focus of his own concern (p. 1029).

Elkind (1985) posits that as a result of the adolescents' new-found abilities in thinking about other's thinking, adolescent egocentrism emerges. This adolescent egocentrism results in two new formal operational constructions called "imaginary audience" and "personal fable." Imaginary audience refers to the idea that teenagers believe everyone is as concerned about their behavior and appearance as they are. In correspondence with the imaginary audience is the emergence of another mental construction identified by Elkind (1985) as the "personal fable." As Elkind describes: "If, as the teenager believes, everyone is watching him/her and thinking about the teenager all of the time, then the teenager must be very important and special" (p. 85). This sense of omnipotence and invulnerability has been associated with many tragic outcomes in adolescence, such as automobile accidents, drug abuse, suicide, and teenage pregnancies. In addition, an adolescent holding a strong personal fable may not seek help or social support because he or she either denies a problem exists or believes that because he or she is so unique, no one could be of any assistance.

Finally, adolescents may not know where to go for help. Several of the studies reviewed here indicate that many adolescents are unaware of the availability of helping resources that are available to them (Dubow et al., 1990; Offer et al., 1991). In addition, sources of both informal and formal support to help adolescents manage stress are less likely to be available for those living in poverty (Schorr, 1988).

In summary, a sizable proportion of adolescents in the population are in need of help and social support and many do not receive help, particularly when it is left up to them to initiate and carry through on the help-seeking.

VII. Helping Adolescents: The Adult's Perspective

One important topic often overlooked when examining social support and help-seeking in adolescence is the perspective of the adult helper. Following, we provide some information that appears to be particularly useful to those planning mentoring programs for adolescents.

A. Adults' Conceptions of Adolescence

Mental health professionals and pediatricians, as well as adults in general, believe that adolescence is a time of "storm and stress" (Hechinger & Hechinger, 1963; Offer, Ostrov, & Howard, 1981; Swedo & Offer, 1989). Believing that the typical adolescent is in constant stress and turmoil may lead adults to overlook adolescents who are truly disturbed. Our belief is that we do not help adolescents who experience such crises or turmoil when we tell them not to worry about their problems because they are a normal part of adolescence and because they will simply "grow out of it."

The view of adolescence as a tumultuous stage of life has two implications for adult mentoring programs. First, the prevalence and tenacity of this belief may deter adults from volunteering to serve as mentors for adolescents. Second, because of these beliefs about adolescents, adult mentors might not take an adolescents' disruptive and/or disturbing behavior seriously.

Changing the concepts adults have about the adolescent age-period appears to be a challenging undertaking. Many people are unreceptive to research findings that dispel their beliefs about adolescents and continue to believe that they know what adolescents are all about (Brooks-Gunn & Petersen, 1984). Further, research suggests that the more experience one has working with adolescents, the more likely one is to possess stereotyped notions of adolescence (Buchanan et al., 1990).

To quote Oldham (1978), "The clinician who views adolescence as a period of inevitable turbulence and disruption will approach the problem differently from colleagues who regard normal adolescence as characterized by stability" (p. 267). Among adults who believe adolescent turmoil or unhappiness is normative, only

the extremely disturbing or the clearly disturbed adolescent may generate concern and intervention.

B. Characteristics of Adults Who are Successful With Adolescents

What are the characteristics of adults who are successful with adolescents? Little research is available on this topic with regard to adult mentors, so we turn to the research on the personality traits of teachers who are successful with adolescents.

Although psychologists and educators have found it difficult to compile a complete list of the traits of successful teachers of adolescents, some teacher traits have been compiled. These traits include enthusiasm, ability to plan, poise, adaptability, warmth, flexibility, and awareness of individual differences (Santrock, 1990).

Feeney (1980) has delineated some suggestions for successful teaching of adolescents that appear equally applicable to adults who work with adolescents as mentors. Feeney believes that adults who work successfully with adolescents are able to empathize and remember what their own adolescence was like. They are able to recall their own youthful vulnerability and understand and respect adolescents' sensitivity to criticism and need to be accepted among their peers. These adults are knowledgeable about the developmental characteristics of the adolescent age-period and take this knowledge into account when planning activities. Teachers with high expectations for students have students with more positive outcomes (Schorr, 1988).

C. Adults as Helpers

In everyday life, people generally provide help to people they know rather than to strangers (Amato, 1990). In other words, ". . . helping is usually not an isolated event but is embedded in long-term social relationships" (Amato, 1990, p. 31). This may pose a rather difficult task for the adult mentor of an at-risk youth because the adult may want to provide help that is somewhat artificial. In addition, difficulties many arise in defining the precise role of the mentor (McPartland & Nettles, 1991).

VIII. Implications for Practice

> The perceived enduring interest of others, particularly nonfamilial adults, is believed to be a prime component of a 'rich' social environment (Bronfenbrenner, 1970, 1977; Garbarino, 1976; Garbarino et al., 1978, p. 419).

The research evidence we have gathered thus far indicates that non-related adults do play a role in the lives of adolescents. These "significant" adults in adolescents' social networks can contribute positively to their self-esteem (Lackovic-Grgin & Dekovic, 1990). A few key findings that have important implications for mentoring programs will be highlighted here.

1. The responses that children evoke from others undoubtedly play an important role in how willing others will want to offer help and support. For example, research conducted by Caspi, Elder, & Bem (1987) suggests that ill-tempered children become ill-tempered adults. Moreover, these ill-tempered adults faced a number of difficulties in work as well as their personal lives. What can account for this pattern of difficulties? Caspi, Elder, & Bem (1987) offer one hypothesis. "It is proposed that maladaptive behaviors are sustained through the progressive accumulation of their own consequences (cumulative continuity) and by evoking maintaining responses from others during reciprocal social interaction (interactional continuity)" (p. 308).

The above findings have important implications for the designing of mentoring programs for youth. Many of the youth considered "at risk" and in need of an adult mentor may possess characteristics and behavior patterns that evoke negative responses. Those involved in training mentors need to be made aware of this and provide a support network for the mentors.

2. Support from a caring adult can provide adolescents with the skills necessary to develop into a healthy functioning adult.

