

## GREAT TRANSITIONS

### Preparing Adolescents for a New Century

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#### Introduction

Most American adolescents navigate the critical transition years from ten to eighteen with relative success. With good schools, supportive families, and caring community institutions, they grow up to meet the requirements of family life, friendship, the workplace, and citizenship in a technically advanced, democratic society. Even under difficult conditions, most young people grow into responsible, ethical, problem-solving adults. For others, however, the obstacles in their path can impair their physical and emotional health, destroy their motivation and ability to succeed, and damage their personal relationships. At least one quarter of all adolescents are at high risk for engaging in dangerous behaviors that threaten their health and long-term prospects.

Both groups of adolescents--those who appear to be making a reasonably successful transition to adulthood and those for whom promising options can fade as early as fourteen or fifteen--are the urgent concern of the Carnegie Council on Adolescent Development. The Council, established by Carnegie Corporation of New York in 1986, is composed of national leaders from education, law, science, health, religion, business, the media, youth-serving agencies, and government and is chaired by the Corporation's president, David A. Hamburg. For the past ten years, the Council's mission has been to place the challenges of the adolescent years higher on the nation's agenda for action. Through task forces and working groups, meetings and seminars, commissioned studies and reports, and other activities, the Council has endeavored to synthesize the best available knowledge and wisdom about adolescence in America, to consider how families and other pivotal institutions can meet young people's enduring human needs for healthy development, and to craft a set of practical strategies for setting young adolescents on the paths toward successful adulthood.

*Great Transitions: Preparing Adolescents for a New Century* represents the concluding report of the Carnegie Council and the culmination of its work. It draws heavily on previous

publications, including its three major public policy reports, *Turning Points: Preparing Youth for the 21st Century* (1989); *Fateful Choices: Healthy Youth for the 21st Century* (1992); and *A Matter of Time: Risk and Opportunity in the Nonschool Hours* (1992). The report also draws on Council- and Corporation-supported research syntheses, notably *At the Threshold: The Developing Adolescent* (1990); the three-volume publication of the U.S. Congress Office of Technology Assessment, *Adolescent Health* (1991); and *Promoting the Health of Adolescents: New Directions for the Twenty-first Century* (1993). Other seminal sources for this report are the Council's working papers, including *Life-Skills Training: Preventive Interventions for Young Adolescents* (1990) and *School and Community Support Programs that Enhance Adolescent Health and Education* (1990).

The recommendations of the Carnegie Council rest on six basic concepts about adolescence, particularly early adolescence:

- The years from ten through fourteen are a crucial turning point in life's trajectory. This period, therefore, represents an optimal time for interventions to foster effective education, prevent destructive behavior, and promote enduring health practices.
- Education and health are inextricably related. Good health facilitates learning, while poor health hinders it, each with lifelong effects. Commensurately, a positive educational experience promotes the formation of good health habits, while academic failure discourages it.
- Destructive, or health-damaging, behaviors in adolescence tend to occur together, as do positive, health-promoting, behaviors.
- Many problem behaviors in adolescence have common antecedents in childhood experience. One is academic difficulty; another is the absence of strong and sustained guidance from caring adults.
- Preventive interventions are more likely to be successful if they address underlying factors that contribute to problem behaviors.
- Given the complex influences on adolescents, the essential requirements for ensuring healthy development must be met through the joint efforts of a set of pivotal institutions that powerfully shape adolescents' experiences. These pivotal institutions must begin with the family and include schools, health care institutions, a wide array of neighborhood and community organizations, and the mass media.

With *Great Transitions*, the Carnegie Council on Adolescent Development brings to a close its decade-long effort. A key lesson from its experience is the importance of careful examination of the facts, nonpartisan analysis, broad dissemination with the involvement of key sectors, and sustained commitment over a period of years. Above all, a long-term view is essential if there is to be any progress in bringing about the difficult yet fundamental changes necessary to improve the life chances of all our young people.

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### **Land of Diminishing Dreams**

*The year is two thousand fifty-four,  
The world is full of curses.  
People walk the streets no more,  
No women carry purses.*

*The name of the game is survival now--  
Safety is far in the past.  
Families are huge, with tons of kids  
In hopes that one will last.*

*Drugs are no longer looked down upon,  
They are a way of life.  
They help us escape the wrenching stress  
Of our fast world's endless strife . . .*

*I wake up now--it was only a dream,  
But the message was terribly clear.  
We'd better think hard about the future  
Before our goals and our dreams disappear.*

**Jessica Inglis, 16**

## **Chapter One: Early Adolescence: A Crucial Turning Point**

Adolescence is one of the most fascinating and complex transitions in the life span: a time of accelerated growth and change second only to infancy; a time of expanding horizons, self-discovery, and emerging independence; a time of metamorphosis from childhood to adulthood. Its beginning is associated with profound biological, physical, behavioral, and social transformations that roughly correspond with the move to middle school or junior high school. The events of this crucially formative phase can shape an individual's entire life course and thus the future of our society.

In these often tumultuous years, a young person experiences much growth and joy, as well as doubt and confusion. Relationships with peers and family take on new meaning. Some young people consider their prospects and find little to hope for. Others have no more than a vague image of the future as they embark on a prolonged search for the pathways to promising adulthood.

In societies the world over, the onset of adolescence is closely synchronized with the biological changes of puberty. In most technologically advanced countries today, puberty begins on average two years earlier than it did a century ago, and the transition to adulthood can last a decade or more. Adolescence in the United States now extends over so many years that it can be usefully subdivided into several phases. Early adolescence, encompassing the sexual and psychological awakenings of puberty as well as new social challenges, extends roughly from ages ten through fourteen. Middle adolescence, a time of increased autonomy and experimentation, covers ages fifteen through seventeen. Late adolescence, occurring for those who delay their entry into adult roles because of educational or social factors, can stretch from age eighteen into the twenties.

### **A TIME OF OPPORTUNITY AND RISK**

For the majority of young people, the adolescent transition offers great opportunity and excitement, if sometimes anguish and disappointment. Contrary to conventional wisdom, adolescents as a group are not inherently difficult, contrary, ineducable, and prey to "raging hormones." For many, the experience goes fairly smoothly, especially when family relationships are based on an understanding of adolescents' developmental needs. On the whole, teenagers' relationships with their parents and other adults are far less stormy than has been generally thought. Only a minority engage in covert or open conflict or rebellion as

they seek to establish a sense of autonomy and separate identity. Through the critical adolescent years, most parents remain an important influence on their children, helping to mold their sense of self and shape their future life choices. Peers, moreover, often have a beneficial influence on adolescents, contributing to their self-esteem, sense of identity, and achievement. Peer support may be especially important for those whose parents are emotionally distant, harshly critical, or casually neglectful.

Despite these largely reassuring findings, adolescents are facing demands and expectations, as well as risks and threats, that are both more numerous and more serious than they were only a generation ago. Millions are growing up under conditions that do not meet their enduring needs for optimal development. They are not receiving the careful, nurturing guidance they need--and say they want--from parents and other adults. They are yielding to social pressures to use drugs, including alcohol and cigarettes, to have sex, and to engage in antisocial activities at distressingly early ages. Too many are alienated from school and moving toward dropping out. Countless poignant examples exist of self-destructive, even violent, behavior in the ten-to-eighteen-year age group, among both rich and poor.

Many of the problems of adolescence begin to surface in the turning point years of ten through fourteen. Important in its own right as a potentially rewarding time of personal growth and development, early adolescence is the phase when young people begin to adopt behavior patterns in education and health that can have lifelong consequences. At the same time, it is an age when, much like younger children, individuals still need special nurturing and adult guidance. For these reasons, early adolescence offers a unique window of opportunity to shape enduring patterns of healthy behavior.

There are nineteen million adolescents ages ten through fourteen in the United States. Approximately 20 percent of them live below the poverty line, and close to 30 percent are members of minority groups. If they are to compete in the complex global economy of the future, all of these young people must grow up healthy and well-educated. The question for our society is how these goals may be achieved in the face of the profound social and economic transformations of the late twentieth century. The changes of just the past thirty years have provided many young people with remarkable material benefits and opportunities, but they have also introduced severe stresses into the adolescent experience--stresses that, among other effects, are taking an increasing toll in emotional and behavior-related illness.

Young adolescents initially explore risk-taking behaviors tentatively. That is why, before damaging patterns are firmly established, it is important to intervene early to prevent later casualties and promote more successful outcomes. Adolescence, in fact, is the last phase of life in which society has reasonably ready access to virtually the entire population, so the potential for constructive influence is great.

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*I think that being a kid is the most important stage of your life. It's a time when you start to develop a personality. It's when you start to learn about who you are, and what you want to do with yourself. And it's a time when you develop trust. It's a time when you learn how to be a person in society. Unfortunately a lot of kids don't have that. If you don't grow up learning how to be a productive person, then you're going to have a problem once you grow up.*

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**THE REQUIREMENTS FOR HEALTHY ADOLESCENT DEVELOPMENT**

All adolescents have basic human needs that must be met if they are to grow up into decent, caring, informed citizens. They must find ways to earn respect, establish a sense of belonging in a valued group, and build a sense of personal worth based on mastery of useful skills, including social skills. They must learn the peaceful management of conflict, the elements of ethical behavior, and how to use the social support systems available to them. Hopefully, during adolescence, they will acquire a positive vision of the future and of constructive opportunities in the adult world.

But in our contemporary society--one that places an increasingly high premium on competence in many domains, even more is asked of adolescents. They must cultivate inquiring and problem-solving habits of mind, acquire the technical and analytic capabilities to participate in a worldwide economy, and have the capability for lifelong learning and adaptation to changing circumstances. Further, they must learn, in our pluralistic society, to live peacefully and respectfully with a wide array of ethnic, religious, and cultural groups.

The American institutions that have the greatest influence in shaping the life course of adolescents are primarily families and the schools but also youth-serving and health care organizations and, increasingly, media organizations. The Carnegie Council urges these five pivotal institutions to meet the demands of a technologically advanced, democratic society in ways that fully meet the essential requirements for healthy adolescent development. These institutions have fallen behind in their vital functions. They must now be strengthened in their respective roles and linked in a mutually reinforcing system of social support for adolescents.

**COMPREHENSIVE, GENERIC APPROACH**

Current interventions on behalf of young adolescents are typically targeted to one problem behavior, such as drug abuse, delinquency, or teenage pregnancy. While targeted, or categorical, interventions of this kind can be useful, they often do not take into adequate account two findings from research: that more than one problem behavior is likely to occur in the same individual; and that these problems are likely to have common roots in childhood and educational experience.

The Carnegie Council's approach is to deal more directly with the underlying factors that predispose adolescents to engage in high-risk or problem behaviors in the first place. Such an approach is generic, comprehensive, and preventive in nature. At its heart is the restoration and strengthening of social supports that were once available to young adolescents within their families and communities but that can no longer be taken for granted. Such a generic approach focuses not just on problem behaviors after they occur, but on their common antecedents. It emphasizes the positive possibilities inherent in the adolescent transition--possibilities for educating and motivating young adolescents to pursue healthy lifestyles; for fostering interpersonal and decision-making skills to help adolescents choose alternatives to very risky behavior; and for providing them with reasons and tools to build constructive lives.

## **RECOMMENDATIONS OF THE CARNEGIE COUNCIL**

Ensuring the healthy growth and development of adolescents requires the combined commitment of all the institutions that have a profound impact on youth. No single entity can be responsible for a young person's successful transition from adolescence into adulthood--not today and certainly not in the next century. Families, the schools, health care organizations, community organizations, and the media must work singly and in concert to launch all young people onto a successful life course.

To families, the Carnegie Council asks that they take the time to reengage with their adolescent children within the home, in their school lives, and beyond. To schools, the Council asks that they understand and meet the unique developmental needs of young adolescents. To health care institutions, the Council asks that they do a better job of recognizing opportunities to promote good lifelong health practices during the adolescent period. To community organizations, the Council asks that they form partnerships with other organizations to provide safe places and high-quality programs for all adolescents during the out-of-school hours. To the media, the Council asks that they redirect their pervasive power toward becoming a more positive force in the lives of the young.

Altogether, those responsible for nurturing adolescents must seek opportunities to build a supportive and caring infrastructure for young people at the threshold of adulthood--an infrastructure that can potentially sustain them through the difficult transitional years into productive, fulfilling adulthood, even under conditions of deep adversity.

