

# Supporting America's Children and Adolescents

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## I. Introduction

Contemporary vulnerabilities that beset human beings around the world come in a variety of guises and affect diverse populations differently. Perhaps no category of people is as easily exposed as children to such injuries as the interconnected factors of poverty, disease, lack of education, physical violence, and family breakdown. To be sure, there is marked and continuous progress on a number of fronts, particularly in the reduction of mortality among the young. Yet many children and adolescents still suffer from a variety of risks to their well-being. Although not confronted with as many or as severe risks as children in the developing world, many children and adolescents in the United States are at high risk—higher than the risks faced by their counterparts in many other Western industrialized countries. Despite the fact that the United States ranks first in Gross Domestic Product, it is last among the industrial North in relative child poverty, adolescent birth rates, and securing children against gun violence. Furthermore, the United States has relatively high rates of low birth weight and infant mortality statistics as well as other indicators of poor health, such as obesity, asthma, and lack of physical fitness. For example, our country ranks 43rd among developed countries in infant mortality. Each of these risks is most pronounced among families living in poverty, many of whom are also members of racial and ethnic minority populations.

The performance of America's children and adolescents in school also falls far short of the performance of their peers in many other industrial countries both in terms of scores on standardized tests and on school attainment.<sup>1</sup> Once again, these academic deficits are particularly pronounced among children from poor homes living in segregated communities, many of whom also come from stigmatized minority groups.<sup>2</sup>

Other risky contextual characteristics, less closely linked to poverty and inequity, have also made life difficult for many youth today. A number of technological and geo-political changes have created a unique moment in human development. The globalization of business and telecommunications has made all nations and their populations totally interdependent. The full financial impacts of this fact have been made very salient by the recent global meltdown of the financial markets. At the same time, we are experiencing major confrontations between cultural and religious beliefs, coupled with the basic desire of all human beings to be members of a clearly identifiable "tribe" or in-group, as the social psychologists would say. Xenophobia is widespread and is easily stimulated and inflamed by political zealots in all nations, often under the guise of religious and cultural causes. Adolescents around the world are being recruited into terrorist and hate groups of all kinds and their energies and needs for both social and personal identities are being used for aggressive and non-compassionate purposes.

In addition to these forces, life in general has become quite stressful due to the complexity of the multiple worlds in which America's young people grow up. They are bombarded with mixed cultural messages about what is right versus wrong, good versus bad, and productive versus destructive. Furthermore, maturing youth in most industrialized countries are given little opportunity to be fully contributing and responsible members of their larger society at a time in their lives when the desire for such responsibility and "mattering" is emerging and gaining in

strength, leaving them with feelings of alienation from their own larger social system. Finally, many of our youth are suffering in our school systems due to excessive competition and the stress on being right rather than on learning and mastery. They also suffer from bullying and violence among peers, inadequate adult mentorship, inadequate supports for the teachers to do their best, and inadequate facilities.

In this section, I will discuss some of the ways in which these risks endanger the healthy development of American children. I was asked to address the following four questions: What are the main circumstances facing children in the United States? What subgroups are most vulnerable? What are the primary sources/causes responsible for these contexts and why? In what specific ways might these conditions be transformed? In other words, what types of individuals, organizations, ideas, and policies must come to the fore to tackle these conditions? I will address each of these questions, but doing full justice to them all would take many volumes rather than the 8,000 words I have been asked to write. So let me begin with a brief answer for each and then turn to a more elaborated discussion of those influences that I know the most about: the American educational system.

