

## Caring Adults *Continued from page 4*

▲ Third, it seems that for the most part, the youth's relationships with friends functions rather independently of the relationships with caring adults. That is, we do not see the hypothesized patterns suggesting that friendships increase to replace waning relationships with caring adults.

▲ Finally, in mid-adolescence, the diversity of caring adults is related to the level of self-reported offending, even when taking background characteristics into account. However, having peers who engage in antisocial behavior and the youth's own history of participating in antisocial behavior are stronger predictors in mid-adolescence.

We are quite intrigued by the seemingly counter-intuitive relationship we observed between of the level of caring adults and self-reported offending: in some analyses, the trend is clearly that the more diverse the caring adults the more diverse the self-report offending. Understanding this regularity is an important task for future analyses. Perhaps these

are just strange isolated findings. Perhaps the messages given by some of these adults are not as encouraging or prosocial as we might expect. Or maybe sorting out mixed loyalties to adults creates another set of stressful situations for the adolescent, and the youth then becomes particularly susceptible to peer influences. There are a variety of possible mechanisms, and we clearly have some work ahead of us to sort out all these possibilities. Any ideas would be welcome.

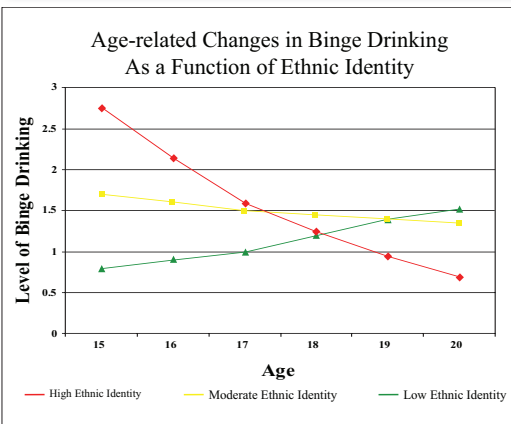
### REFERENCES

Britner, P.A., Balcazar, F.E., Blechman, E.A., Blinn-Pike, L., Larose, S. (2006). Mentoring special youth populations. *Journal of Community Psychology*, 34(6), 747-763.

Grossman, J.B., Rhodes, J.E. (2002). The test of time: Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology*, 30(2), 199-219.

Rhodes, J.E., Reddy, R., Grossman, J.B. (2005) The protective influence of mentoring on adolescents' substance use: Direct and indirect pathways. *Applied Developmental Science*, 9(1), 31-47.

## Our Data Tells Us ...



\* In a sample of Mexican American male juvenile offenders from the Pathways study (n=300), adapting well to the mainstream American culture AND retaining a strong affiliation with the Mexican culture can lead to positive substance use outcomes. This graph shows the relationship between having a strong ethnic identity and the regularity of binge drinking.

- The investigators found three subgroups of these adolescents who, over time, showed either high, moderate, or low ethnic identity.

- Each group was then examined for their patterns of reported binge drinking from ages 15 to 20, controlling for time spent in supervised environment

- When not in a facility, the High ethnic identity (EI) group showed the highest initial frequency of binge drinking at a young age, doing so about once every six weeks.

- Although starting at this high level, the High ethnic identity also showed the steepest decline with age. By contrast, neither the Moderate nor the Low ethnic identity groups changed significantly in binge drinking between 15 and 20 years of age

### Reference:

Losoya, S.H., Knight, G.P., Chassin, L., Little, M., Vargas-Chanes, D., Mauricio, A. (2007) Trajectories of Acculturation and Enculturation in Relation to Binge Drinking and Marijuana Use in a Sample of Mexican-American Serious Juvenile Offenders. Manuscript submitted for publication.

Coordinating Center  
University of Pittsburgh Medical Center  
3811 O'Hara Street  
Pittsburgh, PA 15213

Phone: 412-647-4760  
Fax: 412-647-4751

Visit  
our  
website at  
[www.mac-adoldev-juvjustice.org](http://www.mac-adoldev-juvjustice.org)

## DATA COLLECTION *at a glance (as of March 2007)*

- ✗ 1,354 participants
- ✗ Over 19,148 interviews completed to date (subject, collateral and release interviews)
- ✗ All subjects have passed through their opportunity to complete the 36-month interview
- ✗ 34 subjects have died since the baseline (2.5%)
- ✗ 35 subjects have dropped out of the study since the baseline (2.6%)
- ✗ Subject retention rates for each time point (6-54 month) are averaging 91%
- ✗ As of the 36-month interview, 88% of the subjects have completed 5 or 6 of their six possible interviews
- ✗ Yearly collateral reports are present for about 85% of subjects



Research  
on Pathways  
to Desistance

SPRING 2007

Volume 11

## How Do Caring Adults Make a Difference?

Stories about adolescents in trouble who eventually become successful adults often have a common element – that, somewhere along their life path, an adult cared about them as a person. These stories provide testimony to the power of positive connections for youth facing tough challenges. Having an adult who pushes an adolescent toward prosocial behavior is often seen as the critical piece for making it through some tough times during adolescence.