## **THE SEARCH FOR COMMON GROUND**

The United States is a large, heterogeneous, multiethnic nation with a strong tradition of individualism. These qualities are significant assets, but they also make it difficult for Americans to arrive at a shared understanding of complicated social problems and turn that understanding into solutions that can win broad acceptance. Can we envision how the basic institutions of society--families, schools, churches, youth organizations, health care agencies, and the media--buttressed by powerful sectors like higher education, the scientific community, and government, might cooperate in meeting the developmental needs of youth? Achieving a consensus on the values and behaviors appropriate for adolescents, and on the steps that can be taken to help them, will not be easy. But we must try, for it is not only the lives of young people that are at stake. It is our common future.

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## **Young Adolescents Face Serious Risks**

### **HEALTH RISKS**

- Injuries are the leading cause of death for young adolescents. The largest single cause of death among these adolescents is injuries from motor vehicle crashes.[1]
- The firearm homicide rate for ten- to fourteen-year-olds more than doubled between 1985 and 1992 (from 0.8 to 1.9 per 100,000). For black males, the rate increased from 3.0 to 8.4 per 100,000 during the same period.[2]
- In 1992, twelve- to fifteen-year-olds had a high overall victimization rate. They were victims of assault more than any other age group.[3]

- In a national representative sample of adolescents ten to sixteen years old, one-fourth of respondents reported having experienced an assault or abuse in the previous year.[4] Approximately 20 percent of the documented child abuse and neglect cases in 1992 involved young adolescents between the ages of ten and thirteen years.[5]
- Use of alcohol and cigarettes remains more widespread than use of illegal drugs.
- Although it is illegal to sell alcohol to individuals under twenty-one years of age, two-thirds of eighth graders report that they have already tried alcohol and a quarter say that they are current drinkers. Twenty-eight percent of eighth graders say that they have been drunk at least once.[6]
- Among eighth graders, who are thirteen to fourteen years old, the rate of current smoking (smoking any cigarette in the past thirty days) rose by 30 percent between 1991 and 1994, from 14.3 to 18.6 percent.[7]
- Marijuana use among eighth graders more than doubled between 1991 and 1994 from 6.2 to 13.0 percent.[8]
- Over the last three decades, the age of first intercourse has declined. Higher proportions of adolescent girls and boys reported being sexually experienced at each age between the ages of fifteen and twenty in 1988 than in the early 1970s. In 1988, 27 percent of girls and 33 percent of boys had intercourse by their fifteenth birthday.[9]
- While the number of births to those ages fifteen and younger is not large, this group is experiencing the greatest rate of increased births. Pregnancy rates for all girls younger than fifteen years old rose 4.1 percent in the United States during the period between 1980 and 1988--higher than any other teenage group.[10]
- Current evidence indicates that increases in depressive disorders and mood swings are greater for girls than for boys during adolescence. By age fourteen to fifteen, girls are twice as likely as boys to suffer from depression, a gender difference that persists into adulthood.
- From 1980 to 1992, the rate of suicide among young adolescents increased 120 percent and increased most dramatically among young black males (300 percent) and young white females (233 percent). Suicide rates for ten- to fourteen-year-old American Indians are four times higher than those for ten- to fourteen-year-olds of all races.[11]

### **EDUCATIONAL RISKS**

- The average proficiency in science, mathematics, and writing among thirteen-year-olds was slightly higher in 1992 than it was in the 1970s. However, these achievements have not improved enough to keep pace with the higher level of skills required in a global economy.[12]
- Only 28 percent of eighth graders scored at or above the proficiency level in reading in 1994. Two percent read at or above an advanced level.[13]
- In 1990, 7 percent of the eighth-grade class of 1988 (most of whom were then fifteen and sixteen years old) were dropouts.[14] By their senior year (1992), 12 percent of this class were dropouts.[15] Dropout rates vary by students' race/ethnicity: white (9.4); black (14.5); Hispanic (18.3); Asian/Pacific Islanders (7.0); and American Indian (25.4).[16]

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## **Chapter Two: Old Biology in New Circumstances**

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The biological changes of puberty are triggered by events in the young person's brain, which instruct the pituitary gland to produce hormones that stimulate the secretion of sex hormones. These hormones, in interaction with external influences, have powerful effects on many tissues of the body, including the brain. They are signified by the dramatic growth spurt and contribute to significant changes in social, emotional, and sexual behavior and in cognitive capacity.

These fundamentals of the adolescent transition are essentially unchanged since ancient times. What is drastically different today is the social context for this series of events. Rapid industrialization, urbanization, technological advances, geographic mobility, and wrenching cultural shifts have profoundly altered the conditions for growing up and for family life. The swiftness of these changes, in historical terms, challenges our understanding and the capacity of our key socializing institutions to meet the basic requirements for healthy child and adolescent development. As a result, many families and their adolescents are not faring as well as they should.

### **THE CONTEMPORARY CONTEXT FOR ADOLESCENT DEVELOPMENT**

Several trends of recent decades have had strong effects on adolescent development.

- **The Changing Family.** Kinship and neighborhood networks have eroded and divorce has become common. Today, slightly more than half of all American children will spend at least part of their childhood or adolescence in a single-parent family. With one or more parents and other adults in the workplace and otherwise out of the home, adolescents are spending less time in the company of caring adults than they used to. More of their time is spent with peers in age-segregated environments or in front of the television set. A 1988 survey found that about 27 percent of eighth graders spent two or more hours at home alone after school.
- **The Shifting Nature of Work.** With economic restructuring, the shift to a knowledge-based economy, and the globalization of the marketplace, thousands of high school graduates are now finding themselves relegated to low-status, dead-end jobs. The growing disparity in incomes between college- and high school-educated youths threatens the prospects and morale of many adolescents and their parents. For those who are poor, the material deprivation and job instability they face can give young people a bleak sense of the future.
- **The Gap between Early Reproductive Capacity and Adult Roles.** While young people are undergoing pubertal changes on average two years earlier than they did a century ago, marriage and the possibility of attaining fully adult status are occurring later. Indeed, the second half of the twentieth century has seen the widest separation ever between the timing of sexual maturation and the formal assumption of adult roles and responsibilities. This long hiatus is, needless to say, the source of much anxiety felt by young people and their parents.
- **Dominance of the Media.** Television, videocassettes, and music media, along with personal computers, increasingly pervade the lives of both children and adolescents. By mid-adolescence, when television viewing peaks, young people will have spent more time in front of the television set than with their teachers. Television profoundly influences the fears and expectations of adolescents about the future, their values, and their relationships with others.
- **Diversity in the Population.** The United States has become one of the leading multiethnic nations in the world. One-third of American adolescents today are of non-European descent and come from a wide array of religious, ethnic, and national backgrounds. In many metropolitan areas, disadvantaged minority members constitute a majority in the public schools. By the year 2050, close to 50 percent of

the entire American population is projected to be African American, American Indian, Asian/Pacific Islander, and Latino/Hispanic. Learning to live peacefully while respecting diversity will be a major task for youth in the twenty-first century.

All adolescents and their families have been affected by these interrelated social transformations. No segment of the population has been immune, not even more affluent families. Particularly troubling are the worsening trends for younger adolescents. Today, children ten through fourteen are commonly exhibiting many of the very risky behaviors that were once associated with middle and late adolescence. The results for increasing numbers are early foreclosure of opportunity, disability, and even death.

The firearm homicide rate for ten- through fourteen-year-olds more than doubled between 1985 and 1992. In 1992, young adolescents were victims of assault more than any other age group. Altogether, nearly one million adolescents between the ages of twelve and nineteen are victims of violent crimes each year. One-third of eighth graders report the use of illicit drugs, including inhalants. Marijuana use more than doubled between 1991 and 1994. About 15 percent of eighth graders report they have drunk more than five alcoholic beverages in a row in the past two weeks. Among sexually experienced girls thirteen years or younger, over 60 percent have had involuntary intercourse, in many cases with older men. The rate of suicide among ten- to fourteen-year-olds increased 120 percent between 1980 and 1992.

Research shows that, by the time they reach age eighteen, about a quarter of all adolescents have engaged in behaviors that are harmful or dangerous to themselves or others. Another quarter are at moderate risk of engaging in such behaviors. About half of all American adolescents--an estimated 14 million girls and boys--are therefore at high or moderate risk of ruining their life chances through early experimentation in serious problem behaviors. The proportion is higher in distressed communities, where neighborhoods are less likely to furnish jobs that generate sufficient incomes and to have adequate social supports. In these neighborhoods, young people have the least access to good education and health care and the least exposure to role models who can raise their expectations and hopes about the future.

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*The problems of adolescence deal with deep and moving human experiences. They center on a fateful time in the life course when poorly informed decisions can have lifelong consequences. The tortuous passage from childhood to adulthood requires our highest attention, our understanding, and a new level of thoughtful commitment.*

**David A. Hamburg, President, Carnegie Corporation of New York**

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### **TURNING NEW RISKS INTO OPPORTUNITIES**

As the nation approaches the twenty-first century, the pace of change will only accelerate, with the pressures on families and adolescents promising to be even more acute. A fundamental task for American institutions, then, is to find innovative ways to adapt to the new conditions in order to ensure that young people's basic developmental needs are met.

In favorable circumstances, adolescents acquire critical adaptive skills in the family, among friends, and in the neighborhood. But there are circumstances in both affluent and economically disadvantaged families in which parents and other adults are unable or unwilling to fulfill their responsibilities to their children. Their work schedules may not allow them to be available when needed. They may be depressed and lacking in hope. They may be hooked on drugs and physically or emotionally neglectful or abusive toward their children.

- **Social Support Systems.** Although there is no substitute for a deeply caring parent, young people can still thrive if some responsible person or group steps in to meet their developmental needs. To the extent that families and neighborhood resources are not sufficient, specially designed social supports offering family-like care and nurturing, practical services, and firm guidance may be crucial to steer a young person onto a constructive, life-affirming path. Offered by schools and youth organizations as well as social service agencies, such social supports address the factors that predispose a young person to engage in risky behaviors--factors such as the absence of dependable, close relationships, low self-esteem, underdeveloped interpersonal and decision-making skills, alienation from school, inadequate education, low perception of opportunities, and meager incentives to delay gratification.
- **Adult Mentoring.** A fundamental need of young people, particularly in high-risk areas, is for a stable, supportive bond with a caring adult who can help them prepare for social roles that earn respect, route them to needed resources, and encourage them to persist in education. Among poor children from urban areas, research has shown that those who cope well usually have at least one significant, positive adult role model, not necessarily the parent. Elder citizens can contribute substantially as mentors to adolescents, bringing new meaning to their own lives while helping the younger generation grow up. The task is not a simple one. A mentor is expected to provide sustained support, guidance, and concrete help when an adolescent goes through a difficult time, enters a new situation, or takes on new tasks. It is also important that a mentoring program be integrated with other resources in the community. Particularly for high-risk youth, who often experience multiple problems, connecting them to education, health, and social services is crucial.
- **Peer-Mediated Counseling and Peer Tutoring.** Education- and health-oriented programs led by trained and supervised peers can be a credible source of sympathetic attention, knowledge, and advice to troubled youth who are otherwise hard to reach. Well-developed peer-led programs have shown they can substantially reduce the onset of smoking in early adolescence, teach younger adolescents social skills to resist pressures to use drugs or engage in premature sex, and help them identify and practice health-enhancing behaviors. Similarly, one-to-one tutoring by an older, appropriately prepared student is an effective teaching method, especially with difficult subjects such as mathematics. A well-functioning program in which students serve as auxiliary teachers allows regular teachers to use their professional skills more fully and promotes cooperation and mutual respect among the students, leading to an improved climate in the classroom.
- **Life-Skills Development.** If adolescents are to solve problems of human relations, develop healthy lifestyles, cultivate intellectual curiosity, access the social systems they need, and meet the demands of the workplace, they must learn certain basic skills for everyday life. Training in interpersonal, decision-making, and coping skills can help students resist pressures from peers, from irresponsible adults, or from the media to engage in high-risk behaviors. It can increase their self-control, help reduce stress and anxiety, and teach them ways to make friends if they are isolated and to assert themselves without resorting to violence. Students can acquire these skills

through systematic instruction and practice and through role playing and group problem solving. When combined with a life sciences curriculum in the middle schools, life-skills training can be a potent force in motivating young adolescents to build healthy lifestyles of enduring significance.

The generic approaches described above have the potential to prevent major problems in adolescent health and education and to promote those practices that lead to healthy, fulfilling lives. These strategies can be implemented by a wide array of institutions concerned with offering young adolescents a decent chance in life.