Throughout the first section, I am going to couch my comments in the language of risk and protective factors because this perspective provides a useful lens on the four key questions. According to this perspective, there are many developmental risks that threaten healthy development, including poverty, inequity, exposure to toxic substances, exposure to physical and emotional violence, inadequate nutrition and exercise, and inadequate education throughout development. Variations in these constitutional and environmental hazards affect the likelihood that children and adolescents will have academic, socio-emotional, physical, and behavioral problems. In addition, the likelihood that any particular psychosocial hazard will lead to problematic outcomes will be affected by the presence of promotive as well as protective factors in the lives of children and adolescents. Some individual characteristics and environmental conditions serve as both promotive and protective factors while others act as one or the other. Promotive factors protect children and adolescents from environmental or constitutional risks by counteracting the effects of psychosocial threats.<sup>3</sup> Protective factors serve as buffers so that the relation between risks and problematic developmental outcomes are attenuated. The probability of problematic development depends on the combination of risks, promotive factors, and protective factors present in an adolescent's life.

Now let me turn to my brief response to the four primary questions. First, what are the main risky circumstances facing children in the United States? I would have to say that poverty and inequity are the two biggest risks to the healthy development of children because these two circumstances are so strongly associated with other risk factors, such as living in a dangerous and disorganized neighborhood, being exposed to physical violence often involving guns, being exposed to toxins, having parents with little education, and receiving inadequate medical, recreation, protective, and educational services.<sup>4</sup> Sameroff and his colleagues argue that it is the accumulation of these risks for children living in poverty, rather than the lack of money itself, that is the problem. That said, there are other very important risks as well. These include the ones associated with poverty, as well as risks that can be found in many types of neighborhoods and schools. The latter include underfunded schools and community programs;<sup>5</sup> inadequately designed school programs and overstressed or poorly trained and supported teachers;<sup>6</sup> easily accessible drugs and guns; parents under great stress due to current economic conditions;<sup>7</sup> bullying from peers;<sup>8</sup> inadequate support services for children and adolescents with learning or other difficulties;<sup>9</sup> racism, sexism, heterosexism, and other forms of discrimination, intolerance,

and prejudice;<sup>10</sup> exposure to ads for unhealthy food and behaviors; and even widespread exposure to activities known to be unsafe (such as hitting the soccer ball with one's head or riding in cars without seat belts or with drivers who use their cell phone while driving). All of these risks can be substantially reduced with appropriate social policies and adequate education.<sup>11</sup>

Second, what subgroups are most vulnerable? I am reluctant to say that we should focus on a single group as being most at risk because different subgroups have differential likelihoods of being exposed to these various risks at various ages. However, as noted above, children living in highly concentrated impoverished neighborhoods are the most likely to be exposed to several of these risks simultaneously.<sup>12</sup> In addition, young children and infants are likely to be the most vulnerable because they are least able to protect themselves. However, some of the risks are most problematic at other ages. For example, exposure to drugs for purchase or to gang violence is most prevalent in late childhood and adolescence. Also, as I discuss later, exposure to poorly designed school transitions is most probable in early and middle adolescence, as youth move from elementary school into middle school and then into high school.<sup>13</sup> We lose far too many children to these risks at all ages.<sup>14</sup>

Third, what are the primary sources/causes responsible for these contexts and why? Given the risk-and-protective-factor perspective that I have taken, the answer to this question mirrors the answer to question one. Nonetheless, let me take a stab at the issue of poverty anyway. First, let me state the obvious: one basic definition of poverty is the lack of money. However, researchers have concluded that it is not the lack of money *per se* that is primarily responsible for the consequences of living in poor neighborhoods.<sup>15</sup> Instead, as noted earlier, it is the co-occurrence of many other risk factors with low family income that makes living in poverty so risky for children and adolescents in the U.S.<sup>16</sup> The real question is why do so many of these risks co-occur in this country? Answering this question requires the expertise of an international social policy analyst—which I am not!! Such scholars are quick to point out that the concentration of these risk factors in fairly isolated communities is much more prevalent in the U.S. than in many other industrialized countries (particularly in Europe but also increasingly in Asia as well). This fact suggests that the co-occurrences evident in the U.S. reflect something about our history and our social policies. William Julius Wilson, for example, argues that it is due, in part, to the exodus of the working poor and upwardly mobile black and Latino families from the poor neighborhoods in our inner cities during the 1950s and 60s, as job-producing communities moved to the suburbs.<sup>17</sup> Others argue that our housing policies led to the creation of ghettos with high concentrations of poverty and that our social welfare policies left these neighborhoods under-resourced.<sup>18</sup> Together, these two sets of policies set in motion the dynamic processes underlying the accumulation of risky conditions in these neighborhoods. Once started, this process is hard to stop and then reverse without massive investments and major reforms.<sup>19</sup> Add to these conditions the fact that we have neither a national health care system nor a well-supported national educational agenda and you have a recipe for the state we are currently in with regard to neighborhoods with highly concentrated poverty.