3. "At risk" adolescents possess social skill deficits (Leadbeater, Hellner, Allen, & Aber, 1989) and undoubtedly will pose a special challenge to the adult mentors with whom they are working.

> Many of the lessons of successful programs outlined by Schorr
> (1988) appear to be readily applicable to mentoring programs for
> adolescents.
> In short, the programs that succeed in helping the children and
> families in the shadow are intensive, comprehensive, and flexible.
> They also share an extra dimension, more difficult to capture: Their
> climate is created by skilled, committed professionals who establish
> respectful and trusting relationships and respond to the individual
> needs of those they serve (p. 259).

As research on social support and help-seeking continues, it is important to recognize that much individual variation exists among adolescents. Developmental differences in adolescents' abilities to successfully seek help for their emotional difficulties should be particularly salient to those designing prevention and intervention strategies. Undoubtedly, those concerned with designing mentoring programs for adolescents need to be cognizant of developmental differences that exist within adolescents and their ability to receive and benefit from help provided through an adult mentor.

Currently in the United States there are approximately 17 million adolescents. Our findings suggest that, at any one time, about 20% or nearly 3.5 million teenagers are suffering from some type of emotional disturbance. Over 2.5 million of these adolescents are not receiving appropriate help. It is likely that misconceptions about adolescent psychology have led us to overlook the emotional problems of adolescents. That is, perhaps as a result of the belief that normal (i.e., non-patient) adolescents typically experience emotional turmoil, professionals working with teenagers have minimized the importance of the emotional disturbances that some adolescents do manifest. Adults working with adolescents

should become aware of the seriousness of the adolescents' problems and that adolescents can be helped.

As noted in the introduction, little research exists that has examined the impact that adult mentors can have on youth. Ianni (1989), believes that mentoring programs can be quite helpful to teenagers. He states:

> Those programs where it was successful did more than simply provide an adult caretaker or role model; they provided the mentor with the resources-learning and skills development materials, trips to museums and theaters, opportunities for the protege toward the new worlds she was hoping to enter rather than simply helping the youngster to adjust to her present environment (p. 270).

In conclusion, it should be noted that adolescence is not only a time of increased vulnerability due to the many changes that take place at this time of development, but adolescence is also a time of extraordinary responsiveness to changes in the environment. Thus, adolescence appears to be a time especially conducive to intervene and provide opportunities that can have lifelong consequences.

References

Achenbach, T. M. (1982). *Developmental psychopathology.* New York: Wiley.

Alexander, C. S. (1989). Gender differences in adolescent health concerns and self-assessed health. *Journal of Early Adolescence, 9,* 467-479.

Amato, P. R. (1990). Personality and social network involvement as predictors of helping behavior in everyday life. *Social Psychology Quarterly, 53,* 31-43.

Anthony, E. J., & Cohler, B. J. (1987). *The invulnerable child.* New York, NY: Guilford Press.

Aries, P. (1962). *Centuries of childhood.* New York: Vintage Books.

Band, E. B., & Weisz, J. R. (1988). How to feel better when it feels bad: Children's perspectives on coping with everyday stress. *Developmental Psychology, 24,* 247-253.

Bandura, A. (1964). The stormy decade: Fact or fiction? *Psychology in the Schools, 1,* 224-231.

Bandura, A. (1977). *Social learning theory.* Englewood Cliffs, NJ: Prentice-Hall.

Baumrind, D. (1968). Authoritarian vs. authoritative parental control. *Adolescence, 3,* 255-272.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology Monographs, 4,* (1, Pt 2).

Baumrind, D. (1975). Early socialization and adolescent competence. In S.E. Dragastin & G. H. Elder Jr. (Eds.), *Adolescence in the life cycle: Psychological change and social context* (pp. 117-140). New York: Wiley-Halsten.

Baumrind, D. (1989). Parenting styles and adolescent development. In J. Brooks-Gunn, R. Lerner, & A. C. Petersen (Eds.), *The encyclopedia of adolescence.* New York: Garland.

Bealer, R., C., Willits, F. K., & Maida, P. R. (1971). The rebelliousness of youth culture—a myth. In R. E. Muuss, (Ed.), *Adolescent behavior and society: A book of readings* (pp. 454-463). New York: Random House.

Benedict, R. (1938). Continuities in cultural conditioning. *Psychiatry, 1,* 161-167.

Berndt, T. J. (1979). Developmental changes in conformity to peers and parents. *Developmental Psychology, 15,* 608-616.

Berndt, T. J. (1982). The features and effects of friendship in early adolescence. *Child Development, 53,* 1447-1460.

Berndt, T. J., & Ladd, G. W. (1989). *Peer relationships in child development.* New York: Wiley.

Bernstein, D. P., Cohen, P., Schwab-Stone, M., Valex, C. N., & Siever, L. J. (1990). *The epidemiology of Axis II disorders.* Unpublished manuscript, New York State Psychiatric Institute.

Biddle, B. J., Bank, B. J., & Marlin, M. M. (1980). Parental and peer influences on adolescents. *Social Forces, 58,* 1057-1079.

Bird, H. R., Canino, G., Rubio-Stipec, M., & Gould, M. S. (1988). Estimates of prevalence of childhood maladjustment in a community survey in Puerto Rico. *Archives of General Psychiatry, 45,* 1120-1126.

Bjornesson, S. (1974). Epidemiological investigations of mental disorders of children in Reykjavik, Iceland. *Scandinavian Journal of Psychology, 15,* 244-254.

Block, J. H., & Block, J. (1980). The role of ego-control and ego-resiliency in the organization of behavior. In W. A. Collins (Ed.), *The Minnesota Symposia on Child Psychology,* (Vol. 13) (pp. 39-101). Hillsdale, NJ: Erlbaum.

Blos, P. (1962). *On adolescence.* New York: Free Press.

Blyth, D., Hill, J. P., & Thiel, K. S. (1982). Early adolescents' significant others: Grade and gender differences in perceived relationships with familial and nonfamilial adults and young people. *Journal of Youth and Adolescence, 11,* 425-450.

Bowerman, C. E., & Kinch, J. W. (1959). Changes in family and peer orientation of children between the fourth and tenth grades. *Social Forces, 37,* 206-211.