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### **Economic Consequences of Preventable Problems**

Adolescent pregnancy and substance abuse are not simply problems when they happen. The consequences of these acts reach far into the future, and their antecedents emerge even before adolescence. The following costs illustrate the importance of preventing such problems.

#### ***DROPPING OUT***

- Remaining in school is the single most important action adolescents can take to improve their future economic prospects. In 1992, a high school graduate earned almost \$6,000 per year more than a high school dropout.[1]
- Going to college boosts income even more. In 1992, college graduates had a mean annual income of \$32,629, while high school graduates had a mean annual income of \$18,737. Earning a professional degree added \$40,000 a year to the mean annual income of college graduates.[1]
- Gender also affects income. A male high school graduate's mean monthly income is likely to be twice as much as a female high school graduate's, a statistic that highlights the significance of education for women.[2]

#### ***BEARING CHILDREN***

- Women who become mothers as teenagers are more likely to find themselves living in poverty later in their lives than women who delay childbearing. Although 28 percent of women who gave birth as teenagers were poor in their twenties and thirties, only 7 percent of women who gave birth after adolescence were living in poverty in their twenties and thirties.[3]
- In 1992, the federal government spent nearly \$34 billion on Aid to Families with Dependent Children, Medicaid, and food stamps for families begun by adolescents.[4]
- Providing family planning services is one way to lower taxpayers' costs. Each public dollar spent on family planning services saves an average of \$4.40 by reducing expenditures on medical, welfare, and nutritional programs.[5]

#### ***SUBSTANCE USE AND ABUSE***

- Substance abuse costs the United States more than \$238 billion a year, including the expense for treatment of abuse, the productivity losses caused by premature death

and inability to perform usual activities, and costs related to crime, destruction of property, and other losses.[6]

- Each year more than a million young people start smoking regularly, a decision that will cost the health care system \$8.2 billion in preventable medical expenditures during their lifetimes.[7]
- During the last two decades, the tobacco industry has dramatically increased the money it spends on advertising. In 1992, the industry spent more than \$5.2 billion on advertising, making cigarettes second only to automobiles in advertising dollars spent.[8]

## **INJURIES**

- An estimated 10 to 20 percent of all injuries to children and young people occur in and around schools. Falls were the most common cause of injuries. Representing 46 percent of all incidents, falls were followed by sports activities at 30 percent and assaults at 10 percent. The resulting costs of these injuries vary substantially. The bill for treating something as simple as a forearm fracture, for example, can exceed \$3,900. A serious injury such as spinal cord damage can incur medical costs higher than \$188,000.[9]
- Injuries to young adolescents, ages ten to fifteen, in motor vehicles cost more than \$13 million in 1991, or about \$56,000 per injured child.[10]
- The U.S. Centers for Disease Control and Prevention estimates that simply switching to break-away bases for softball games could prevent 1.7 million injuries a year and save \$2 billion in acute medical costs.[11]
- A recent U.S. Government Accounting Office report estimated that the nation's schools need \$112 billion to complete all of the repairs, renovations, and modernizations required to restore facilities to good overall condition and comply with federal mandates that ensure the safety of students.[12]

## **VIOLENCE**

- Violence is a social problem with tremendous economic costs. In 1993, the cost of providing emergency transportation, medical care, hospital stays, rehabilitation, and related treatment for American firearm victims ages ten through nineteen was \$407 million.[13]

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### **Chapter Three: Reengaging Families with Their Adolescent Children**

Being the parent of an adolescent, no less than of a child, in today's America is a formidable responsibility. Yet families with young adolescents, in contrast to those with young children, have been neglected in professional services, community programs, and public policies. Little attention has been given to strengthening supportive networks for families in either middle-class or low-income communities. Although an industry of books, audio- and videotapes, and seminars has burgeoned for parents with young children, much less information and help is available to those with adolescents.

A social consensus holds that parental knowledge of infant and child development is critical to a child's future; no such consensus yet exists in defining the knowledge that parents should have about the adolescent years or about their roles during the critical transition. To the contrary, many parents are led to believe they should get out of the way when their children reach adolescence! Others feel perplexed and angry as they see their authority weakened and their values challenged; yet they search in vain for counsel in how best to respond.

Despite the conventional wisdom about adolescent rebelliousness, young adolescents moving toward independence are still intimately tied to their families; they still have much to learn and more growing to do. Whatever their ethnicity and economic circumstances, in

survey after survey they reveal a yearning for parental attention and guidance in making educational and career decisions, in forming a set of values, and in assuming adult roles. Not only do they want the supportive guidance of their parents, they desire it of other adults as well.

The poignant answer of young people to questions about why they join gangs is that these groups become the families that they never had. This is compelling testimony to young adolescents' fundamental need for close, reliable relationships with a supportive, protective group that confers respect and identity and recognizes competence. Many gangs do just that, although at the price of strict conformity to norms that tend to be antisocial and dangerous.

Parents who strive to remain closely involved in their growing adolescent's life, however, are often prevented from doing so by job and career demands, the rigid boundaries between work and home life, and the frequent claims on their time and resources from aging parents or younger children, among other constraints. Existing school policies and teacher attitudes, in addition, have long discouraged the involvement or accepted the absence of parents in school activities beyond the elementary school years. Schools, businesses, government, religious institutions, and other community organizations must now seek ways to provide opportunities and support for parents in their desire to have a closer relationship with their young adolescent.

## **STRENGTHENING PARENTS' ROLES DURING THE EARLY ADOLESCENT YEARS**

### ***Sustain Parental Involvement in Middle Grade Schools***

Parents who want their children to do well in school must remain involved in their education through the middle and high school years. Although more schools are recognizing the importance of such involvement, their numbers are still small. If further progress is to be made, there must be more widespread, meaningful change in the attitudes and practices of teachers and principals. Parents who do participate in the school feel useful, develop confidence in their relations with school staff, and are more likely to attend school activities, which signal to young adolescents the importance of education.

Particularly in low-income neighborhoods, schools can act as family resource centers where parents can meet to learn about normal changes during adolescence and take advantage of educational offerings in computer literacy, employment counseling, English-as-a-second-language, health promotion, and citizenship. Schools, moreover, can inform parents about programs and students' progress on a regular basis; they can provide specific suggestions for ways that parents can assist with homework and other learning activities; and they can involve parents as volunteers in schools and include them in school governance committees.

### ***Create Parent Peer Support Groups***

A previous generation of studies of troubled parent-adolescent relationships emphasized the alienation of adolescents from families as inevitable and served to discourage education, health, and youth-development professionals from seeking ways to strengthen families in their critical role during a child's second decade of life. This perspective has begun to change with new findings from studies of adolescent development in nonclinical settings and of a variety of relationships between adolescents and their parents.

The conclusions drawn from research are that young adolescents flourish when they have a family life characterized by warmth and mutual respect and when they have parents who show serious and sustained interest in their lives; who respond to their changing cognitive

and social capacities; who communicate high expectations for their achievement and ethical behavior; who demonstrate democratic, constructive ways of dealing with conflict; and who provide a consistent basis of discipline and close supervision. Such a family atmosphere can provide powerful protection against the risks of a young person's engaging in unhealthy or antisocial practices or becoming depressed and alienated.

Of course, in real life achieving this ideal is not easy. To assist them in their relationships with their adolescents, parents are turning increasingly to parent support groups. Mutual-aid groups of this kind can reach a large number of families in an efficient way. Participants share information and experience about handling the transition from childhood to adolescence, aspects of normal adolescent development, how to improve their communication skills, ways to renegotiate the parent-adolescent relationship, how to set and enforce limits, where to find resources in the community, and how to deal with the needs of both adolescents and younger siblings. Additionally, they can get help in coping with changes in their own lives, which can sometimes interfere in their relationship with their adolescents. In the few low-income communities where they exist, parent networks can also assist others in gaining access to health care, adult education, including literacy classes, and job training and placement.

### ***Provide Prospective Guidance to Parents on Adolescent Transitions***

The Guidelines for Adolescent Preventive Services of the American Medical Association (AMA) recommend that parents or other caregivers of adolescents receive prospective information and guidance on early, middle, and late adolescence as part of adolescents' annual health examinations. The Carnegie Council seconds this advice. During these visits, parents can learn about normal adolescent physical, sexual, and social development; the signs and symptoms of diseases and emotional distress; ways to promote healthy adolescent adjustment; and how to prevent potential problems, such as helping adolescents drive responsibly, monitoring their social and recreational activities, and restricting sexual behavior and the use of tobacco, alcohol, and other drugs.

### ***Reassess Public and Private Policies and Practices***

Legislation, public policies, and workplace practices do not yet recognize the ways that institutions still conduct business largely based on outdated assumptions about family structure and functioning. Many parents, as a result, are deeply stressed in their efforts to fulfill their responsibilities toward their children and adolescents as they struggle to earn a living. One way or another, families continue to make the critical difference in the health and educational outcomes of children. To encourage and support parents and other adults in their vital role in the lives of adolescents into the next century, changes in policies, programs, and laws are therefore needed.

- **Professionals**, such as teachers, nurses, social workers, physicians, psychologists, and youth development specialists who work with adolescents, must be prepared to work not only with individual adolescents, but also with their families.
- **Employers**, such as corporations and public agencies, should extend to parents of young adolescents the workplace policies now available for those with young children, including flextime, job sharing, telecommuting, and part-time work with benefits. Such family-friendly workplace policies would allow parents to become more involved in middle and high schools, serve as volunteers in community organizations, and spend more time with their teenagers.
- **Congress** should extend the child care tax credit from its current ceiling of age ten to that of age fourteen, thus providing some financial relief to parents seeking to provide safety and support for their young adolescents in the risky afternoon and



early evening hours when work schedules usually require parental absence from home.

When the private world of families and the public spheres of neighborhoods, communities, and workplaces are mutually supportive, we have our best hope for preparing all of our adolescents for a new century.

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### **American Businesses Invest in Young Adolescents**

More parents of young adolescents must find ways to balance their work and family responsibilities today than ever before. As the number of dual-earner and single-parent families continues to rise, parents who work outside the home find few safe, high-quality programs to provide structure and adult guidance for their young adolescents after school and during vacations and holidays. Finding quality care is even more difficult for parents who work nontraditional hours, in workplaces that operate twenty-four hours a day. In response to the growing needs of parents, a number of American corporations have begun to diversify their dependent benefits programs to support parents of young adolescents.

#### ***REACHING OUT TO FAMILIES***

Some major employers have joined forces to provide activities for their employees' young adolescents during the out-of-school hours. The American Business Collaboration for Quality Dependent Care (ABC) is a coalition formed in 1992 by 137 corporations (expanded to 156 by the end of 1994), to assist employees in finding reliable, local care for their dependents. To address the lack of programs for young adolescents when schools are not in session, ABC provided funding for the creation of adventure camps, ropes and challenge courses, and science and technology camps.

#### ***"WE HAVE FUN BUILDING THINGS"***

To help parents find attractive and educational alternatives for their young adolescents, members of ABC funded the development of summer science and technology (Sci/Tech) camps for ten- to fourteen-year-olds, where campers learn about computer graphics, solar power, and architecture. Members of ABC see the camps as an investment in the future and as a child care solution for their employees with young adolescents.

The camps open early and stay open late to fit parents' work schedules. Attendance at these camps is not limited to the children of the sponsoring corporations--the parents of 64 percent of the campers at STAR (Science and Technology Adventure Researchers) Camp in South Brunswick, New Jersey, work for other companies. The Sci/Tech camps reach out to girls and to minorities, who are traditionally underrepresented in science and math camps. In New Jersey, two new Sci/Tech camps emphasize hands-on science experience for young adolescents, who are challenged to ask questions, make scientific predictions, and plan for their futures.

At the STAR Camp, sponsored by several ABC partners including AT&T, IBM, and Johnson & Johnson, the sessions held at the camp's Liberty Science Center are the highlight of each day. Campers go on field trips to explore the working world of science. They meet scientists, engineers, and technicians at Mobil Research and Development's Water Toxicology Lab and

other area companies. There, campers are scientists for a day, wearing lab coats and goggles and preparing real experiments. Such experiences show young adolescents that what they learn in the classroom during the school year and at camp during the summer does apply to the "real world." According to one camper, "STAR Camp is much better than other camps because you get to play computers and go to more field trips than other camps."