This analysis, however, does not explain why we let this happen or why we are willing to let these conditions exist given what we now know about their consequences for the children and adolescents living in these neighborhoods. I must say I am at a loss to answer this question and I am deeply ashamed of my nation's lack of will to respond quickly and effectively to these conditions of human suffering (as well as the many other conditions of human suffering not so tightly tied to poverty). According to a new Pew Research Center Report, we have allowed the

inequities in wealth to balloon over the last six years.<sup>20</sup> In 2005, the wealth gap between the richest and the poorest families in the United States was ten-fold; in 2009, it had risen to twenty-fold. This gap is even larger among stigmatized minority groups. For example, the median net wealth of white, Hispanics, and black households in 2005 (converted to 2009 dollars) was \$134,992, \$18,359, and \$12,124, respectively; in 2009 these figures were \$113,149, \$6,324, and \$5,677, respectively. Thus, although all three groups lost net wealth over this four-year period, whites lost only 16 percent compared to 66 percent for Hispanics and 53 percent for blacks. Coupling these differences in family wealth with the fact that the public does not provide equally high-quality education for these three American subgroups, the implications of these differences in wealth for group differences in the quality of education the children in these families are likely to receive is staggering.

Fourth, in what specific ways might these conditions be transformed? In other words, what types of individuals, organizations, ideas, and policies must come to the fore to tackle these conditions? The answer, unfortunately, is everyone. In her most recent book, *My Boat is Small and the Sea is so Large*, Marian Wright Edelman calls for changes at all levels of our society. She put out a plea for change at all levels, from equipping individuals to take better care of themselves and their families to changing educational, health, and social welfare policies at the federal level. Although some of these changes can be implemented now, others will require educating the next generation into a different worldview.

Similarly, His Holiness the Dalai Lama, in his recent book *Ethics for a New Millennium*, spoke to us of what is needed if we are to survive together. He argues that we need to educate our children in compassion as well as the “3 Rs.” We need to help our children develop the wisdom to value all human beings and all ways of life as well as the self-control and calmness to respond with kindness rather than aggression when faced with frustrations. We need to help our children learn to control their destructive emotions as well as to develop their intellect and knowledge. Finally, we need to help them develop the discipline of mind and emotion needed to be able to focus all of their strengths and capacities on right intention, right speech and right action.

Essentially, both of these leaders argue that our job as mature adults is to reshape the ways in which we educate our young people in light of these increasingly demanding and formidable challenges. We need to provide our youth with the cognitive, social, and ethical skills necessary to be proactive citizens in a world that demands tolerance, compassion, and wisdom. They must acquire the calm flexibility and strength of character necessary to be a life-long learner and a resilient, adaptable human being. Many humanitarians, social policy makers, educators, and scientists have made similar pleas. They also plead for social policy makers and their fellow citizens to enact changes *right now* that will improve the condition of children and adolescents immediately.

In the next section, I will elaborate upon some policy levers that could be implemented now and are known to work. Then, in the final section, I will become much more specific about problems in the K-12 school setting and will suggest some possible solutions.

## **II. The State of America’s Children and Adolescents**

As noted previously, America’s children and adolescents, on average, fare less well than the children and adolescents of other Western and industrialized, developed modern countries on several dimensions. In this section, I draw heavily on figures gathered and updated regularly by the Children’s Defense Fund and the Annie Casey Foundation.