Breton, R. (1972). *Social and academic factors in the career decisions of Canadian youth.* Department of Manpower and Immigration, Information Canada, Ottawa.

Brim, O. G., Jr., & Kagan, J. (1980). *Constancy and change: A view of the issues.* In O. G. Brim Jr. & J. Kagan (Eds.), Constancy and change in human development (pp. 1-25). Cambridge, MA: Harvard University Press.

Brittain, C. U. (1963). Adolescent choices and parent-peer pressures. *American Sociological Review, 28,* 358-391.

Brittain, C. U. (1967). An exploration of the bases of peer-compliance and parent-compliance in adolescence. *Adolescence, 2,* 445-458.

Bronfenbrenner, U. (1970). *Two worlds of childhood: U.S. and U.S.S.R.* New York: Russell Sage Foundation.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32,* 513-531.

Brooks-Gunn, J., & Petersen, A. C. (1984). Problems in studying and defining pubertal events. *Journal of Youth and Adolescence, 13,* 181-196.

Brooks-Gunn, J., & Reiter, E. O. (1990). The role of pubertal processes in the early adolescent transition. In S. S. Feldman & G. R. Elliott (Eds.), At the threshold: The developing adolescent (pp.16-53). Cambridge, MA: Harvard University Press.

Broughton, J. M. (1981). The divided self in adolescence. Human Development, 24, 13-32.

Brown, B. B. (1990). Peer groups and peer cultures. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 171-196). Cambridge, MA: Harvard University Press.

Bryant, B. K. (1985). The neighborhood walk: Sources of support in middle childhood. *Monographs of the Society for Research in Child Development, 50,* Serial No. 210.

Buchanan, C. M., Eccles, J. S., Flanagan, C., Midgley, C., Feldlaufer, H., & Harold, R. D. (1990). Parents' and Teachers' Beliefs about adolescents: Effects of sex and experience. *Journal of Youth and Adolescence, 19,* 363-394.

Burda, P. C., Vaux, A., & Schill, T. (1984). Social support resources: Variation across sex and sex roles. *Personality and Social Psychology Bulletin,* *10,* 119-126.

Burke, R. J., & Weir, T. (1978). Sex differences in adolescent life stress, social support and well-being. *Journal of Psychology, 98,* 277-288.

Cairns, R. B., & Cairns, B. D. (1989, April). *Risks and lifelines in adolescence.* Paper presented at the biennial meeting of the Society for Research in Child Development, Kansas City, MO.

Carnegie Council on Adolescent Development. (1989). *Turning points: Preparing American youth for the 21st century.* Report prepared by the Carnegie Council on Adolescent Development's Task Force on Education of Young Adolescents, Washington, D.C.

Casper, R. C., & Offer, D. (1990). Weight and dieting concerns in normal adolescents: Fashion or symptom? *Pediatrics, 86,* 384-390..

Caspi, A., Elder, G. H., & Bem, D. J. (1987). Moving against the World: Life-course patterns of explosive children. *Developmental Psychology, 23,* 308-313.

Cauce, A, M., Felner, R. D., & Primavera, J. (1982). Social support in high-risk adolescents: Structural components and adaptive impact. *American Journal of Community Psychology, 10,* 417-428.

Chess, S., & Thomas, A. (1986). *Temperament in clinical practice.* New York: Guilford Press.

Coates, D. L. (1987). Gender differences in the structure support characteristics of Black adolescents' social networks. *Sex Roles, 17,* 667-687.

Coie, J. D., & Pennington, B. F. (1976). Children's perceptions of deviance and disorder. *Child Development, 47,* 407-413.

Coles, R. (1989). *Girl scouts survey on the beliefs and moral values of America's children.* New York, Girl Scouts of United States of America,

Compas, B. E. (1987). Coping with stress during childhood and adolescence. *Psychological Bulletin, 101,* 393-403.

Compas, B. E. (1989, April). *Vulnerability and stress in childhood and adolescence.* Paper presented at the biennial meeting of the Society for Research in Child Development, Kansas City, MO.

Compas, B. E., Davis, G. E., Forsythe, C. J., & Wagner, B. M. (1987). Assessment of major and daily stressful events during adolescence: The Adolescent Perceived Events Scale. *Journal of Consulting and Clinical Psychology, 55,* 534-541.

Compas, B. E., Malcarne, V. L., & Fondacaro, K. M. (1988). Coping with stressful events in older children and young adolescents. *Journal of Consulting and Clinical Psychology, 56,* 405-411.

Condry, J., & Siman, M. L. (1974). Characteristics of peer and adult-oriented children. *Journal of Marriage and the Family, 36,* 543-554.

Condry, J. C., Siman, M. L., & Bronfenbrenner, U. (1968). *Characteristics of peer- and adult-oriented children.* Unpublished manuscript, Cornell University, Ithaca, NY.

Conger, R. D., Elder, G. H., Lasley, F., Lorenz, F., Norem, R., & Simmons, R. L. (1989, April). *Preliminary findings from the Iowa Youth and Families Project.* Paper presented at the biennial meeting of the Society for Research in Child Development, Kansas City, MO.

Cowen, E. L., & Work, W. C. (1987). Invulnerable children, psychological wellness and primary prevention. Manuscript submitted for publication.

Csikszentmihalyi, M., & Larson, R. (1984). *Being adolescent: Conflict and turmoil in the teenage years.* New York: Basic.

Cummings, E. M., Greene, A. L., & Karraker, K. H. (Eds.) (1991). *Life-span developmental psychology: Perspectives on stress and coping.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Cvetkovich, G., & Grote, B. (1983). *Adolescent development and teenage fertility.* In D. Byrne & W. A. Fisher (Eds), Adolescents, sex, and contraception (pp. 109-123). New Jersey: Lawrence Erlbaum.

Davis, M. H., & Oathout, H. A. (1987). Maintenance of satisfaction in romantic relationships: Empathy and relational competence. *Journal of Personality and Social Psychology, 53,* 397-410.