### **BALANCING WORK AND FAMILY LIFE**

Other companies, either in addition to or independent of ABC, have their own work and family divisions that develop programs to help employees balance work and family life. IBM, for example, offers its 150,000 employees (60 percent of whom are part of a dual-income couple, 30 percent of whom have children who require supervision, and 5 percent of whom are single parents) several Work and Personal Life Balance Programs. These programs provide flexible leave and telecommuting options to parents.

To develop ways to make flexible schedules available to parents and to reduce absenteeism and tardiness, Marriott International, AT&T, Stride Rite, and Hewlett-Packard formed Flex Group. Flex Group members believe that flexible schedules make good business sense: employees who have schedule flexibility are more productive and are loyal to their companies.

Marriott International's Work-Life Department has developed alternative working arrangements for their employees who are parents of young adolescents. In addition to job sharing, condensed work weeks, and telecommuting, the department offers informational videos and materials on parenting, child care, and other concerns to help parents balance work and family demands. Marriott also established a bilingual and confidential Associate Resource Line (ARL) pilot service. Staffed by master's-level social workers, ARL provides twenty-four-hour counseling and advice to employees about concerns that arise from balancing work and family. ARL currently serves about thirteen of Marriott's units; in 1995, the service is expected to be expanded to include seventy-five more units.

Toyota Motor Manufacturing in Georgetown, Kentucky, operates a twenty-four-hour child development center on site for children whose parents work round-the-clock shifts. The center arranges for school-age children to be picked up at school and dropped off at the center, where they receive assistance with their homework from 4:30 to 6:30, eat dinner, and go to bed at 9:00 on school nights. During the summer, the center runs a full-day summer camp. About 60 percent of the children enrolled in the camp are between the ages of ten and thirteen.

### **THE FUTURE**

The companies of ABC are winning praise for their efforts to respond to the needs of their employees' families. These innovators also are inspiring other companies to follow their lead. As more and more young adolescents are part of families where both parents or guardians work full time outside the home, the availability of flexible work options and quality out-of-school programs becomes increasingly important. These companies demonstrate that the extension of dependent care benefits to parents of young adolescents is a viable way to increase parents' productivity.

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## **Chapter Four: Educating Young Adolescents for a Changing World**

If it were possible to reach any consensus about high-priority solutions to our society's problems, a good education throughout the first two decades of life would be a prime candidate. Every modern nation must develop the talents of its entire population if it is to be economically vigorous and socially cohesive. A well-educated young adult is rarely found in our nation's prisons. In the past two decades, however, the achievement levels of American adolescents have virtually stagnated. The performance of our students is too low to support adequate living standards in a high-technology, information-based, transnational economy.

A persistent misconception among many educators is that young adolescents generally are incapable of critical or higher-order reasoning. Many school systems do a disservice to middle grade students by not offering challenging instruction. Education to capture the young person's emergent sense of self and the world, and to foster inquiring, analytical habits of mind, is not only feasible but constitutes essential preparation for life.

### **FACILITATING THE TRANSITION TO THE MIDDLE GRADES**

In the move from elementary school, where a student has spent most of the day in one classroom with the same teacher and classmates, to the larger, more impersonal environment of middle school or junior high school farther from home, an adolescent's capacities to cope are often severely tested. Such an abrupt transition coincides with the profound physical, cognitive, and emotional changes of puberty, a juxtaposition that for some students can result in a loss of self-esteem and declining academic achievement.

Middle grade education was largely ignored in the education reforms of the 1980s. With the publication in 1989 of the Carnegie Council's report, *Turning Points: Preparing Youth for the 21st Century*, however, the nascent movement to reorganize middle schools to make them more developmentally appropriate for young adolescents was powerfully reinforced.

Middle grade education, said the report, should be more intellectually challenging, in line with young adolescents' new appreciation for the complexity of knowledge and ideas, and supportive of their desire for individual attention. Schools should have curricula that provide the information, skills, and motivation for adolescents to learn about themselves and their widening world. They should promote a mutual aid ethic among teachers and students, manifest in team teaching and cooperative learning. They should integrate students of varying ability levels in a single classroom, and they should provide opportunities for academically supervised community service.

### **EIGHT PRINCIPLES FOR TRANSFORMING THE EDUCATION OF YOUNG ADOLESCENTS**

At the heart of *Turning Points* is a set of eight principles for transforming the education of young adolescents. These rest on a foundation of knowledge from current research and from the experience of leading educators, policymakers, and advocates for children and youth.

#### ***Create Communities For Learning***

Large schools should be brought to human scale through the creation of smaller units, or schools-within-schools, where stable relationships between teachers and students and among students can be cultivated and smaller class sizes can ensure that each student is well known and respected.

### ***Teach a Core of Common Knowledge***

In many middle grade schools, the curriculum is so fragmented by subject matter that students have few opportunities to make connections among ideas in the different academic disciplines. A primary task for middle grade educators, especially as part of teaching teams, is to identify the most important principles and concepts within each discipline and concentrate their efforts on integrating the main ideas to create a meaningful interdisciplinary curriculum. The current emphasis on memorization of a large quantity of information must yield to an emphasis on depth and quality of understanding of the major concepts in each subject area as well as the connections between them.

### ***Provide an Opportunity for All Students to Succeed***

Numerous studies of cooperative learning approaches, in which students of varying ability learn together, have demonstrated their efficacy for everyone. Cooperative learning helps high achievers to deepen their understanding of the material by explaining it to lower achievers, who in turn benefit by receiving extra help as needed from their peers. Students master course material faster, retain the knowledge longer, and develop critical reasoning powers more rapidly than they would working alone. Cooperative learning also enables young people to get to know classmates from backgrounds different from their own, which sets the stage for them to learn the requirements for living together in a pluralistic society.

### ***Prepare Teachers for the Middle Grades***

At the present time, there are only a few graduate education programs that prepare middle grade teachers, as opposed to elementary or secondary school teachers. Yet the early adolescent transition is a distinct phase requiring special understanding of the conjunction of changes that a young person is undergoing and that have a bearing on learning. To orient teachers effectively for the middle grades, professional education programs must incorporate courses in adolescent development, team teaching, and the design and assessment of demanding interdisciplinary curricula. They must also offer special training to work with students and families of different economic, ethnic, and religious backgrounds.

### ***Improve Academic Performance Through Better Health and Fitness***

Middle grade schools often do not have the support of health and social service agencies to address young adolescents' physical and mental health needs. Developmentally appropriate adolescent health facilities, in or near schools, are urgently needed for middle and high school students, especially in areas where there is a high proportion of uninsured families. Such school-related health centers should be linked to health education programs and a science curriculum that helps students understand the biological changes they are experiencing and the impact of various health-damaging as well as health-promoting practices. (These issues are discussed further in chapter five.)

### ***Reengage Families in the Education of Adolescents***

As discussed in the previous chapter, schools must involve parents of young adolescents in all aspects of their education. As it is, they are often considered as part of the problem of educating adolescents rather than as a potentially important educational resource.

### ***Strengthen Teachers and Principals***

States and school districts should give teachers and principals the authority to transform middle grade schools. They and other members of the school staff know more about how to do their jobs than those far removed from the classroom. Teachers, especially, need control over the way they meet curricular goals. The creation of governance committees composed of teachers, administrators, health professionals, support staff, parents, and representatives from community organizations is one way to make schools more effective.

**Connect Schools with Communities**

In the 1980s, social service professionals and community organization leaders began moving their youth services into the schools, where the young people are. The result is a major innovation called "full-service schools." Led by individual states, full-service schools offer a variety of social and health services to young people and their families, paid for and rendered by outside agencies. As an example of a school-community partnership, these interventions are showing that they not only can help to reduce high-risk behavior in adolescents, but they enhance the environment for learning.

**THE MIDDLE GRADE SCHOOL STATE POLICY INITIATIVE**

*Turning Points'* comprehensive framework became the basis of a Carnegie Corporation effort to stimulate widespread middle grade reform beginning in 1990. Called the Middle Grade School State Policy Initiative (MGSSPI), it is a program of grants to fifteen states (usually the state department of education) whose schools are adopting promising practices in line with *Turning Points'* principles. Included are schools using approaches that are effective with young adolescents from disadvantaged communities, who make up a growing proportion of the nation's public school enrollments.

To improve curricula, instruction, and assessment under MGSSPI, the states have developed week-long summer institutes on interdisciplinary instruction, portfolio-based assessment, on-site professional development seminars facilitated by university faculty, formal networks to exchange information and resources between schools, systems for deploying expert consultants, and many other forms of assistance. At the local level, MGSSPI has stimulated improvements in curricula, instruction, and assessment in more than one hundred middle schools, some of which have worked to integrate education and health services for young adolescents and anchored health education firmly in the middle grade curriculum.

A group of Illinois middle grade schools, first as part of a federally supported effort called Project Initiative Middle Level, and now as part of the MGSSPI, has been implementing *Turning Points'* recommendations. Results thus far from an evaluation of the Illinois project show that, in forty-two schools participating at least one year, students are showing significant improvements in their reading, mathematics, and language achievement. They have higher self esteem and are less likely to feel alienated, fearful, or depressed in school than they otherwise would, as a result of the implementation of reforms.

These promising findings demonstrate that, although most schools do not now meet the needs of young adolescents, the potential is there and can be readily tapped. With the support of schools redesigned expressly to prepare youth for the future, all adolescents will have a better chance at educational and personal success.

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**Creating Powerful Interdisciplinary Curricula**

The creation of thoughtful interdisciplinary curricula and learning strategies is time consuming and intellectually challenging. It requires significant effort by the middle grade interdisciplinary teaching team. Teachers may be fearful that important concepts from their subject of specialization will be lost within an integrated approach or that they will be unable to satisfy state and local requirements to cover masses of information.

Despite these difficulties, many middle schools have created effective interdisciplinary curricula, including some remarkable schools serving disadvantaged students. One example is the Graham and Parks School in Cambridge, Massachusetts, which focuses on interdisciplinary project learning and portfolio assessment. Its humanities program, which combines language arts and social studies, builds the curriculum around concepts that are important in students' lives--for example, power and authority, individual and group responsibility, and conflict.

The school's humanities curriculum is structured around some overarching questions: What is courage? What does it mean to be a hero? Why do individuals take action to change and improve the world around them? To explore these questions, students focused in depth on the Holocaust and the civil rights movement, as well as historical and present-day issues in the local community. The curriculum strongly emphasizes primary source material, oral history, journal writing, process and peer review writing, small-group and individual project construction, media use, and other interactive approaches.

Students at Graham and Parks also study acting and write plays. The last months of a recent school year were spent creating a student-written and -acted play that highlights the concepts and themes studied within the interdisciplinary approach. The play was performed for the school, parents, and other middle school students and educators across the city. All students are required to maintain a portfolio containing draft and finished written work, photographs of three-dimensional projects (such as sculptures), videotapes of all presentations and exhibitions, and art work. At the end of the year, students assemble their portfolios, create a table of contents, and write a cover essay explaining their portfolio's contents and reflecting on their learning for the year. Students present their portfolios to a panel consisting of one or two prominent people from outside the school and their teacher. The portfolio and presentation are rated according to a previously agreed upon scale.

The Graham and Parks School continues to have the highest scores on state tests and the widely used California Achievement Test of any middle school in the city. The school also has the largest waiting list of families wishing to enroll their children.

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## **Chapter Five: Promoting the Health of Adolescents**

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Early adolescence is characterized by exploration and experimentation--behaviors that in our culture are considered socially adaptive and age appropriate. But carried to extremes, especially if they become habitual, risk-taking behaviors can impair mental and physical health. The damage may be near term and visible, or it may be delayed and hidden, like a time bomb set in youth. Examples of near-term damage are sexually transmitted diseases and trauma from alcohol-related accidents or violence. Delayed consequences may include cardiovascular disease and cancer in adult life, partly induced by high-calorie, high-fat diets, inadequate exercise, and smoking initiated early in life.

Adolescents have generally been regarded as the healthiest of Americans and in the least need of health services. Research by the U.S. Congress's Office of Technology Assessment, however, indicates that one out of every five adolescents has a minimum of one serious health problem. Increasingly, these problems are behavioral in nature and include

unintended teenage pregnancy, sexually transmitted diseases, motor vehicle accidents, gun-related homicides, the abuse of drugs, compulsive behaviors such as eating disorders, and depression sometimes leading to suicide.