Grossman and Rhodes (2002) summarize several of the extant theories about how a caring adult can have a positive impact.

▲ First, these adults may “teach” ways to think and act that increase the chances of success. By modeling success in a supportive manner, a caring adult might directly stimulate improvements in the youth's self-perceptions, attitudes and behavior (Klaw & Rhodes, 1995; Walker & Freedman, 1996). Alternatively, adults might give adolescents models for how to cope more effectively with daily problems (Rhodes, Grossman & Resch, 2000).

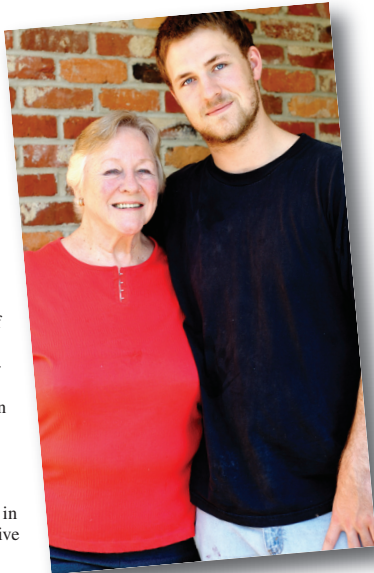
▲ Second, adults might provide some badly needed emotional support. A caring adult can modify an adolescent's general perceptions of relationships by challenging the youth's negative views of him/herself or relationships with other adults, and demonstrate that positive, caring relationships with adults are possible (Belsky & Cassidy, 1994; Sroufe, 1995). In some cases, a particular relationship with an adult can become a corrective experience when relationships with parents are damaged (Olds, Kitzman, Cole & Robinson, 1997; Main, Kaplan & Cassidy, 1985).

This belief in the importance of caring adults has spawned programs to provide mentors to adolescents in trouble. And these programs can point to some positive results, not only regarding criminal behavior but for physical and mental health as well. For instance,

▲ Adolescent substance use was shown to decrease in frequency for youth engaged in a long-term relationship with a mentor (Rhodes et. al, 2005).

▲ Also, youth in foster care who had a long-term relationship with a mentor showed improvement in self-esteem compared to foster care youth in a control group.

*Continued on page 2*



### INSIDE THIS ISSUE

Caring Adults	1
Our Data Tells Us	5
Data Collection at a Glance	6



## PATHWAYS PERSONNEL

COORDINATING CENTER:  
Edward P. Mulvey, Ph.D.  
Elizabeth Cauffman, Ph.D.  
Carol Schubert, M.P.H.

University of Pittsburgh  
Medical Center  
3811 O'Hara Street  
Pittsburgh, PA 15213  
Phone: (412) 647-4760  
Fax: (412) 647-4751

PHILADELPHIA SITE:  
Laurence Steinberg, Ph.D.  
Sonia Cota-Robles, J.D., Ph.D.

Temple University  
Department of Psychology  
Philadelphia, PA 19122  
Phone: (215) 204-4470  
Fax: (215) 204-1286

PHOENIX SITE:  
Laurie Chassin, Ph.D.  
George Knight, Ph.D.  
Sandra Losoya, Ph.D.

Arizona State University  
Department of Psychology  
Box 871104  
Tempe, AZ 87287  
Phone: (480) 965-5505  
Fax: (480) 727-7294

## Caring Adults *Continued from page 1*

who showed declines in self-esteem during the same time span (Grossman and Rhodes, 2002).

▲ Young pregnant women who had little social support during their pregnancy had poorer health, a more difficult labor, and greater depression when compared to counterparts who had a mentor (Blinn-Pike, et. al. as cited in Britner, Balcazar, Blechman, Blinn-Pike & Larose, 2006).

Although not overwhelming, available literature points to the conclusion that having a caring adult, either someone from the extant social network or a mentor, increases the chances that an adolescent will adjust more successfully to developmental challenges.