Dean, A., & Ensel, W. M. (1983). The epidemiology of depression in young adults: The centrality of social support. *Journal of Psychiatric Treatment and Evaluation, 5,* 195-207.

DePaulo, B. M., Nadler, A., & Fisher, J. D. (Eds.). (1983). *New directions in helping (Vol. 2).* New York: Academic Press.

Derogaitis, L. R. (1977). *SCL-90-R Manual.* Clinical Psychometrics Research Unit, John Hopkins School of Medicine. Baltimore, MD.

Devereux, E. C. (1970). The role of the peer group experience in moral development. In J. P. Hill (Ed.), *Minnesota Symposium on Child Psychology,* Vol 4., (pp. 94-140. Minneapolis, MN: University of Minnesota Press.

Dise-Lewis, J. (1988). The life events and coping inventory: An assessment of stress in children. *Psychosomatic Medicine, 50,* 484-499.

Dishion, T. J., & Skinner, M. S. (1989, April). *A process model for the role of peer relations in adolescent social adjustment.* Paper presented at the biennial meeting of the Society for Research in Child Development, Kansas City, MO.

Dollinger, S. J., Theler M. H., & Walsh, M. L. (1980). Children's conceptions of psychological problems. *Journal of Clinical Child Psychology, 9,* 191-194.

Dornbusch, S. M. (1989). The sociology of adolescence. *Annual Review of Sociology, 15,* 233-259.

Dornbusch, S. M., Petersen, A. C., & Hetherington, E. M. (1991). Projecting the future of research on adolescence. *Journal of Research on Adolescence, 1,* 7-17.

Douvan, E., & Adelson, J. (1966). *The adolescent experience.* New York: Wiley.

Dryfoos, J. G. (1990). *Adolescents at risk: Prevalence and prevention.* New York, NY: Oxford University Press.

Dubow, E. F., Lovko, Jr., & Kausch, D. F. (1990). Demographic differences in adolescents' health concerns and perceptions of helping agents. *Journal of Clinical Child Psychology, 19,* 44-54.

Earls, F., Robins, L. N., Stiffman, A. R., & Powell, J. (1989). Comprehensive health care for high-risk adolescents: An evaluation study. American *Journal of Public Health, 79,* 999-1005.

Ebata, A. T., & Moos, R. H. (1989, April). *Coping and adjustment in distressed and healthy adolescents.* Paper presented at the Biennial Meeting of the Society for Research in Child Development, Kansas City, MO.

Ebata, A. T., Petersen, A. C., & Conger, J. J. (1990). The development of psychopathology in adolescence. In J. Rolf, A. S. Masten, D. Cicchetti, K. L. Nuechterlein, & S. Weintraub, *Risk and Protective Factors in the Development of Psychopathology* (pp. 308-333). New York: Cambridge University Press.

Eccles, J. S., Midgley, C., Feldlaufer, H., Reuman, D., Wigfield, A., & MacIver, D. (1989, April). *Junior high transition: Evidence of a developmental mismatch.* Paper presented at the biennial meeting of the Society for Research in Child Development, Kansas City, MO.

Elder, G. H. (1968). Democratic parent-youth relations in cross-national perspective. *Social Science Quarterly, 49,* 216-228.

Elder, G. H. (1974). *Children of the Great Depression: Social change in life experience.* Chicago: University of Chicago Press.

Elder, G. H. (1980). Adolescence in historical perspective. In J. Adelson (Ed.), *Handbook of adolescent psychology.* New York: Wiley.

Elkin, F., & Handel, G. (1978). *The child and society: The process of socialization.* New York: Random House.

Elkin, F., & Westley, W. A. (1955). The myth of adolescent culture. *American Sociological Review, 20,* 680-684.

Elkind, D. (1967). Egocentrism in adolescence. *Child Development, 38,* 1025-1034.

Elkind, D. (1985). Cognitive development and adolescent disabilities. *Journal of Adolescent Health Care, 6,* 84-89.

Eme, R., Maisiak, R., & Goodale, W. (1979). Seriousness of adolescent problems. *Adolescence, 14,* 93-99.

Entwisle, D. R. (1990). Schools and the adolescent. In S.S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 197-224). Cambridge, MA: Harvard University Press.

Erikson, E. (1968). *Identity: Youth and crisis.* New York: Norton.

Esser, G., Schmidt, M. H., & Woerner. (1990). Epidemiology and course of psychiatric disorders in school-age children—Results of a longitudinal study. *Journal of Child Psychology and Psychiatry, 31,* 243-263.

Feeney, S. (1980). *Schools for young adolescents: Adapting the early childhood model.* Carrboro, NC: Center for Early Adolescence.

Feldman, S. S., & Elliott, G. R. (1990). *At the threshold: The developing adolescent.* Cambridge, MA: Harvard University Press.

Feldman, W., Hodgson, C., Corber, S., & Quinn, A. (1986). Health concerns and health-related behaviors of adolescents. *Canadian Medical Association Journal, 134,* 489-493.

Felsman, K. J., & Vaillant, G. E. (1987). Resilient children as adults: A 40-year study. In E. J. Anthony and B. J. Cohler (Eds.), *The invulnerable child* (pp. 289-314). London: Guilford Press.

Flavell, J. H. (1981). Monitoring social-cognitive enterprises: Something else that may develop in the area of social cognition. In J. H. Flavell & L. Ross (Eds.), *Social cognitive development: Frontiers and possible futures.* New York: Cambridge University Press.

Flavell, J.H. (1985). *Cognitive development* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.

Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. *Journal of Personality and Social Psychology, 48,* 839-852.

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21,* 219-239.

Foster-Clark, F. S. (1990, March). *Influences on adolescent problem behavior: Individual and social network factors.* Paper presented at the meeting of the Society for Research on Adolescence, Atlanta, GA.

Freud, A. (1958). Adolescence. *The Psychoanalytic Study of the Child, 13,* 255-278.

Frydenberg, E., & Lewis, R. (1991). Adolescent coping: The different ways in which boys and girls cope. *Journal of Adolescence, 14,* 119-133.

Gad, M. T., & Johnson, J. H. (1980). Correlates of adolescent life stress as related to race, SES, and levels of perceived social support. *Journal of Clinical Child Psychology, 9,* 13-16.