Not surprisingly, there is a discrepancy between the knowledge and competence adolescents sometimes display and their behavior in everyday situations. Knowledge alone is no more sufficient for influencing health-related behaviors in adolescents than it is in adults. Like adults, adolescents show a tendency to wishfully minimize the potentially damaging effects of their risky behaviors, persisting in the belief that "it can't happen to me." Urgently needed are effective ways of instilling in adolescents not only the knowledge and skills but the values and motivation to foster their physical and mental health. Families, schools, health care institutions, community organizations, and the media can do more in the realm of health promotion, emphasizing education for health, life-skills training, and increased knowledge of human biology, so that young people can better understand the relationship between their own behavior and the state of their health and avoid damaging risks.

## **PROMOTING EDUCATION FOR HEALTH**

### ***Turn Schools into Health-Promoting Environments***

Middle grade schools can play a crucial role in fostering health among young adolescents, creating an environment in which good health as well as education is pursued and reinforced throughout the day. This means education in proper nutrition in appropriate classes and the provision of a balanced diet in the cafeteria. It means smoke-free buildings and programs to eliminate student and staff use of tobacco. It means education on the effects of alcohol and illicit drugs on the brain and thinking processes, other organs of the body, and behavior. It means exercise for all in the school community, not just for those participating in varsity competitions. Not least, it means an emphasis on safety and the prevention of violence, including penalties for students engaged in drug dealing and carrying weapons in schools and on school grounds.

### ***Three Generic Approaches***

Three broad-based approaches, more powerful when combined, are of direct relevance for health promotion among young adolescents. These are a life sciences curriculum in the middle schools, life-skills training, and social support systems. The life sciences, emphasizing a distinctively human biology, can tap into the natural curiosity of young adolescents, who are already intensely interested in the nature of life by virtue of the changes taking place in their own bodies. Such a curriculum should include the scientific study of behavior, particularly behavior that bears strongly on health throughout the life span.

Life-skills training can provide a strong underpinning of protective knowledge as well as enhance skill in decision making and personal relationships. It can help students learn how to resist pressures to engage in high-risk behaviors, build solid friendships, resolve conflicts peacefully, and cooperate in groups, with lasting benefits. Social support programs, offered by a variety of organizations and institutions, including businesses, can provide youths, particularly those who suffer multiple problems, a range of human services. They can create healthy alternatives to substance abuse, gang membership, and early sexual activity and help young people earn respect and acquire a positive vision of the future.

### ***Four Targeted Approaches***

Categorical approaches that educate young people to specific risks do not have as broad a perspective on health promotion as generic approaches. But targeted efforts can be

effective preventive interventions if they are offered in early adolescence. Families are naturally the first source of such vital education, but schools, youth organizations, places of worship, and health agencies can augment these family functions with special services.

Approaches to four specific risk-taking behaviors deserve mention. These are programs on human sexuality and reproduction, which can help to prevent unintended pregnancy and promote sexual health; on the preparation of adolescents for the challenges of raising a child when they become adults, which can help them make a more informed, thoughtful commitment when the time comes; on the prevention of violence, which can reduce young people's involvement in violence and teach nonviolent conflict resolution; and on the prevention of drug abuse, which can reduce young adolescents' use of "gateway" substances like tobacco, alcohol, and marijuana, reduce use of more dangerous drugs, and enhance personal and social competence.

### **LOWERING BARRIERS TO HEALTH CARE SERVICES FOR ADOLESCENTS**

Instilling the values of a health-promoting lifestyle during early adolescence is certainly essential, but these measures must be matched by efforts to fill serious gaps in health services for young people. To meet adolescents' health care needs, developmentally appropriate services must be made more widely available in community health centers, school-based and school-linked health centers, physicians' offices, family planning clinics, health maintenance organizations, and hospitals.

#### ***Expand Health Insurance Coverage***

As many as one in seven adolescents has no health insurance; one in three poor adolescents is not covered by Medicaid; and private insurance coverage of adolescents is increasingly restrictive. Preventive services, such as psychological and substance abuse counseling, are especially needed during adolescence and are not covered by many health insurance plans. As managed care spreads rapidly throughout the United States, it will be crucial for health maintenance organizations to include explicit provisions for comprehensive, developmentally appropriate coverage of adolescents.

#### ***Prepare Appropriate Health Personnel***

A critical issue is the paucity of health care personnel who have training or experience to deal sensitively with adolescents' health needs, especially concerning problem behaviors, chronic diseases, and disabilities like attention deficit disorder. Training programs for physicians do not currently cover information about the skills needed to serve adolescents; nor are nurses, nutritionists, psychologists, and social workers adequately prepared. These health professionals need to learn how to take the time necessary to gain the confidence of adolescents, acquire the skills to identify their problems, be willing to ask them questions that might uncover alcohol and other drug abuse, high-risk sexual activity, or emotional distress, and help them avoid the pitfalls of dangerous behavior.

#### ***Expand School-Linked Health Services***

A promising approach to filling the health service gap is the establishment of more school-based or school-related health facilities. At present, there are more than six hundred such health centers nationwide, supported by states and communities with assistance from the federal government and private donors. These are often staffed by local health professionals who work with the schools in providing needed services. They have demonstrated their ability to deal with even acute health problems of adolescents and have strong potential for becoming a major locus for disease prevention and health promotion. They are particularly effective when their services to adolescents are integrated with the school curriculum in the life sciences, athletic programs, and other aspects of school life.



Ultimately, achieving the health and well-being of young adolescents is going to require more than the protection and support of families, friends, and health professionals or of adults trained to work with this age group. It will require a community-wide commitment from the full range of institutions and adults with whom adolescents are involved. Were this goal to be reached, however, it could change the health outcomes of millions of young people growing into adulthood in the next century.

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### **New Jersey Offers Comprehensive Services for Youth**

Trouble for many young adolescents comes in multiple doses. A young person may have parents who face unemployment and housing problems or may have a father or mother who is an alcoholic or drug abuser. The young person may be performing poorly at school, may lack adequate medical or dental care, and may know no reliable adult to whom to turn for advice.

Human service agencies that could help these young people may themselves be geographically dispersed, unattractively labeled, or socially unacceptable to adolescents, and not linked to one another. The agencies may rely heavily on informal referrals, with no systematic way of accepting students from the school system. Furthermore, if the agencies do not provide family counseling, they may be unable or unwilling to address problems in family relationships. One promising state-based model to provide needed help for adolescents is New Jersey's School-Based Youth Services Program, which brings together existing services for adolescents under one roof, most often at the school. State officials have found that schools offer the most effective sites for reaching and assisting large numbers of adolescents on a regular basis.

Led by then-Governor Thomas Kean, the New Jersey Department of Human Resources initiated the School-Based Youth Services Program in 1988 as a way of connecting the state's education, health, and human services, and creating "one-stop service centers" for adolescents and their families. By changing the traditional institutional arrangements of the state's agencies from a targeted approach to one that supports the overall well-being of the state's teenagers by providing comprehensive services, this program has encouraged teenagers to complete their education, obtain the skills they need for employment or for additional education, and lead healthy, productive lives. Today the program operates in thirty-seven sites in or near schools in urban, rural, and suburban communities. Sites are open during and after school, on weekends, and all summer long. They offer a core set of services, all of which require parental consent. Centers offer adolescents basic services: primary and preventive health services; referrals to health and social services; individual and family counseling; crisis intervention; drug and alcohol abuse counseling; employment counseling, training, and placement; summer and part-time job development; and recreation. Beyond this core of services, the state encourages centers to provide classroom-based health education; arts, cooking, and sports activities; transportation; family planning examinations and referrals; parenting skills instruction; violence prevention programs; child care; outreach to adolescents who have left school; or twenty-four-hour hotlines. Mental health services are the most frequently used service across the state, followed by other health, employment, education, and substance abuse services.

In 1991, about one of every three New Jersey teenagers--more than 19,000 students--participated in this state-sponsored program. A recent survey revealed that more than half of the students receiving services are African American and nearly a quarter are Hispanic. More than half of the adolescents are considered at risk for dropping out of school. Girls and boys use the service about equally, and they are most likely to be ninth and tenth graders.

Although evaluative data are not yet extensive, programs like New Jersey's appear to be efficient, cost-effective ways to connect adolescents and their families to critical services. Administratively, the state requires that each host community provide at least 25 percent of the program costs through direct financial contribution or in-kind services, facilities, or materials. Each site costs the state approximately \$230,000 annually, or about \$200 per student served. Stable funding is a strong factor in convincing community organizations and schools that they should work together on the program.

At Plainfield High School, in response to the incidence of teenage parenthood, the Plainfield School-Based Youth Services Program developed and implemented the Plainfield Teen Parent Program in collaboration with the Parent Linking Project of the New Jersey Chapter, National Committee for Prevention of Child Abuse, AT&T, Community Coordinated Child Care of Union County, and the Plainfield Health Center. The program provides a comprehensive array of services to mothers and their babies, including school-based child care, parent education classes, mentoring, tutoring, parent support groups for both pregnant and parenting teens, life-skills training, job skills training, health care, and information and referral to other social service agencies. Services are also provided to young fathers, grandparents, and guardians. All students who have children in the Plainfield Infant Toddler Center are required to enroll in a parenting class that teaches student-parent activities to enhance their child's development and to strengthen the parent-child relationship. Parent support groups provide an opportunity for students to talk about what it is like to raise children as they struggle for their own independence. Students are encouraged to share their ideas and experiences, to see their similarities and differences, and to help each other solve problems and work through tough times.

An evaluation of the project found that 84 percent of program mothers graduated from high school, compared to 41 percent of the control mothers. Two years after their first births, 11 percent of program mothers had a second birth, compared to 33 percent of the control mothers. Program mothers were more likely than comparison mothers to report having a regular source of medical care for their children. Stress associated with parenting decreased significantly among program mothers, while general self-esteem rose. Students and faculty at Plainfield High School generally supported the presence of a child-care center on the school grounds and felt that it made a difference in making it possible for some girls to graduate. This program was developed by and includes representatives from all segments of the community and private and public sectors.

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## **Chapter Six: Strengthening Communities with Adolescents**

For most young adolescents, the feeling of belonging to a community that offers mutual aid and a sense of common purpose, whether it is found in their families, schools, neighborhoods, houses of worship, or youth organizations, has been compromised. Young people from all economic strata often find themselves alone in communities where there are few adults to turn to and hardly any safe places to go. Inadequate public transportation systems and American reliance on the private car limit the ability of many young

adolescents to participate in clubs or other activities away from home or school. In some communities, the main place to meet others and socialize is the shopping mall; otherwise it is the city streets with their easy availability of guns, drugs, and other harmful influences.

Young people left on their own or only with peers have a significantly greater chance of becoming involved in high-risk behaviors than their counterparts involved in activities under responsible adult guidance. The task, then, is to turn the out-of-school hours into attractive, growth-promoting opportunities for all young people.

More than 17,000 youth-serving organizations now operate in the United States. They include such national groups as the Boy Scouts, 4-H Clubs, the YMCA and YWCA, and thousands of small, independent grassroots organizations. Many of them offer just what young adolescents say they want: safe havens where they can relax, be with their friends, and learn useful skills in the crucial after-school, weekend, and summer hours when neither schools nor parents are available to provide supervision and support. Such programs often offer adult mentoring, drop-in activities, and opportunities for community service, for learning about careers and the world of work, and for discovering places beyond the neighborhood. They help a young person build a sense of self-worth, get along in groups, make durable friendships, and generally prepare for lives as responsible, inquiring, and vigorous adults.

### **ELEMENTS OF EFFECTIVE YOUTH PROGRAMS**

Based on its three-year study of youth development and community organizations, the Carnegie Council identified the characteristics of community programs that are responsive to the needs of young adolescents. These programs

- Are safe and accessible to all youths.
- Base their content and methods on a systematic assessment of community needs and existing services on knowledge of the attributes and interests of youth.
- Work with a variety of other community organizations and government agencies to extend their reach to the most vulnerable adolescents.
- Have staff who are knowledgeable about adolescent development and trained to work with young people.
- Regard young people as resources in planning and program development and involve them in meaningful roles.
- Reach out to families, schools, and other community partners to create a strong social support system for young adolescents.
- Have clear objectives and criteria for evaluation of success.
- Have strong advocates for and with youths to improve their opportunities to become well-educated and healthy.
- Have active, committed community leadership on their boards.

Although the central mission of these 17,000 organizations is to provide positive opportunities for youth, the Carnegie Council's report, *A Matter of Time: Risk and Opportunity in the Nonschool Hours*, concluded that they reach all too few of the young people who most need their support and guidance. Some 29 percent--approximately five-and-a-half million young adolescents--are not served by any of the existing youth organizations. Many programs operate only an hour or two a week, and a great many are operated by well-meaning adults who are not trained to deal with young adolescents.