We have begun to look at the role of caring adults in the lives of the adolescents enrolled in the Pathways study. So far, we only have some preliminary pictures of who these adults are and what impact they might have. What we do have, however, raises a number of intriguing questions about how caring adults influence serious offenders in particular.

### What we ask our study participants

Pathways study participants are interviewed shortly after their adjudication and then every six months for the first three years of their study involvement (seven possible interviews). At each interview, they are asked a series of questions about the type and range of supportive adults in their life. This allows us to look at how many caring adults are in an adolescent's life, who those people are, and whether the people identified change over time.

We ask specifically about eight different ways that an adult could provide support.

The questions are phrased like this:

Is there an adult you.....

- admire and want to be like?
- could talk to if you needed information or advice about something?
- could talk to about trouble at home?
- would tell about an award or if you did something well?
- can talk to about important decisions?
- can depend on for help?
- feel comfortable talking about problems with?
- consider a special adult who cares about your feelings?

The adolescent identifies the total number of adults who are supportive in each of these ways and then nominates the person (the name and relationship) that they are most likely to turn to within each domain. From this information, we generate a "total adults" score (the number of different adults in the adolescent's life), and a "diversity of caring adults" score (the number of different categories of adults mentioned, such as mother, father, relatives, and so on).

### How many name someone?

Most of the adolescents can identify some caring adult. The majority (70%) of youth were able to name at least one caring adult at each interview during the first three years of follow-up. As might be expected, though, we do observe a decline with age in the proportion of participants naming at least one person. Virtually all (99%) of the adolescents who were age 14 at one of their interviews named at least one individual, but this percentage drops when we look at our subjects interviewed at an older age. In looking at only those who were 21 years old at the time of an interview, we see only 82% of these individual naming an adult when asked the series of questions. A small number (n=42) of participants

were not able to name any caring adult for more than half of their interviews (no one named in at least four of the seven possible interviews). Those youth were most likely to be African American males from our Philadelphia site.

### Who are they naming?

Figure 1 presents a summary of the types of individuals named at different ages. Each different color line indicates a different type of adult who could be named in response to one of the questions. The values on the Y-axis (the left vertical line) indicate the percentage of the group naming that individual. Looking at the yellow line, for instance, we see that mothers are named as important caring adults by about 90% of the 14-year olds interviewed and by about 70% of the 17 year olds. The red line at the bottom shows that there are almost no 14 year olds who name no one when asked for a caring adult, but that between 10% and 20% of the 18 year olds cannot think of one caring adult to name in response to the questions.

There are a two points worth noting here. First, the naming of each type of adult figure drops off fairly uniformly over age. Participants name fewer adults across all the categories when they are older. Second, the participant's mother (biological, adoptive or foster) is the most frequently nominated for all age groups. Even after age 18, about 60% of our participants still rely on their mother for validation and support.

### How many Pathways subjects report having a mentor in a 3 year period?

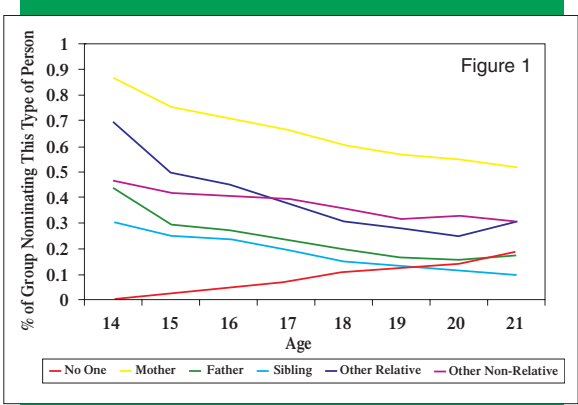
At each interview, we also asked study participants whether or not they had a mentor (someone assigned from a social service agency to serve in this role) in the previous six months. Only a small number of youth (5%) said they had a mentor at some point over the three year follow-up period. When they did have a mentor, they generally had the mentor for a short time period (six or fewer months).

### What is the relationship between caring adults and friendships with peers?

A commonly held notion is that adults and peers vie for importance in the lives of most adolescents. One might therefore expect that, as the number of adults named as important decreases over age, the number of

friends named might increase. For these adolescents, that is not what we see.

We used a method that identifies subgroups of adolescents who follow distinct patterns of the number of caring adults and the number of close friends reported at different ages. If caring adults were being replaced by more friends, we would expect to see an identifiable group of our adolescents who drop in the adults named and increase in the number of friends named at different ages. We did not, however, find any groups of our subjects that exactly matched this pattern. The most common trend (in about 47% of the sample) is a steadily declining report of the number and diversity of



caring adults and a consistently fairly low number of close friends.