Garbarino, J. (1976). The role of schools in socialization to adulthood. *Educational Forum, 42,* 169-182.

Garbarino, J., Burston, N., Raber, S., Russell, R., & Crouter, A. (1978). The social maps of children approaching adolescence: Studying the ecology of youth development. *Journal of Youth and Adolescence, 7,* 417-428.

Garmezy, N. (1983). Stressors of childhood. In N. Garmezy and M. Rutter (Eds.), *Stress, coping, and development in children* (pp. 43-84). New York: McGraw Hill.

Garmezy, N. (1985). Stress-resistant children: The search for protective factors. In J. E. Stevenson (Ed.), Recent research in developmental psychopathology. *Journal of Child Psychology and Psychiatry.* Book Supplement No. 4 (pp. 213-233). Oxford: Pergamon Press.

Garmezy, N., & Rutter, M. (Eds.) (1983). *Stress, coping, and development in children.* New York: McGraw-Hill.

Garrick, T., Ostrov, E., & Offer, D. (1988). Physical symptoms and self-image in a group of normal adolescents. *Journal of the American Medical Association, 29,* 73-80.

Gove, W. R., & Tudor, J. F. (1973). Adult sex roles and mental illness. *American Journal of Sociology, 78,* 812-835.

Graham, P., & Rutter, M. (1973). *Psychiatric disorders in the young adolescent.* Proceedings of the Royal Society of Medicine, 66, 58-61.

Greenberg, M. T., Siegel, J. M., & Leitch, C. J. (1983). The nature and importance of attachment relationships to parents and peers during adolescence. *Journal of Youth and Adolescence, 12,* 373-386.

Greene, A. L. (1989, April). *Differentiating developmental contributors and contexts of adolescent stress.* Paper presented at the biennial meeting of the Society for Research in Child Development, Kansas City, MO.

Hall, G. S. (1904). *Adolescence: Its psychology and its relation to physiology, anthropology, sociology, sex, crime, religion, and education.* New York: D. Appleton Co.

Hall, J. A. (1978). Gender effects in decoding nonverbal cues. *Psychological Bulletin, 85,* 845-858.

Hamburg, B. (1974). Early adolescence: A specific and stressful stage of the life cycle. In G. Coelho, D. A., Hamburg, & J. E. Adams (Eds.), *Coping and adaptation.* New York: Basic Books.

Harter, S. (1990). Self and identity development. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 352-387). Cambridge, MA: Harvard University Press.

Hauser, S. T., & Bowles, M. K. (1990). Stress, coping, and adaptation. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 388-413). Cambridge, MA: Harvard University Press.

Hawkins, J. A., & Berndt, T. J. (1985, April). *Adjustment following the transition to junior high school.* Paper presented at the biennial meeting of the Society for Research in Child Development, Toronto, Canada.

Healy, C. C., & Welchert, A. J. (1990). Mentoring relations: A definition to advance research and practice. *Educational Researcher, 19,* 17-21.

Hechinger, F., & Hechinger, G. (1963). *Teenage tyranny.* New York: William Morrow & Co.

Hill, J. (1980). *Understanding early adolescence: A framework.* Chapel Hill, N.C.: Center for Early Adolescence, University of North Carolina.

Hirsch, B. J., & Rapkin, B. D. (1987). The transition to junior high school: A longitudinal study of self-esteem, psychological symptomatology, school life, and social support. *Child Development, 58,* 1235-1243.

Hodgson, C., Feldman, W., Corber, S., & Quinn, A. (1986). Adolescent health needs II. Utilization of health care by adolescents. *Adolescence, 21,* 383-390.

Hoffman, M. L. (1977). Sex differences in empathy and related behaviors. *Psychological Bulletin, 84,* 712-722.

Hotaling, G. T., Atwell, S. G, & Linsky, A. S. (1978). Adolescent life changes and illness: A comparison of three models. *Journal of Youth and Adolescence, 7,* 393-403.

House, E. A., Durfee, M. F., & Bryan, C. K. (1979). A survey of psychological and social concerns of rural adolescents. *Adolescence, 14,* 361-376.

Ianni, F. (1983). *Home, school, and community in adolescent education.* New York: ERIC Clearinghouse on Urban Education.

Ianni, F. A. J. (1989). *The search for structure.* New York: The Free Press.

Inhelder, B., & Piaget, J. (1958). *The growth of logical thinking.* New York: Basic Books.

Ishwaran, K. (1979). *Childhood and adolescence in Canada.* Toronto, Ontario: McGraw-Hill Ryerson.

Kalter, N. M., & Marsden, G. (1977). Children's understanding of their emotionally disturbed peers. II. Etiological factors. *Psychiatry, 40,* 48-54.

Kandel, D. B., & Lesser, G. S. (1969). Parent-adolescent relationships and adolescent independence in the United States and Denmark. *Journal of Marriage and the Family, 31,* 348-358.

Kandel, D. B., & Lesser, G. S. (1972). *Youth in two worlds.* San Francisco, CA: Jossey-Bass.

Kanner, A. D., Feldman, S. S., Weinberger, D. A., & Ford, M. E. (1987). Uplifts, hassles, and adaptational outcomes in early adolescents. *Journal of Early Adolescence, 7,* 371-394.

Kaser-Boyd, N., Adelman, H. S., Taylor, L., & Nelson, Perry. (1986). Children's understanding of the risks and benefits of psychotherapy. *Journal of Clinical Child Psychology, 15,* 165-171.

Kashani, J. H., Beck, N. C., Hoeper, E. W., Fallahi, C., Corcoran, C. M., McAllister, J. A., Rosenberg, T. K., & Reid, J. C. (1987). Psychiatric disorders in a community sample of adolescents. *American Journal of Psychiatry, 144,* 584-589.

Kazdin, A. E., Griest, D. L., & Esveldt-Dawson, K. (1984). Perceptions of psychopathology among psychiatric inpatient children. *Journal of Clinical Child Psychology, 13,* 147-156.

Kellam, S. G., Branch, J. D., Brown, C. H., & Russell, G. (1981). Why teenagers come for treatment. *Journal of the American Academy of Child Psychiatry, 20,* 477-495.