Already penalized by economic disadvantage and the stresses of life in unsafe neighborhoods, young adolescents from families with very low incomes are the least likely

to have access to enriching youth programs. Their future hangs in the balance. They require special help to stay in school, pursue their education in a determined way, and protect their health.

### **EXPANDING THE REACH OF COMMUNITY ORGANIZATIONS**

For neighborhoods and communities to become better organized to provide a network of social support for vulnerable adolescents, the Carnegie Council recommends several key measures:

#### ***Develop Partnerships***

Community organizations attempting to reach underserved areas and provide neglected youths with a powerful alternative to gangs and other negative influences should seek innovative partnerships with other community-based institutions, including schools. A priority is to strengthen their base of financial and in-kind support. Several federal agencies direct their funds toward the substance abuse and violence-prevention programs of youth organizations. For example, the Boys & Girls Clubs of America, a national federation of local clubs serving two million young people, in 1987 launched an ambitious initiative to expand their efforts in public housing projects. Today, with the ongoing support of the U.S. Department of Housing and Urban Development and several other federal agencies and private foundations, 270 clubs are located in housing projects nationwide and in Puerto Rico.

#### ***Make Youth Development a Mission of Other Community Organizations***

The potential of youth organizations could be greatly enhanced with the involvement of adult service groups like the Rotary and Kiwanis clubs, religious organizations, minority organizations, sports leagues, arts programs, senior citizen groups, museums, and public-sector institutions such as libraries, parks, and recreation departments. National scientific organizations, such as the American Association for the Advancement of Science, are working with churches and other community groups to increase young people's interest and active involvement in the sciences. Additionally, through the Association of Science-Technology Centers, science and youth museums are training adolescents from low-income communities as docents and exhibition designers.

#### ***Recruit and Reward More Trained Staff***

Adult leaders in community organizations often are available to young people at all hours of the day. They labor without adequate compensation, have limited benefits, and go unrecognized for their contributions. Yet they are society's frontline workers who breathe life into the programs. This is no less true of the many neighborhood residents and dedicated volunteers who often give generously of their time. If youth organizations are to expand wisely, they must have the full backing of the community, which should show appreciation of the services of the staffs while also demanding from them a high level of expertise and accountability.

### **ENCOURAGING SIGNS**

Although out-of-school opportunities for youth in underserved areas have a long way to go, there are hopeful signs of change. The Carnegie Council's report, *A Matter of Time*, is now being used by urban parks, recreation groups, and theater and arts groups as well as national organizations to make the case for safer, more open, attractive spaces for youth, particularly in neighborhoods of concentrated poverty. In San Francisco, Chicago, and Denver, the report was the basis for communitywide initiatives to examine how youth-serving agencies in both the public and private sectors could better meet the needs of

adolescents. And federal agencies included provision for more after-school programs in the Clinton administration's crime-prevention strategy.

Communities of color are trying to focus their institutions on the needs of youth. Some programs are based in churches, such as Project Spirit, an initiative of the Congress of National Black Churches; some are based in minority organizations, including the National Coalition of Hispanic Health and Human Service Organizations, the National Urban League, ASPIRA, and minority fraternities and sororities. Through efforts like these, thousands of young people have a positive alternative to despair and a life filled with violence. For them, the out-of-school hours are turning into the time of their lives.

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### **Schools as Partners with Families and Communities**

Schools can become partners with families and communities in order to strengthen and broaden their educational work. During the past fifteen years, states and communities have been developing programs to improve adolescents' access to health, social, and educational services in or near schools. Whether they are "full-service" schools or simply school-affiliated health centers, such programs represent a powerful attempt to address the scope of adolescents' needs. Some programs serve students' families as well. Drawing students and families into a variety of constructive activities, they can be especially helpful for students who are at risk of failing or dropping out.

Despite increased state and local funding, these efforts are still precarious. Without secure financing, they frequently face operational, managerial, and staffing problems. Many are remarkably successful, however. The Salome Ureà Middle Academies in Washington Heights, New York, for example, grew out of a city school district's partnership with a nonprofit community center and now provides comprehensive services to adolescents and their families. The Hanshaw Middle School in Modesto, California, grew into a community center. Although each of these programs take different approaches, they share a common vision of community education.

#### ***SALOME Ureà MIDDLE ACADEMIES***

In a collaboration between the New York City school system and the Children's Aid Society, Salome Ureà Middle Academies, or IS 218, have invited community organizations to provide school-based programming for 1,200 students and their families since 1992. The curriculum includes the entire school day--and beyond. During "zero period," for instance, students can eat breakfast together, dance, and participate in other recreational activities. During the after-school program, more than 500 students receive tutoring designed to maximize their academic and artistic strengths and interests.

The school's family resource center, open from 8:30 a.m. to 8:30 p.m., is a valuable source of information and support for the community. Staffed by parents, social workers, and other volunteers, the center provides adult education, drug abuse prevention activities, and other forms of assistance. Because many of the neighborhood's families are of Dominican origin, the school offers an English-as-a-second-language program, in which four hundred parents are currently enrolled. They in turn volunteer to teach their native tongue to the precinct's police officers. Next door to the resource center is a clinic that provides medical care, dental

care, and referrals to students. The clinic will soon include mental health services, which will be provided by a full-time psychologist and a part-time psychiatrist.

The Children's Aid Society, which operates the school, has been inundated with requests for tours of the school and for information and assistance in establishing similar schools elsewhere. It has hosted more than five hundred visitors, and requests for visits now average three per week. To respond to these requests, a technical assistance and information clearinghouse has been established at the school to facilitate partnerships in other communities by connecting interested schools with potential local or regional partners.

### **HANSHAW MIDDLE SCHOOL**

"Always do your personal best" is the prominently displayed motto of this community school, where the emphasis is on individuality, flexibility, responsibility, and cooperation. Established in 1991, Hanshaw Middle School aims to meet the needs of the community as well as provide educational and social opportunities for the adolescents of California's Stanislaus County. Adjacent to a recreation center, the school itself serves as the neighborhood's community center. The six buildings on the school's campus house an auto shop, a home economics lab, a gymnasium and multipurpose auditorium, laboratories, arts and crafts rooms, and state-of-the-art music rehearsal rooms. The school's library is actually a branch of the local county system.

The school also is a resource center for its students' families. Parents can take classes in parenting or computers or study for their high school equivalency degrees. Hispanic parents can receive help communicating with the school's faculty and administrators. Also on site is a center for primary health and dental care. Established by the Healthy Start Support Services for Children Act of 1991, the center features a case management team and a referral service available to students and their families.

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## **Chapter Seven: Redirecting the Pervasive Power of the Media**

The adolescent's world cannot be understood without considering the enormous power of the mass media, especially television, but also movies and popular music. Together with the increasing penetration of cable television, videocassette recorders, and computers in American homes and schools, these electronic conduits for programming and advertising have become strong competitors to the traditional societal institutions in shaping young people's attitudes and values.

Even greater media influences may emerge as the United States develops a high-speed global "information superhighway," capable of combining different information technologies into a single medium of communication. As the potential--both positive and negative--of these new media unfolds, it seems likely that cyberspace will have the capacity to transform education, health care, and many other vital aspects of life.

For the near future, however, television's cheaper price, accessibility, and convenience virtually guarantee its dominion in American homes and much of the world.

Adolescents unquestionably spend a great deal of time watching television: twenty-two hours a week on average, and for some individuals as many as sixty. Television viewing peaks around age twelve and then declines through the later teen years relative to competing media, such as radio and music, and social life. The question of what young adolescents are learning from the media, particularly television, should therefore be of the deepest concern to families and communities.

### **THE IMPACT OF TELEVISION ON YOUNG ADOLESCENTS**

Our understanding of television's role in shaping adolescents' psychological and cognitive development is still incomplete, but certain of its effects on children have been established from research. We know, for example, that passive consumption of commercial television can lead to attention deficits, nonreflective thinking, poor decision making, and, in some young minds, confusion between external reality and packaged representations. There is, moreover, a negative relationship between heavy viewing of entertainment television and academic achievement, notably on reading tests. Furthermore, the evidence is considerable that heavy viewing of gratuitously violent content on television contributes to aggressive feelings and behavior.

Adolescents who spend more than five hours a day sitting in front of the television set are more likely to become obese than their counterparts who watch less than an hour. Heavy television viewers are not only less active, they tend to consume the same food products displayed on the screen, which are high in sugar, fat, and sodium. Alternatively, in some girls, the ideal of thinness portrayed in TV programs can contribute to the development of eating disorders such as bulimia and anorexia.

There is arguably an opportunity cost in the amount of time spent in solitary, passive television watching. Teenagers glued to the television set are not participating in social or cultural events, excursions, and outdoor games or church, school, or musical groups; they are not engaged in creative activities such as writing or improving a skill.

### **TAPPING THE MEDIA'S CONSTRUCTIVE POTENTIAL**

Despite the media's frequently cited negative influences, their potential to affect adolescents' lives for the better is great indeed. Even if, as now used, television, videocassettes, music videos, and radio are often a distraction from school and other learning opportunities, they can also be powerful tools for teaching a wide range of cognitive and social skills. They can provide examples of compassionate understanding, nonviolent problem solving, and decent intergroup relations. They can portray human diversity while highlighting shared experience. They can model examples of healthy development in childhood and early adolescence that increase public understanding of what it takes to raise competent youth.

To improve the constructive role of the mass media in fostering the education and health of young adolescents, the Carnegie Council suggests the following measures:

### **Increase Media Literacy for the Information Age**

Adolescents currently represent a \$230 billion annual consumer market for products and are aggressively targeted by advertisers. The capacity of young adolescents to make sense of the commercial messages they receive from this array of powerful influences, and to counter social or peer norms that reinforce health-damaging messages, is essential to their development. Parents, schools, and community organizations should initiate discussions with young people about the mass media and imbue them with critical habits of mind so they can be informed and effective users of technology, restoring personal control.

Media literacy is a required part of the language arts curriculum for grades seven through twelve in Great Britain, Canada, Australia, and Spain. In contrast, teacher education, curricula, and community centers aimed at fostering media literacy in the United States are in their infancy. The state of New Mexico has adopted media literacy as a basic skill and pioneered a comprehensive media literacy program from kindergarten through grade twelve. North Carolina has included media literacy in both its English and information skills curricula. Efforts such as these deserve widespread consideration by families, schools, and youth-serving organizations as an integral part of education for democratic citizenship.

### **Foster Cooperative Consultations with the Entertainment Industry**

Efforts to bring together media professionals on a regular basis with experts in health, education, and adolescent development to discuss responsible depictions of sexuality and violence have made some headway, largely through the efforts of Mediascope, Advocates for Youth, and similar public interest organizations. As a result of such outreach efforts, the television and movie industry has virtually eliminated cigarette smoking from the screen, and the news media have introduced informative segments on the benefits of healthy diets and physical exercise. Mediascope is developing an ethics curriculum on violence to be used in courses that train film students. It is also issuing annual reports to help consumers make more informed choices about what they and their families watch.

Additionally, prosocial television programs aimed at adolescents, such *DeGrassi Junior High* and *In the Mix*, have made serious efforts to address family conflict, emotional and physical abuse, drug abuse, AIDS, depression, and sexuality.

### **Build Use of Media into Health Promotion Campaigns**

The use of media in the dissemination of health information has been shown to increase the effectiveness of comprehensive health promotion initiatives. Through public service announcements, kits on weight loss and smoking cessation, educational programming, and the like, media strategies in some community wide health promotion campaigns have helped to prevent cardiovascular disease, reduce the consumption of legal and illegal drugs, and build community norms for healthy behavior.

### **Promote Self-Regulation by the Entertainment Industry**

Despite three decades of public debate, films, television, and certain forms of music have become increasingly more violent and often demeaning of women and other groups. Although there has been some recent curtailment of such practices, in the absence of strong public demand for change there will likely be little appreciable advance in the deglamorization of sex and violence. The Federal Communications Commission requires television stations to broadcast educational children's programming as a condition of license renewal. The regulations do not include standards for programming content or for the number of broadcast hours involved. Some public interest groups are currently seeking measures requiring stations to broadcast seven hours of children's educational programming a week.