## **A. Physical Health**

Let me begin with basic indicators of infant, child, and adolescent physical health and mortality. America has a substantial number of low birth weight babies and this percentage has gone up from 7.6 percent in 2000 to 8.2 percent in 2008. Infant mortality is higher than in other European and industrialized countries, as is the rate of child death (19 per 100,000 in 2008). On the positive side, the rate of child death has declined by 14 percent since 2000. In 2008, the death rate among adolescents between 15 and 19 was 62 per 100,000 and this rate had shown some (7%) improvement since 2000.<sup>21</sup>

America's children display very high rates of other indicators of poor health as well. In 2007–2008, for example, ten percent of American children between 2 and 5 years of age were obese. This percentage jumped to 20 percent and 18 percent for children from 6–11 and 12–19 years of age, respectively.<sup>22</sup> These figures represent a marked increase since 1976, with the percentage of obese preschool children going from five percent to ten percent and the percentage of obese adolescents going from five percent to 18 percent. The prevalence of obesity is highest among African-American and Hispanic children, with the highest rates being among Mexican-American boys (26.8%) and non-Hispanic African-American girls (29.2%).<sup>23</sup>

Incident rates of asthma are also troubling. To quote, “Over 10 million U.S. children aged 17 and under (14%) have ever been diagnosed with asthma.”<sup>24</sup> The rates of asthma are particularly high among non-Hispanic African-American children and youth (21%) and children living in poor families (17%). Furthermore, the rate of increase in asthma over the last years is highest among African-American children, with a 50 percent increase from 2001 to 2009.

It is very important to recognize that children living in poverty fare substantially worse than other children on each of these indicators. Furthermore, in part because they are more likely to live in poverty, Hispanic and black children and adolescents also fare substantially worse on each of these indicators. For example, black children are twice as likely as white children to be born with low birth weight and more than twice as likely to die before their first birthday.<sup>25</sup> Finally, it is important to note that health problems are a major predictor of academic and other school-related problems.<sup>26</sup>

## **B. Exposure to Poverty**

Next let me turn to family financial well-being, drawing on information from the “2010 Kids Count” report by the Annie E. Casey Foundation. In 2000, 17 percent of America's children lived in poverty (income below \$21,834 for a family of two adults and two children, in 2008 dollars). By 2008, that figure has risen to 18 percent. This figure jumps to 34 percent for African-American children, 31 percent for American Indian and Alaskan Native children, and 28 percent for Hispanic children. Thus, African-American children are three times more likely than European-American children to live in poor families and seven times more likely than European-American children to live in persistently poor families.<sup>27</sup> Furthermore, in 2008, 27 percent of America's children lived in families in which neither parent had full-time, year-round employment. This figure is 34 percent, 31 percent, and 28 percent for African-American, Native American, and Hispanic children, respectively. In addition, closely linked to family income is the presence of two parents. In 2008, 32 percent of America's children lived in a one-parent household. This figure is 65 percent, 50 percent, and 38 percent for African-American, Native

American, and Hispanic children, respectively. Additionally, these percentages went up from 31 to 32 percent from 2000 to 2008.

Finally, what about health insurance? As many as 8.3 million American children have no health insurance; 38.5 percent of these are African American, 37.1 percent are Hispanic, and 88.8 percent are U.S. citizens. Not unexpectedly, 63 percent of the uninsured live either in poverty or in near-poverty conditions.<sup>28</sup>

Concern over the long-term consequences of growing up poor is a major concern among developmental scientists. In a recent report, Duncan and colleagues found that children growing up in families earning close to or below the poverty line obtained less schooling and earned less income as adults, as compared to children growing up in homes in which the parents earned well above the poverty line.<sup>29</sup> These children were also more likely to use food stamps, to be arrested and incarcerated (males), and to have children prior to age 21 (females) when they became adults. They were also more likely to report having poor health and being obese as adults. Finally, those individuals who grew up in homes in which the income was below the poverty level worked fewer hours and reported more psychological distress as adults than other children.<sup>30</sup>