Klerman, G. L., & Weissman, M. M. (1984). An epidemiologic view of mental illness, mental health, and normality. In D. Offer and M. Sabshin (Eds.), *Normality and the life cycle* (pp. 315-344). New York: Basic Books.

Kliewer, W., Lepore, S. J., Broquet, A., Zuba, L., & Cosgrove, M. (1989, April). *Children's use of anonymous social support: Analysis of data from the Irvine Kidphone.* Paper presented at the meeting of the Society for Research in Child Development, Kansas City, MO.

Kohlberg, L. (1969). Stage and sequence: The cognitive- developmental approach to socialization. In D. A. Goslin (Ed.), *Handbook of socialization theory and research* (pp. 347-380). Chicago: Rand McNally.

Kohlberg, L. (1976). Moral stages and moralization: The cognitive- developmental approach. In T. Lickona (Ed.), *Moral development and behavior.* New York: Holt, Rinehart, & Winston.

Krebs, D. (1975). Empathy and altruism. *Journal of Personality and Social Psychology, 32,* 1124-1146.

Krupinski, J., Baikie, A. G., Stoller, A., Graves, J., O'Day, D. M., & Polke. P. (1967). A community health survey of Heyfield, Victoria. *Medical Journal of Australia, 54,* 1204-1211.

Lackovic-Grgin, K, & Dekovic, M. (1990). The contribution of significant others to adolescents' self-esteem. *Adolescence, 25,* 839-846.

Langner, T. S., Gersten, J. C., McCarthy, E. D., Eisenberg, J. G., Greene, E. L., Herson, J. H., & Jameson, J. D. (1976). A screening inventory for assessing psychiatric impairment in children 6 to 18. *Journal of Consulting and Clinical Psychology, 44,* 286-296.

Lapsley, D. K. (1990). Continuity and discontinuity in adolescent social cognitive development. In R. Montemayor, G. R. Adams, & T. P. Gullotta (Eds.), *From childhood to adolescence: A transitional period?* (pp. 183-204). Newbury Park: Sage Publications.

Lazarus, R. S. (1984). Puzzles in the study of daily hassles. *Journal of Behavioral Medicine, 4,* 1-19.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer.

Leadbeater, B. J., Hellner, I., Allen, J. P., & Aber, J. L. (1989). Assessment of interpersonal negotiation strategies in youth engaged in problem behaviors. *Developmental Psychology, 25,* 465-472.

Lempers, J. D., Clark-Lempers, D., & Simmons, R. L. (1989). Economic hardship, parenting, and distress. *Child Development, 60,* 25-39.

Lerner, R. M., & East, P. L. (1984). The role of temperament in stress, coping, and socioemotional functioning in early development. *Infant Mental Health, 5,* 148-159.

Losel, F., Bliesener, T., & Koferl, P. (1989). On the concept of "invulnerability": Evaluation and first results of the Bielefeld Project. In M. Brambring, F. Losel, & H. Skowronek (Eds.), *Children at risk: Assessment, longitudinal research and intervention* (pp. 186-219). New York: Walter de Gruyter.

Magnusson, D. (1988). *Individual development from an interactional perspective.* Hillsdale, N.J.: Erlbaum.

Marks, A. M., Malizio, J., Hoch, J., Brody, R., & Fisher, M. (1983). Assessment of health needs and willingness to utilize health care resources of adolescents in a suburban populations. *The Journal of Pediatrics, 102,* 456-460.

Marsden, G., & Kalter, N. M. (1976). Children's understanding of their emotionally disturbed peers. I. The concept of emotional disturbance. *Psychiatry, 39,* 227-238.

McCubbin, H. I., & Patterson, J. M. (1986). Adolescent stress, coping, and adaptation: A normative family perspective. In G. K. Leigh and G. W. Petersen (Eds.), *Adolescence in a family context.* Cincinnati: South-Western Publishers.

McGee, R., Feehan, M., Williams, S., Partridge, F., Silva, P., & Kelly, J. (1990). DSM-III disorders in a large sample of adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 29,* 611-619.

McPartland, J. M., & Nettles, S. M. (1991). Using community adults as advocates or mentors for at-risk middle school students: A two-year evaluation of project RAISE. *American Journal of Education, 99,* 568-586.

Mead, M. (1928). *Coming of age in Samoa.* New York: Morrow.

Mitchell, J. R. (1980). Normality in adolescence. *Adolescent Psychiatry, 8,* 201-213.

Munsch, J. (1990, March). *The effect of network structure on the level of social support provided by network members.* Paper presented at the biennial meeting of the Society for Research in Adolescence, Atlanta, GA.

Murphy, L. B., & Moriarty, A. E. (1976). *Vulnerability, coping, and growth.* New Haven: Yale University Press.

Myers, J. K., Weissman, M. M., Tischler, G. G., Holzer, C. E., Leaf, P. J., Orvaschel, H., Anthony, J. C., Boyd, J. H., Burke, J. D., Kramer, M., & Stolzman, R. (1984). Six-month prevalence of psychiatric disorders in three communities. *Archives of General Psychiatry, 41,* 959-967.

Offer, D. (1969). *The psychological world of the teenager.* New York: Basic Books.

Offer, D., & Offer, J. B. (1975). *From teenage to young manhood: A psychological study.* New York: Basic.

Offer, D., Ostrov, E., & Howard, K. I. (1981). The mental health professional's concept of the normal adolescent. *Archives of General Psychiatry, 38,* 149-152.

Offer, D., Ostrov, E., & Howard, K. I. (1984). *Patterns of adolescent self-image.* San Francisco: Jossey-Bass.

Offer, D., Ostrov, E., & Howard, K. I. (1986). Self-image, delinquency, and help-seeking behavior among normal adolescents. In S. Feinstein (Ed.), *Adolescent psychiatry: Developmental and clinical studies* (pp. 121-138). Chicago: University of Chicago Press.

Offer, D., Ostrov, E., & Howard, K. I. (1987). Epidemiology of mental health and mental illness among adolescents. In J. D. Noshpitz (Ed.), *Basic handbook of child psychiatry* (pp. 82-88). New York: Basic.