In response to public pressure and debate, media organizations may well begin to adopt self-regulatory strategies in order to avoid further regulation by government. Both the television cable networks and the video game industry, for example, have unveiled rating systems and advisories that will allow parents more control over what their children watch. The Motion Picture Association of America has reacted to public concern by releasing, for the first time, limited explanations of the reasons for its ratings of individual films. In addition, new technologies are being developed that could enable consumers to block out shows with specific unwanted content.

### **Ensure Equitable Access to the New Information Technologies**

The emergence of a new digital electronics world via the information superhighway will provide unprecedented opportunities to shape policies and practices that ensure the equitable access of all children and adolescents to the highest-quality educational programs. Widespread public education about the positive potential and the negative consequences of leading-edge communications technologies and software aimed at youth must, therefore, become a high priority for advocates of healthy youth development.

The flow of personal computers into American homes and schools, furthermore, should provide new opportunities to create programs that are both educational and engaging. Health and educational professionals should act now to collaborate with software designers in developing interactive programs that offer young people rewarding learning experiences.

In sum, the media and entertainment industries, through their programs and in other ways, could do much to enhance the learning, competence, and character of young adolescents. They could work with families, schools, and other key institutions to encourage health-promoting practices and provide positive role models for future generations of youth who will look to the media for the directions their adult life might take.

## **Chapter Eight: Toward a Shared Responsibility for Young Adolescents**

As a nation, we Americans must change our view of adolescence as an inevitably problematic phase of life that should be left to run its course. We must recognize the strong need of those just emerging from childhood for supportive adults and settings in which young people can develop a secure identity, explore the world beyond the self, and learn the skills for responsible, productive, and fulfilling adulthood. This means that a substantial measure of responsibility will have to be taken by all the institutions of society that influence young lives and that have a stake in their future: not just families but the schools, the health care sector, community-based organizations, including religious ones, and the media. Working together, they can meet the essential requirements for effective child and adolescent development in a world still in relentless transformation.

The Carnegie Council's findings and recommendations challenge not only key institutions but other powerful sectors of society as well--business and government, universities, and scientific and professional organizations--to help those on the front line to foster every child's chance for a rewarding adult life.

### **WHAT BUSINESS CAN DO**

The business sector can help schools and community organizations for youth in several ways: directly, by providing money, people, or both to implement the recommendations of this report; and indirectly, by using its considerable influence through community leadership on behalf of youth and through its impact on government at all levels. In addition, within the workplace, businesses can make their own policies and practices as family-friendly as

possible. Businesses can also have a powerful influence by choosing not to devote their advertising dollars to films and videos that serve to promote violent solutions to human conflict, that are sexually explicit or demeaning to groups, or that tacitly promote smoking, drinking, and other drug taking.

### **WHAT GOVERNMENT CAN DO**

Local, state, and federal governments can recognize the critical adolescent years in their policies and programs. They can ensure that the health of adolescents is protected and that public expenditures are effective in meeting the needs of children and youth. Activities can range from the federal funding of biomedical and behavioral research, to the health services of Medicaid, to the disease-prevention activities of the Centers for Disease Control and Prevention. The recent creation of a federal Office of Adolescent Health in the U.S. Department of Health and Human Services is a welcome step. That effort, though still rudimentary, could become a vital focus for healthy adolescent development.

At all levels, governments can remove the obstacles communities face as they attempt to provide effective services and to open up opportunities for young adolescents.

That states are increasingly supporting significant reforms of middle and junior high schools to make them more developmentally appropriate is heartening. Fifteen states are currently receiving Corporation grants to implement comprehensive middle grade policies that reflect *Turning Points'* recommendations. In several of these states, schools are already showing impressive gains in student achievement. But more states need to join this movement.

Cities and counties can also organize effectively for youth development by fostering community councils that draw upon all sectors to develop and implement strategies to meet the needs of young people.

### **WHAT HIGHER EDUCATION, SCIENTIFIC, AND PROFESSIONAL ORGANIZATIONS CAN DO**

Universities and other "science-rich" institutions and organizations can illuminate the problems and opportunities of adolescent development. They can get the facts straight, foster objective analysis, and consider the implications of their findings for practice, policy, and social action, bringing the results before the public. Universities can vigorously stimulate interdisciplinary research and education on topics of child and adolescent development. They can promote periodic syntheses of knowledge--not only for technical and professional audiences but also for the broader educated public. Professional organizations, composed of large numbers of respected and dedicated specialists, can have a strong impact on adolescents' development and on their health and education. They can facilitate useful services and actively link independent experts with leaders in government, business, and the media.

There are encouraging signs of interest by professional organizations, facilitated by the Carnegie Council's work and, in some cases, by grants from Carnegie Corporation. The National Board for Professional Teaching Standards, for example, has given high priority to the development of sophisticated assessment procedures for teachers who work in early adolescent education, an effort that may greatly strengthen middle grade schools. The American Medical Association has undertaken to improve adolescent health through its publications and convening function.

### **MOBILIZING COMMUNITIES FOR YOUTH**

With a combination of informed leadership and vigorous grass-roots organizing,

communities can be mobilized to engage in a strategic planning process on behalf of adolescents and their families. Such councils carefully assess local needs, formulate useful interventions, and work with the entire community to address the needs of adolescents.

As a practical matter, it will be necessary to achieve cooperation among several institutions in a particular community. Any such multi-institutional community strategy could serve certain valuable functions:

- Clarify the nature of child and adolescent problems.
- Stimulate interest and hope in the possibility of useful interventions.
- Help families meet their fundamental responsibilities.
- Facilitate the delivery of appropriate services.
- Provide resources--not only money but people, organizations, and technical skills.
- Organize a steady flow of reliable and up-to-date information about what works and for whom in fostering adolescent development.

The past decade has seen the rapid growth of links among schools and the nation's colleges, business organizations, and a great variety of community organizations. Such partnerships show what can be done by pooling strengths for mutual benefit. Through these initiatives, we can learn how to put these components together in ways that can provide young adolescents with the full range of developmental opportunities permitted by existing knowledge and emerging research findings.

Collaboration is key. One kind of partnership, established by the state legislature of North Carolina and called Smart Start, demonstrates how local energy can be rallied on behalf of children or young adolescents. Organized by counties, Smart Start aims to provide high-quality child care, health care, and other critical services to every child in the state under the age of six. Each county has a local board made up of nineteen community members who draw up plans for serving the specific needs of their community. The level of cooperation across each sector has been impressive. Another model at the city level is Kansas City's Metropolitan Task Force on Alcohol and Drug Abuse, an anti-drug coalition of powerful local businesses, churches, universities, and foundations that receives financial and technical support and training from a community drug-prevention program called STAR.

A more recent effort is the Chicago Mayor's Youth Development Task Force, consisting of twenty community, corporate, academic, and civic leaders, which is concentrating on expanding opportunities for school-age youth in the nonschool hours in the spirit of the Carnegie Council's report *A Matter of Time*. This citywide youth development approach, among other developments, has led to the creation of a Chicago for Youth office to promote coordinated neighborhood efforts on behalf of youth and their families.

While innovations such as these are not easily accomplished, and they will require monitoring, assessment, learning from experience, and upgrading in the years to come, they are nonetheless suggestive of what might be done by members of communities, working together across sectors and disciplines.

## **INVESTING IN OUR FUTURE**

Providing a constructive sequence of developmental opportunities for children and youth, based on scientific evidence, professional experience, and democratic, humane values, will certainly require a substantial level of investment. Both family investments and investments by a wider social support system involving other adults in schools, health care institutions,

community organizations, and the media will be necessary. Looking back over the range of evidence and experience presented in this report, it is hard not to conclude that the nation could be doing better by its young people, even with existing resources.

The United States now devotes substantial resources toward adolescents but mainly for categorical programs aimed at treating discrete problems. Much of this spending could achieve better results if it were redirected toward early generic approaches aimed at preventing the damage now occurring. Such an investment would have greater social and economic impact, resulting in higher productivity, lowered health costs, decreased prison costs, and improved human welfare.

In an era when there is much well-founded concern about losing a vital sense of community, such initiatives on behalf of all our children and adolescents could also have the profound collateral benefits of building solidarity, mutual aid, civility, and a reasonable basis for hope. What could bring us together better than our children?

## **Appendix A: MEMBERS**

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Admiral, U.S. Navy (Retired)  
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## **Appendix B: PROGRAMS FOR YOUTH: Selected Resources**

### **Advocates for Youth**

1025 Vermont Avenue, N.W.  
Suite 200  
Washington, DC 20005-3516  
Contact: Mary Pruitt Clark, President

Telephone: (202) 347-5700  
Fax: (202) 347-2263

### **Advocates for Youth Media Project**

3733 Motor Avenue, Suite 204  
Los Angeles, CA 90034  
Contact: Jennifer Daves, Director

Telephone: (310) 559-5700  
Fax: (310) 559-5784

### **American Business Collaboration for Quality Dependent Care**

c/o Work/Family Directions  
930 Commonwealth Ave., West  
Boston, MA 02215-1274  
Contact: Mary Kay Leonard, Vice President

Telephone: (617) 278-4000  
Fax: (617) 566-2806

### **American Library Association Young Adult Services Division**

50 East Huron Street  
Chicago, IL 60611  
Contact: Linda Waddle, Deputy Executive Director

Telephone: (800)545-2433 , extension 4390  
Fax: (312) 664-7459

**ASPIRA Association, Inc.**

1112 16th Street, N.W.  
Suite 340  
Washington, DC 20036  
Contact: Ronald Blackburn-Moreno, National Executive Director

Telephone: (202) 835-3600  
Fax: (202) 223-1253

**Association of Science-Technology Centers (ASTC)  
Youth Alive! Initiative**

1025 Vermont Avenue, N.W.  
Suite 500  
Washington, DC 20005-3516  
Contact: DeAnna B. Beane, Project Director

Telephone: (202) 783-7200  
Fax: (202) 783-7207

**Boy Scouts of America**

1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, TX 75015-2079  
Contact: Jere Ratcliffe, Chief Scout Executive

Telephone: (214) 580-2000  
Fax: (214) 580-2502

**Boys & Girls Clubs of America**

(Programs in Public Housing Projects)  
1230 West Peachtree Street, N.W.  
Atlanta, GA 30309  
Contact: Judith Carter, Senior Vice President

Telephone: (404) 815-5758  
Fax: (404) 815-5789

**Center for Media Education**

1511 K Street, N.W., Suite 518  
Washington, DC 20005  
Contact: Kathryn C. Montgomery, President

Telephone: (202) 628-2620  
Fax: (202) 628-2554

**Center for Media Literacy**

1962 South Shenandoah



Los Angeles, CA 90034  
Contact: Elizabeth Thoman, Executive Director

Telephone: (800) 226-9494  
Fax: (310) 559-9396

**Center for the Study and Prevention of Violence**

Institute of Behavioral Science  
University of Colorado at Boulder  
910 28th Street, Frontage Road  
Campus Box 422  
Boulder, CO 80309-8479  
Contact: Laura Ross Greiner, Project Coordinator

Telephone: (303) 492-1032  
Fax: (303) 449-8479

**Center for Youth Development and Policy Research**

Academy for Educational Development  
1255 23rd Street, N.W.  
Suite 400  
Washington, DC 20037  
Contact: Richard Murphy, Vice President, AED, and Director, CYDPR

Telephone: (202) 884-8000  
Fax: (202) 884-8404

**Children's Aid Society**

105 East 22nd Street  
New York, NY 10010  
Contact: Philip Coltoff, Executive Director

Telephone: (212) 949-4917  
Fax: (212) 460-5941

**CityYouth Constitutional Rights Foundation**

601 South Kingsley Drive  
Los Angeles, CA 90005  
Contact: Eleanor Kim, Associate Director

Telephone: (213) 487-5590  
Fax: (213) 386-0459

**The Congress of National Black Churches, Inc. /Project SPIRIT**

1225 Eye Street, N.W.  
Suite 750  
Washington, DC 20005-3914  
Contact: B.J. Long, Acting Project Director

Telephone: (202) 371-1091  
Fax: (202) 371-0908

**Girl Scouts of the USA**

420 Fifth Avenue  
New York, NY 10018-2202  
Contact: Mary Rose Main, National Executive Director

Telephone: (212) 852-8000  
Fax: (212) 852-6517

**Girls, Inc.**

30 East 33rd Street  
New York, NY 10016  
Contact: Isabel Carter Stewart, National Executive Director

Telephone: (212) 689-3700  
Fax: (212) 683-1253

**Human Biology Middle Grades Life Science Curriculum**

Program in Human Biology  
Department of Biological Sciences  
Building 80-2160  
Stanford University  
Stanford, CA 94305  
Contact: H. Craig Heller