### **C. Educational Well-Being**

Let me now turn to educational well-being. According to the “2010 Kids Count” report, six percent of America’s 16 to 19-year-olds in 2008 were neither in school nor graduated from high school, a substantial improvement from 2000, when the figure was 11 percent. The 2008 figure is 12 percent, 15 percent, and 11 percent for African-American, Native American, and Hispanic youth, respectively. Using the best statistics available, 6–7 percent of white students drop out of high school, compared to 16 to 22 percent (females versus males) of Hispanic youth, 9 to 12 percent of African-American youth, and 16 to 17 percent of Native American youth. In his report for the Annie E. Casey Foundation, Hernandez concluded that, “22% of the children who live in poverty do not graduate from high school, compared to 6 percent of those who have never been poor. This rises to 32 percent for the students spending more than half of their childhood in poverty.”<sup>31</sup> Put more dramatically, 70 percent of those children who do not graduate from high school have lived in poverty one or more years of their lives.

Even more starkly, 35 percent (female) to 51 percent (male) of African-American 12th graders scored below the basic level in reading on the 2009 NAEP tests.<sup>32</sup> The corresponding figures are 19 percent to 42 percent for Native Americans, and 33 percent to 45 percent for Hispanics. The figures are even worse for mathematics, with 63–64 percent of African-American 12th graders scoring below the basic level. The comparable figures are 46–40 percent for Native Americans and 58–51 percent for Hispanic 12th graders.

Similar disparities are evident for higher education. A smaller percentage of African-American, Hispanic, and Native American youth attend and then graduate with a bachelor’s degree from four-year colleges and universities than Asian-American and European-American youth.<sup>33</sup> Family income from ages six and up also predicts the total number of years of education obtained.<sup>34</sup>

These educational inadequacies and disparities are evident during the early elementary school years as well. There is a significant ethnic group and family income impact on several major indicators of children’s school readiness at school entry.<sup>35</sup> As expected, children from poor homes and children from African-American, Hispanic, and Native American homes begin school

less well prepared in terms of the skills and attitudes needed for school success. The reasons for these deficiencies are not clear and likely primarily reflect the cumulative impact of poverty as discrimination, as well as culturally based early family interaction patterns. In the 2009 NAEP report on school performance, only 33 percent of beginning fourth graders read at the proficient level, meaning that two-thirds of America's children are not reading at grade level when they enter the fourth grade.<sup>36</sup>

The mere fact that so many American children are entering school unprepared for successful engagement and then are performing below the level expected by grade 3 is alarming. Even more alarming is the longer-term educational pathway many of these children are likely to follow. In a recent report by the Annie C. Casey Foundation, Hernandez found that 16 percent of the children who do not read at the proficient level at grade 3 fail to graduate from high school, four times the school dropout rate for children who do read at the proficient level at grade 3. These dropout rates are even higher among African-American and Hispanic students, with 31 percent and 33 percent of the non-proficient readers, respectively, failing to graduate from high school. Finally, Hernandez concluded that, "children who have lived in poverty and are not reading proficiently in third grade are about three times more likely to dropout or fail to graduate from high school than those who have never been poor."<sup>37</sup>

Bullying has become a recent concern in several Western industrialized countries.<sup>38</sup> I include it in this section because it occurs primarily at school and puts many children at high risk. According to Nansel and colleagues, in 1999, nine percent of the children in Norway reported being abused at school, seven percent reported bullying other children, and 1.6 percent reported both being a bully and being bullied.<sup>39</sup> In the United States, these figures rise to eleven percent, thirteen percent, and six percent, respectively. Furthermore, being bullied predicts "higher anxiety, greater depression, low self-esteem, peer rejection, suicidal behaviors and aggression."<sup>40</sup> It also predicts substance use and reduced levels of academic success.

Finally, it is also important to look at the number of American children who evidence learning disabilities and other cognitive and behavioral disabilities that are known to influence school achievement. In 2010, "almost 5 million children aged 3–17 had a learning disability (8%)."<sup>41</sup> Learning disability rates are highest among boys, African-American, and poor children, with disability rates being twice as high for children in poor families (12%) than children in families earning more than \$100,000 (6%). Another five million U.S. children have Attention Deficit Hyperactivity Disorder (ADHD). These rates are highest among boys, Hispanic children, and poor children. Furthermore, both learning disabilities and ADHD are most common among children suffering from other health problems.