Offer, D., Ostrov, E., & Howard, K. I. (1989). Adolescence: What is normal? *American Journal of Diseases of Children, 143,* 731-736.

Offer, D., Howard, K. I., Schonert, K. A., & Ostrov, E. (1991). To whom do adolescents turn for help? Differences between disturbed and non-disturbed adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 30,* 623-630..

Offord, D. R. et al. (1987). Ontario child health study II. Six-month prevalence of disorder and rates of service utilization. *Archives of General Psychiatry, 44,* 832-836.

Oldham, D. G. (1978). Adolescent turmoil: A myth revisited. *Adolescent Psychiatry, 6,* 267-282.

Ostrov, E., Offer, D., & Howard, K. I. (1989). Gender differences in adolescent symptomatology: A normative study. *Journal of the American Academy of Child and Adolescent Psychiatry, 28,* 394-398.

Paget, K. F., Noam, G. G., & Borst, S. (1990, June). *Ego development, psychiatric diagnoses and gender in adolescence: A developmental psychopathology study.* Paper presented at the annual meeting of the American Psychological Society, Dallas, TX.

Parcel, G. S., Nader, P. R., & Meyer, M. P. (1977). Adolescent health concerns, problems, and patterns of utilization in a triethnic urban population. *Pediatrics, 60,* 157-164.

Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low accepted children at risk? *Psychological Bulletin, 102,* 357-389.

Patterson, J. M., & McCubbin, H. I. (1987). Adolescent coping style and behavior: Conceptualization and measurement. *Journal of Adolescence, 10,* 163-186.

Petersen, A. C. (1979, January). Can puberty come any faster? *Psychology Today,* 45-56.

Petersen, A. C. (1988). Adolescent development. *Annual Review of Psychology, 39,* 583-607.

Petersen, A. C., & Crockett, L. (1985). Pubertal timing and grade effects on adjustment. *Journal of Youth and Adolescence, 14,* 191-206.

Piaget, J. (1952). *The origins of intelligence in children.* New York: International Universities Press.

Rabichow, H. G., & Sklansky, M. A. (1980). *Effective counseling of adolescents.* Chicago: Follett.

Radius, S. M., Dillman, T. E., Becker, M. H., Rosenstock, I. M., & Horvath, W. J. (1980). Adolescent perspectives on health and illness. *Adolescence, 15,* 375-384.

Renick, M. (1989, April). *Perceived social support and its relationship to global self-worth among learning-disabled and normally-achieving students.* Paper presented at the biennial meeting of the Society for Research in Child Development, Kansas City, MO.

Richer, S. (1979). Sex-role socialization and early schooling. *Canadian Review of Sociology and Anthropology, 16,* 195-205.

Riggs, S., & Cheng, T. (1988). Adolescents' willingness to use a school-based clinic in view of expressed health concerns. *Journal of Adolescent Health Care, 9,* 208-213.

Roff, M., Sells, S. B., & Golden, M. W. (1972). *Social adjustment and personality development in children.* Minneapolis, MN: University of Minnesota Press.

Rolf, J., Masten, A. S., Cicchetti, D., Nuechterlein, K. H., & Weintraub, S.(Eds.) (1990). *Risk and protective factors in the development of psychopathology.* New York: Cambridge University Press.

Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist, 41,* 813-819.

Rotter, J. G. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs, 80,* Whole No. 609.

Rousseau, J. J. (1911). *Emile.* London: Dent-Everyman's.

Rutter, M. (1979). Maternal deprivation, 1972-1978: New findings, new concepts, and new approaches. *Child Development, 50,* 283-305.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry, 147,* 598-611.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57,* 316-331.

Rutter, M., Graham, P., Chadwick, D. F. D., & Yule, W. (1976). Adolescent turmoil: Fact or fiction. *Journal of Child Psychology and Psychiatry, 17,* 35-56.

Sandler, I. N. (1980). Social support resources, stress, and maladjustment of poor children. *American Journal of Community Psychology, 8,* 41-52.

Santrock, J. W. (1990). *Adolescence.* Des Moines, IA: Wm. C. Brown Publishers.

Sarbornie, E. J., & Kauffman, J. M. (1985). Regular classroom sociometric status of behaviorally disordered adolescents. *Behavioral Disorders, 12,* 268-274.

Savin-Williams, R. C. (1987). *Adolescence: An ethological perspective.* New York: Springer-Verlag.

Schonert, K. A. (1992). Sex differences in moral reasoning among emotionally disturbed adolescents. In S. Feinstein (Ed.), *Adolescent psychiatry: Developmental and clinical studies.* Chicago: University of Chicago Press.

Schonert-Reichl, K. A., Offer, D., & Howard, K. I. (1991). *Adolescents' help-seeking behaviors.* Unpublished manuscript.

Schorr, L. B. (1988). *Within our reach: Breaking the cycle of disadvantage.* New York: Anchor Press.

Seiffge-Krenke, I. (1987). Disclosure behavior in adolescence. In A. Spitznagel (Ed.), *Recent developments in psychology.* Berlin: Springer.

Seiffge-Krenke, I. (1989). Problem intensity and the disposition of adolescents to take therapeutic advice. In M. Brambring, F. Losel, & H. Skowronek (Eds.), *Children at risk: Assessment, longitudinal research and intervention* (pp. 457-477). New York: Walter de Gruyter.

Seltzer, V. C. (1982). *Adolescent social development: Dynamic functional interaction.* Lexington, MA: Lexington Books.

Shapiro, S., Skinner, E. A. Kessler, L. G., Von Korff, M., M., German, P. S., Tischler, G., Leaf, P. J., Benham, L., Cottler, L., & Regier, D. A. (1984). Utilization of health and mental health services: Three epidemiologic catchment area sites. *Archives of General Psychiatry, 41,* 971-978.

Short, J. F., Jr., & Nye, F. C. (1957). Reported behaviors as a criterion of deviant behavior. *Social Problems, 5,* 207-213.

Siddique, C. M., & D'Arcy, C. (1984). Adolescence, stress, and psychological well-being. *Journal of Youth and Adolescence, 13,* 459-473.