Telephone: (415) 723-1509  
Fax: (415) 725-5356

**Mediascope**

12711 Ventura Boulevard, Suite 250  
Studio City, CA 91604  
Contact: Marcy Kelly, President

Telephone: (818) 508-2080  
Fax: (818) 508-2088

**Middle Grade School State Policy Initiative, Council of Chief State School Officers**

One Massachusetts Avenue, N.W.  
Suite 700  
Washington, DC 20001-1431  
Contact: Maria Garza-Lubeck, Director

Telephone: (202) 408-5505  
Fax: (202)408-8072

**National Coalition of Hispanic Health and Human Service Organizations  
(COSSMHO)**

1501 16th Street, N.W.  
Washington, DC 20036  
Contact: Jane L. Delgado, President and Chief Executive Officer

Telephone: (202) 387-5000  
Fax: (202) 797-4353

**National 4-H Council**

7100 Connecticut Avenue  
Chevy Chase, MD 20815  
Contact: Richard Sauer, President

Telephone: (301) 962-2820  
Fax: (301) 961-2894

**National Helpers Network, Inc.**

(Early Adolescent Helper Program)  
245 Fifth Avenue, Suite 1705  
New York, NY 10016-8728  
Contact: Alice L. Halsted, President

Telephone: (212) 679-2482  
Fax: (212) 679-7461

**National Network of Violence Prevention Practitioners**

Education Development Center  
55 Chapel Street  
Newton, MA 02160  
Contact: Gwendolyn J. Dilworth, Project Coordinator

Telephone: (617) 969-7100  
Fax: (617) 244-3436

**National Urban League**

500 East 62nd Street  
New York, NY 10021  
Contact: Hugh B. Price, President and CEO

Telephone: (212) 310-9000  
Fax: (212) 755-2140

**Quantum Opportunity Program**

1415 North Broad Street  
Philadelphia, PA 19122  
Contact: Debbie Scott, Office of National Literacy Programs

Telephone: (215) 236-4500  
Fax: (215) 236-7480

**School-Based Youth Services Program**

New Jersey Department of Human Services  
222 South Warren Street  
Trenton, NJ 08625-0700  
Contact: Edward Tetelman, Director, Office of Legal and Regulatory Affairs

Telephone: (609) 292-1617  
Fax: (609) 984-7380

**YMCA of the USA**

101 North Wacker Drive  
14th Floor  
Chicago, IL 60606-7386  
Contact: David Mercer, National Executive Director

Telephone: (312) 977-0031  
Fax: (312) 977-9063

**YWCA of the USA**

726 Broadway  
New York, NY 10003  
Contact: Prema Mathai-Davis, National Executive Director

Telephone: (212) 614-2821  
Fax: (212) 979-6829

**Appendix C: PUBLICATIONS**

**REPORTS**

*Great transitions: Preparing adolescents for a new century*  
(1995). Washington, DC: Carnegie Council on Adolescent Development. Abridged version and executive summary available free from the Carnegie Council on Adolescent Development.

*A matter of time: Risk and opportunity in the nonschool hours*  
Task Force on Youth Development and Community Programs. (1992). Washington, DC: Carnegie Council on Adolescent Development. Abridged version and executive summary available free from the Carnegie Council on Adolescent Development.

*Fateful choices: Healthy youth for the 21st century*  
F. M. Hechinger. (1992). New York, NY: Hill and Wang. Executive summary available free from the Carnegie Council on Adolescent Development.

*Turning points: Preparing American youth for the 21st century*  
Task Force on Education of Young Adolescents. (1989). Washington, DC: Carnegie Council on Adolescent Development. Abridged version available free from the Carnegie Council on Adolescent Development.

**BOOKS**

*Preparing adolescents for the 21st century: Challenges facing Europe and the United States*  
R. Takanishi and D. Hamburg (Eds.). (Forthcoming). New York, NY: Cambridge University Press.

*Adolescence in the 1990s: Risk and opportunity*  
R. Takanishi (Ed.). (1993). New York, NY: Teachers College Press.

*Promoting the health of adolescents: New directions for the twenty-first century*  
S. G. Millstein, A. C. Petersen, and E. O. Nightingale (Eds.). (1993). New York, NY: Oxford University Press.

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

## **WORKING PAPERS**

These papers are no longer available from the offices at Carnegie Council. To receive a copy, please contact the Educational Resources Information Center at 1-800-443-3742 .

*Consultation on afterschool programs*  
Carnegie Council on Adolescent Development. (1994).

*Schooling for the middle years: Developments in eight European countries*  
D. Hirsch. (1994).

*Promoting adolescent health: Third symposium on research opportunities in adolescence*  
Carnegie Council on Adolescent Development. (1993).

*Depression in adolescence: Current knowledge, research directions, and implications for programs and policy*  
A. C. Petersen, B. E. Compas, and J. Brooks-Gunn. (1992).

*Violence prevention for young adolescents: The state of the art of program evaluation*  
S. Cohen and R. Wilson-Brewer. (1991).

*Violence prevention for young adolescents: A survey of the state of the art*  
R. Wilson-Brewer, S. Cohen, L. O'Donnell, and I. F. Goodman. (1991).

*Adolescent health care decision making: The law and public policy*  
J. Gittler, M. Quigley-Rick, and M. J. Saks. (1991).

*Life-skills training: Preventive interventions for young adolescents*  
B. A. Hamburg. (1990).

*Popular music in early adolescence*  
P. G. Christenson and D. F. Roberts. (1990).

*Preventive programs that support families with adolescents*  
S. A. Small. (1990).

*Risk taking in adolescence: A decision-making perspective*  
L. Furby and R. Beyth-Marom. (1990).

*School and community support programs that enhance adolescent health and education*  
R. H. Price, M. Cioci, W. Penner, and B. Trautlein. (1990).

*Strategies for enhancing adolescents' health through music media*  
J. A. Flora. (1990).

*Teaching decision making to adolescents: A critical review*  
R. Beyth-Marom, B. Fischhoff, M. Jacobs, and L. Furby. (1989).

*Adolescent rolelessness in modern society*  
E. O. Nightingale and L. Wolverson. (1988).

*The potential of school-linked centers to promote adolescent health and development*  
S. G. Millstein. (1988).

*Preventing abuse of drugs, alcohol, and tobacco by adolescents*  
M. Falco. (1988).

*Issues in adolescent health: An overview*  
K. Hein. (1988).

*AIDS in adolescence: A rationale for concern*  
K. Hein. (1988).

## **COMMISSIONED PAPERS**

Reports were commissioned by the Carnegie Task Force on Youth Development and Community Programs and are available by calling the Educational Resources Information

Center at 1-800-443-3742 .

*Adult service clubs and their programs for youth*  
A. K. Fitzgerald and A. M. Collins.

*Building supportive communities for youth: Local approaches to enhancing youth development*  
R. O'Brien, K. Pittman, and M. Cahill.

*Community-based youth services in international perspective*  
M. Sherraden.

*Evaluation of youth development programs (Summary report of the January 1992 Consultation)*  
Carnegie Council on Adolescent Development.

*Funding patterns of nonprofit organizations that provide youth development services: An exploratory study*  
L. W. Stern.

*Gender issues in youth development programs*  
H. J. Nicholson.

*Overview of youth recreation programs in the United States*  
C. Smith.

*Overview of youth sports programs in the United States*  
V. Seefeldt, M. Ewing, and S. Walk.

*Professional development of youthworkers* (Summary report of the May 1991 Consultation)  
Carnegie Council on Adolescent Development.

*The quiet revolution: Elder service and youth development in an aging society*  
M. Freedman, A. C. Harvey, and C. Ventura-Merkel.

*Racial, ethnic, and cultural differences in youth development programs*  
L. A. Camino.

*A rationale for enhancing the role of the non-school voluntary sector in youth development*  
K. Pittman and M. Wright.

*A synthesis of the research on, and a descriptive overview of Protestant, Catholic, and Jewish religious youth programs in the United States*  
K. C. Dean.

*What young adolescents want and need from out-of-school programs: A focus report*  
S. W. Morris & Company.

*Young adolescents and discretionary time use: The nature of life outside school*  
E. Medrich.

## **JOURNAL ARTICLES AND COLLABORATIVE WORKS**

"Promoting the healthy development of adolescents." S. G. Millstein, E. O. Nightingale, A. C. Petersen, A. M. Mortimer, and D. A. Hamburg. (1993). *Journal of the American Medical Association*, 269 (11), 1413-1415.

"Crucial opportunities for adolescent health." D. A. Hamburg. (1993). *Journal of Adolescent Health*, 14, 495-498.

"The urban poverty crisis: An agenda for children and youth." D. A. Hamburg. (1993). *The Western Journal of Medicine*, 159, 692-697.

"The role of social support and social networks in improving the health of adolescents." D. A. Hamburg, E. O. Nightingale, and A. M. Mortimer. (1991). In W. R. Hendee (Ed.), *The health of adolescents*, 526- 542. San Francisco: Jossey-Bass.

"Preparing for life: The critical transition of adolescence." D. A. Hamburg and R. Takanishi. (1989). *American Psychologist*, 44 (5), 825-827.

"Facilitating the transitions of adolescence." D. A. Hamburg, E. O. Nightingale, and R. Takanishi. (1987). *Journal of the American Medical Association*, 257 (24), 3405-3406.

### **With the U.S. Congress Office of Technology Assessment (1991):**

*Adolescent health: Volume 1: Summary and policy options.* Washington, DC: U.S. Government Printing Office.

*Adolescent health: Volume 2: Background and the effectiveness of selected prevention and treatment services.* Washington, DC: U.S. Government Printing Office.

*Adolescent health: Volume 3: Crosscutting issues in the delivery of related services.* Washington, DC: U.S. Government Printing Office.

### **CARNEGIE OCCASIONAL PAPERS**

*Adolescent health: Safeguarding a generation at risk*

F. M. Hechinger. Based on a speech delivered at the conference "Crossroads: Critical Choices for the Development of Healthy Adolescents," in Washington, DC, April 12-14, 1992, sponsored by Carnegie Corporation of New York and the Carnegie Council on Adolescent Development.

*Business and adolescent health: How to succeed by really trying*

J. A. Califano. Based on a speech delivered at the conference "Crossroads: Critical Choices for the Development of Healthy Adolescents," Washington, DC, April 12-14, 1992, sponsored by Carnegie Corporation of New York and the Carnegie Council on Adolescent Development.

*Reinventing community*

J. W. Gardner. Based on a speech delivered at the conference "A Matter of Time: Risk and Opportunity in the Nonschool Hours," Washington, DC, December 10-11, 1992, sponsored by Carnegie Corporation of New York and the Carnegie Council on Adolescent Development.

*The case for comprehensive upgrading of American education*

O. B. Butler. Based on a speech delivered at the conference "Turning Points: Education in America in the 21st Century," Washington, DC, June 20, 1989, sponsored by Carnegie Corporation of New York and the Carnegie Council on Adolescent Development.

*The education crisis and the future of our economy*

R. Marshall. Based on a speech delivered at the conference "Turning Points: Education in America in the 21st Century," Washington, DC, June 20, 1989, sponsored by Carnegie Corporation of New York and the Carnegie Council on Adolescent Development.

### **ESSAYS BY DAVID A. HAMBURG, PRESIDENT, CARNEGIE CORPORATION OF NEW YORK**

*A developmental strategy for preventing lifelong damage*

Reprinted from the 1995 annual report of Carnegie Corporation of New York.

*Children of urban poverty: Approaches to a critical American problem*

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*Early adolescence: A critical time for interventions in education and health*  
Reprinted from the 1989 annual report of Carnegie Corporation of New York.

*Preparing for life: The critical transition of adolescence*  
Reprinted from the 1986 annual report of Carnegie Corporation of New York.

## **CARNEGIE QUARTERLIES**

*Your body, your life: Human biology for the middle grades*, Summer/Fall 1995.

*Saving youth from violence*, Winter 1994.

*Turning points revisited: A new deal for adolescents*, Spring 1993. *Adolescent health: A generation at risk*, Fall 1992.

*Adolescence: Path to a productive life or a diminished future?* Winter/Spring 1990.

*Black churches: Can they strengthen the black family?* Fall/Winter 1987/1988.

*Adolescent pregnancy: Testing prevention strategies*, Summer/Fall 1986.

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