In closing this section, it is critical to point out that academic success is key to both current and future well-being. For instance, early academic problems—such as retention in the current grade, declining academic performance, declining student engagement, and poor motivation—are predictors of a variety of subsequent emotional/behavioral difficulties that emerge in later adolescence, including drug use/abuse, delinquency, teenage pregnancy, and failure to complete high school.<sup>42</sup> Furthermore, high school academic achievement is a very strong mediator of the association between early family contexts and adult socioeconomic and mental health outcomes.<sup>43</sup> In addition, dropping out of high school is strongly associated with future joblessness and incarceration, particularly for young men of color.<sup>44</sup> Finally, well-designed interventions aimed at increasing children's early academic success have been shown to improve both subsequent school success and a variety of indicators of well-being in adulthood.<sup>45</sup>

## D. Employment

Let me now turn to youth employment. A successful transition into the labor market is critical for the successful transition into adulthood. Reasonable levels of employment during the school year and summer can also be a positive experience for non-college-bound youth, as well as for youth who live in low socioeconomic status neighborhoods and families.<sup>46</sup> It should be noted, however, that excessive employment (greater than 20 hours per week) is sometimes associated with increased drinking and drug use and decreased school engagement during the high school years.<sup>47</sup> Finally, positive expectations of future work potential are likely a psychological asset for youth, particularly if they live in low socioeconomic status neighborhoods, because it gives them hope for the future.<sup>48</sup>

Sum and his colleagues in the Center for Labor Market Studies at Northeastern University have investigated youth employment patterns in the U.S. for many years. The proportion of employed American teenagers (16–19) and youth (20–25) has declined steadily since 2000.<sup>49</sup> In 2000, 45 percent of civilian, non-institutionalized American adolescents worked for pay at some time during the year. By 2009, that figure had dropped to 26 percent, the lowest it has been in sixty years.<sup>50</sup> The 2009 figures for African-American teenagers were 14 percent for males and 16 percent for females compared to 28 percent and 31 percent for European-American male and females teenagers, respectively. Although the rate of employment dropped for all age groups (except those 55 and older) between 2007 and 2008, the drop in employment rates was highest among 16 to 19 year olds, who experienced a decline of 9.4 percent compared to drops ranging from .6% to 3.8% for other age groups.<sup>51</sup>

The 2008 summer work statistics are equally problematic. Summer is a time when adolescents typically seek out work. It is also a time when adolescent employment is seen as appropriate and not problematic. As recently as 1989, 48.4 percent of America's teenagers worked for pay in the summer. By 2008, this figure had dropped to 33 percent, the lowest it has been since the immediate post-World War II period.<sup>52</sup> As is true for employment in general, the teen summer employment rates are lowest among African-American youth (21%) and youth living in poor households. Twenty-seven percent and 34 percent, respectively, of 16–19 year olds living in families with incomes of less than \$20K and \$20–40K were employed in the summer of 2008, compared to 41–48% of the 16–19 year olds living in households with incomes greater than \$60K.

Putting these statistics together with the educational statistics discussed above, 19.3 percent of African-American youth between the ages of 12 and 24 were both out of school *and* out of work in 2008. This figure was 16.1 percent for Hispanic youth and ten percent for European-American youth. Furthermore, the odds of being both out of work and out of school was 3.4 times higher for youth coming from low socioeconomic status families compared to youth coming from high socioeconomic status families.<sup>53</sup>

## E. Thriving

I would like to end this section with a discussion of an alternative way to think about the state of America's children and adolescents; namely, in terms of thriving instead of merely surviving. With the advent of positive psychology and the positive youth development movement, there has been a great deal of discussion about the need to conceptualize positive development.<sup>54</sup> These scholars and policy makers argue that it is critical for youth to be prepared for a successful



transition to adulthood, as well as to avoid or overcome the many risks that can undermine a person's life chances. Peter Benson and his colleagues at the Search Institute in Minneapolis specified a list of 40 assets that children and adolescents need in order to experience healthy development that leads to a healthy adult life. Twenty of these assets are external to the individual and can be seen as the supports needed for healthy development; the other 20 are internal assets that individuals need to acquire as they grow up in order to thrive as adults.