We then went on to see if the number and diversity of caring adults were related to increased or decreased involvement with antisocial peers, not just friends in general. We used the same approach as before to look for regularities in the reporting of diversity and number of caring adults compared to reporting of the proportion of friends who engaged in antisocial acts. In this case, we thought we might find a group who dropped in the measures of caring adults and increased in the proportion of antisocial peers. We found basically the same patterns that we found with number of friends in general. The most common trend (32% follow this pattern) is one in which the diversity of caring adult starts at a mid range and then steadily declines, while number of peers engaging in antisocial behavior remains fairly low and flat. There are some adolescents who show a peak in

antisocial friends around ages 15 and 16, but this pattern doesn't correspond to any mirrored drop and then return in the levels of caring adults reported. In general, it seems that the offenders in this sample develop a more restricted range of caring adults and maintain a rather low level of close peers (antisocial or not) over their adolescence.

### What is the relationship between the presence of caring adults and self-reported offending?

If the theories mentioned at the beginning of this article hold for serious offenders, we would expect to see lower rates of self-reported offending among those adolescents with higher levels of caring adults. To examine this relationship, we simply looked at what factors are related to self-reported offending at two follow-up time points. We used a single step regression analysis, which allows you to see which factors are uniquely important in predicting an outcome (offending in this case) after taking into account a variety of other possibly relevant factors. We performed this analysis at two points: at the six-month time point when the mean age of participants is 16.5 and again at 24 months, when the mean age is 18. In addition to caring adults, we considered a host of possible variables (shown in Table 1) that could affect self-reported antisocial behavior at these two time points.

What we found was surprising in some respects. Not surprising was the finding that, at both points, having current peers who engage in antisocial behavior, having a more extensive history of antisocial behavior, the time spent in the community during that time period, being male, and having a history of school problems and antisocial attitudes all significantly increase the level of self-reported antisocial activity. Also not too surprising was that some of the variables regarding caring adults were also significantly related to the level of antisocial activity reported, even when controlling for these other variables. What was surprising was the direction of the effect for the caring adult variables. That is, we expected to see more caring adults related to lower levels of reported antisocial activity, but we saw just the opposite - the more caring adults named, the higher the level of reported antisocial activity. When we looked at the bivariate associations between the measures of caring adults and self-reported antisocial behavior (without all the other variables considered), these positive relationships (higher number of caring adults corresponding to higher self-reported antisocial activity) were also present.

Factors Entered Into The Regression Analysis
• Proportion of current peers (over the last six months) engaging in antisocial behavior
• Caring adults <ul style="list-style-type: none"><li>• Total number</li><li>• Depth</li><li>• Diversity</li></ul>
• Time spent in the community over the last six months
• Age
• Gender
• Ethnicity
• Risk/Need factors <ul style="list-style-type: none"><li>• Antisocial peers (baseline indication of number of friends arrested or jailed, along with antisocial influence and behavior of peers at baseline)</li><li>• Attitudes (moral disengagement, consideration of others, legal cynicism)</li><li>• Parental criminal history or history of substance use by mother</li><li>• School (Ever expelled, caught cheating, skipped classes, dropped out)</li><li>• Antisocial history (Age at first arrest, number of prior petitions in the past year, aggressive and income offending)</li><li>• Substance use problems (Diagnosis of substance use disorder, significant social consequences from alcohol or drug use)</li><li>• Mood disorder problems (Meet diagnostic criteria for selected mood disorders in the past year, impairment from depressive symptoms in lifetime, lifetime PTSD, significant anxiety problems)</li></ul>

### Conclusions

These findings present our initial analyses of the data regarding caring adults. We are far from strong conclusions about how these individuals affect serious adolescent offenders. At this point, our analyses seem to really raise more questions than they answer.

A few notable findings do emerge, however. ▲ First, in this sample of serious adolescent offenders, the number of caring adults decreases as youth age into adulthood. Even so, the mother-figure seems to stay the most important caring adult in the lives of these adolescents over this period.

▲ Second, despite the publicity and popularity of mentoring programs, they do not seem to be used much with these more serious offenders. Across both cities, the number of adolescents in our sample who are participating in mentoring programs is very low. Moreover, when they do have a mentor, that relationship is for a short term.

*Continued on page 5*