Simmons, R. G., & Blyth, D. A. (1987). *Moving into adolescence.* Hawthorne, NY: Aldine.

Steinberg, L. (1985). *Adolescence.* New York: Alfred A. Knopf.

Sternlieb, J. J., & Munan, L. (1972). A survey of health problems, practices, and needs of youth. *Pediatrics, 49,* 177-186.

Stiffman, A. R., & Hann-Jong, C. (1990, March). *Effects of social relationships on stressed high-risk youths.* Paper presented at the meeting of the Society for Research on Adolescence, Atlanta, GA.

Stone, A., Helder, L., & Schneider, M. (1988). Coping with stressful events: Coping dimensions and issues. In L. Cohen (Ed.), *Life events and psychological functioning: Theoretical and methodological issues* (pp. 182-210). Newbury Park, CA: Sage.

Swearingen, E. M., & Cohen, L. H. (1985). Measurement of adolescents' life events. The Junior High Life Experiences Survey. *American Journal of Community Psychology, 13,* 69-85.

Swedo, S. E., & Offer, D. (1989). The pediatrician's concept of the normal adolescent. *Journal of Adolescent Health Care.*

Taube, C. A., Burns, B. J., & Kessler, L. (1984). Patients of psychiatrists and psychologists in office-based practice: 1980. *American Psychologist, 39,* 1435-1447.

Thoits, P. A. (1983). Dimensions of life events that influence psycholotical distress: An evaluation and synthesis of the literature. In H. B. Kaplan (Ed.), *Psychosocial stress: Trends in theory and research* (pp. 33-103). New York: Academic Press.

Thurnher, M., Spence, D., & Fiske, M. (1974). Value confluence and behavioral conflict in intergenerational relations. *Journal of Marriage and the Fan.iy, 36,* 308-319.

Tolan, P., Miller, L., & Thomas, P. (1988). Perception and experience of types of social stress and self-image among adolescents. *Journal of Youth and Adolescence, 17,* 147-163.

Uhlenhuth, E. H., Balter, M. B., Mellinger, G. D., Cisin, I. H., & Clinthorne, J. (1983). Symptom checklist syndromes in the general population: Correlations with psychotherapeutic drug use. *Archives of General Psychiatry, 40,* 1167-1173.

Vaux, A., & Ruggiero, M. (1983). Stressful life change and delinquent behavior. *American Journal of Community Psychology, 11,* 169-183.

Vernberg, E. M. (1990). Psychological adjustment and experiences with peers during early adolescence: Reciprocal, incidental, or unidirectional relationships? *Journal of Abnormal Child Psychology, 18,* 187-198.

Veroff, J., Douvan, R., & Kulka, R. A. (1981). *The inner American.* New York: Basic Books.

Ware, J. E., Manning, W. G., Duan, N., Wells, K. B., & Newhouse, J. P. (1984). Health status and use of outpatient mental health services. *American Psychologist, 39,* 1090-1100.

Weissman, M. M., & Klerman, G. L. (1979). Sex differences and the etiology of depression. In E. S. Gomberg & V. Franks (Eds.), *Gender and disordered behavior* (pp. 381- 425). New York: Brunner/Mazel.

Werner, E. E. (1984). Resilient children. *Young Children, 38,* 68-72.

Werner, E. E. (1985). Stress and protective factors in children's lives. In A. R. Nicol (Ed.), *Longitudinal studies in child psychology and psychiatry* (pp. 335-355). Chichester: Wiley.

Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth.* New York, NY: McGraw-Hill.

Wertlieb, D., Weigel, C., & Feldstein, M. (1987). Measuring children's coping. *American Journal of Orthopsychiatry, 57,* 548-560.

Wertlieb, D., Weigel, C., Springer, T., & Feldstein, M. (1987). Temperament as a moderator of children's stressful experiences. *American Journal of Orthopsychiatry, 57,* 234-245.

Weyerer, S., Castell, R., Biener, A., Artner, K., & Dilling, H. (1988). Prevalence and treatment of psychiatric disorders in 3 to 14-year-old children: Results of a representative field study in the small town rural region of Traunstein, Upper Bavaria. *Acta Psychiatria Scandanavia, 77,* 290-296.

Whitaker, A., Johnson, J., Shaffer, D., Rapoport, J. L., Kalikow, K., Walsh, B. T., Davies, M., Braiman, S., & Dolinsky, A. (1990). Uncommon troubles in young people. *Archives of General Psychiatry, 47,* 487-496.

White, B. L., Kaban, B. T., & Attanuci, J. S. (1979). *The origins of human competence: Final report of the Harvard preschool project.* Lexington, MA: D. C. Heath.

Whiteman, M. (1967). Children's conceptions of psychological causality. *Child Development, 38,* 143-156.

William T. Grant Foundation Commission on Work, Family, and Citizenship. (1988). *The forgotten half: Pathways to success for America's youth and young families.*

Wills, T. A. (1985). Stress, coping, and tobacco and alcohol use in early adolescence. In S. Shiffman and T. A. Wills (Eds.), *Coping and substance use* (pp. 67-94). New York: Academic Press.

Wills, T. A. (1986). Stress and coping in early adolescence: Relationships to substance use in urban school samples. *Health Psychology, 5,* 503-529.

Windle, M., Miller-Tutzauer, C., Barnes, G., & Welte, J. (1991). Adolescent perceptions of help-seeking resources for substance abuse. *Child Development, 62,* 179-189.

Wynn, J., Richman, H., Rubinstein, R. A., & Littell, J., with Britt, B., & Yoken, C. (1987). *Communities and adolescents: An exploration of reciprocal supports.* A Report Prepared for the William T. Grant Foundation Commission on Work, Family and Citizenship: Youth and America's Future.

Yankelovich, D., & Clark, R. (1974). College and noncollege youth values. *Change, 6(7),* 45-46.

Youniss, J. (198). *Parents and peers in social development.* Chicago, IL: University of Chicago Press.

Youniss, J., & Smollar, J. (1985). *Adolescents' relations with mothers, fathers, and friends.* Chicago, IL: University of Chicago Press.