The Search Institute has now gathered evidence regarding the extent to which children and young people all over America have these assets in their lives, and the relationship of having these assets to participation in high-risk behaviors versus thriving behaviors. They define high-risk behaviors as problem alcohol and drug use, smoking, risky sexual behaviors, depression, attempted suicide, anti-social behaviors, school misbehavior and other school problems, driving while drinking, and gambling. They define thriving behaviors as success in school, helping others, valuing diversity, maintaining good health, exhibiting leadership, resisting danger, delaying gratification, and overcoming adversity. When individuals have a large number of assets in their world, they are less likely to become involved in high-risk behaviors and more likely to be involved in thriving behaviors.<sup>55</sup> Furthermore, the strength of these associations is comparable across different ethnic groups in the U.S. However, among low socioeconomic status youth, the negative impact of not having these assets is particularly strong among African-American, European-American, and mixed ethnic group youth. With regard to particular external assets, having appropriate levels of support and of boundaries and expectations, as well as having opportunities for the constructive use of time, were especially important for both preventing engagement in high-risk behaviors and promoting thriving behaviors.

In other reports, the Search Institute has found ethnic and socioeconomic status differences in profiles of assets, however these differences are not as large as one might expect.<sup>56</sup> Not surprisingly, children living in poverty, those in single parent homes, and African-American children report fewer external assets than other groups of children. Interestingly, males and high school students report fewer external and internal assets than females and early adolescents. Notably, the least common external assets reported by the youth in the study were positive family communications (present for only 30% of the youth), a caring school climate (32%), positive adult role models (35%), youth being seen as a resource (30%), youth being valued by their community (26%), and having opportunities for involvement in creative activities (20%). In contrast, the most commonly available external assets were positive peer influences (75%) and family support (73%).

## **F. Summary and Policy Implications**

Many of America's children and adolescents are not faring very well on many indicators of well-being and positive development. This is particularly true for children and adolescents living in poor families, who are also often children of color living in neighborhoods with high rates of poor families and low availability of public community resources and good schools. Furthermore, many of these indicators are inter-related and appear to be reciprocally related to each other over time, creating an escalating risk rate as the children mature.

There have been many efforts to explain these patterns. Sameroff and his colleagues have offered the most comprehensive perspective on this issue. They argue that it is the cumulative exposure to many risk factors that explains the association of poverty and its related risk factors with problematic development. They have shown that the likelihood of negative outcomes, such

as school failure, poor health, and the emergence of problematic behaviors in adolescence and adulthood, goes up linearly as the number of risk factors in children's and adolescents' lives increases.<sup>57</sup> Similarly, the likelihood of good outcomes goes up linearly with the number of protective factors in their lives.<sup>58</sup> Because living in poverty is associated with so many risk factors, it should not be surprising that children living in poverty are more likely than other children to show many of the problematic outcomes described in this section.

What should be done? We know that well-designed programs can help to ameliorate each of the problematic characteristics noted in this section, as well as a variety of other problematic developmental characteristics and behaviors. Good preschool interventions are known to be effective, particularly if they are followed up with high quality subsequent educational experiences.<sup>59</sup> Similarly, high quality community- and school-based co-curricular programs for children and youth can serve as both protective and remedial factors in the lives of children and adolescents.<sup>60</sup> Finally, well-designed school programs can also serve as both protective and remedial factors through their impact on school success and student engagement.<sup>61</sup> What is needed is the will to make such programs available to all of America's children.<sup>62</sup>

### **III. Supporting our Children during the Transition into and through Adolescence**

I now turn to a more specific topic directly related to my own research: the decline in student engagement found as American students move from elementary school into secondary school. Evidence from a variety of sources suggests that the early adolescent years mark the beginning of a downward spiral for some individuals, a spiral that leads some of these adolescents to academic failure and dropping out of school. To illustrate, Simmons and Blyth reported a marked decline in some early adolescents' school grades as they move into junior high school.<sup>63</sup> Furthermore, the magnitude of this decline was predictive of subsequent school failure and drop out. Similarly timed developmental declines have been documented for such motivational constructs as interest in school, intrinsic motivation, self-concepts/self-perceptions, student engagement, and confidence in one's intellectual abilities, especially following failure.<sup>64</sup> There are also increases during early adolescence in such negative motivational and behavioral characteristics as test anxiety, a focus on self-evaluation rather than task mastery, and both truancy and school drop out.<sup>65</sup>

A variety of explanations has been offered to explain these negative changes. Some link such declines to the intra-psycho upheaval assumed to be associated with early adolescent development.<sup>66</sup> Others have suggested that developmental changes in the brain may be responsible. For example, Casey and her colleagues suggest that differential rates of development in various parts of the brain leave adolescents highly susceptible to stress, drug and alcohol abuse, and engagement in risky behaviors.<sup>67</sup> Still others have posited that it is the coincidence of the timing of multiple life changes. Drawing upon cumulative stress theory, Simmons and her colleagues have suggested that the concurrent timing of the junior high school transition and pubertal development accounts for the declines in the school-related measures and self-esteem.<sup>68</sup> To test this hypothesis about the declines in motivation, Simmons and her colleagues compared the pattern of change on early school-related outcomes for adolescents who moved from sixth to seventh grade in a K-8, 9-12 system with the pattern of change for adolescents who made the same grade transition in a K-6, 7-9, 10-12 school system. This work separates the conjoint effects of age and school transition operating in most developmental studies of this age period. These researchers find clear evidence of greater negative change

among adolescents making the junior high school transition than among adolescents remaining in the same school setting. But are these differences due to the cumulative impact of school transition and pubertal change for girls who moved to a junior high school at grade seven or are they due to differences in the nature of the school environments in these two educational structures? Or are the differences due to both of these sets of experiences? Simmons and her colleagues now argue for the latter.<sup>69</sup>

Similarly, my colleagues and I have suggested that the change in the nature of the learning environment and the large school context associated with the junior high school transition are plausible explanations for the declines in the school-related measures.<sup>70</sup> Drawing upon Person-Environment Fit theory, Midgley and I propose that these motivational and behavioral declines could result from the fact that junior high schools are not providing appropriate educational environments for early adolescents.<sup>71</sup> According to Person-Environment Fit theory, behavior, motivation, and mental health are influenced by the fit between the characteristics that individuals bring to their social environments and the characteristics of these same environments. Individuals are not likely to do very well, or be very motivated, if they are in social environments that do not meet their psychological needs. If the social environments in the typical junior high school do not fit very well with the psychological needs of adolescents, then Person-Environment Fit theory predicts a decline in motivation, interest, performance, and appropriate behavior as they move into this environment.

#### **A. Stage/Environment Fit and School-Related Changes**

Work in a variety of areas has documented the impact of various classroom and overall school environmental characteristics on motivation. For example, the big school/small school literature has demonstrated the motivational advantages of small schools, especially for marginal students.<sup>72</sup> Similarly, the literatures on teacher efficacy and teacher-student relationships document the importance of high teacher efficacy and positive teacher-student relations for positive teacher and student motivation.<sup>73</sup> Finally, motivational psychology has demonstrated the importance of participation and self-control on motivation.<sup>74</sup> The list of such influences could, of course, go on for several pages. The point is that there may be systematic differences between typical elementary classrooms and schools, and typical junior high classrooms and schools, and that these differences may account for some of the motivational changes seen among early adolescents as they make the transition into middle or junior high school. If so, then some of the motivational problems seen at early adolescence may be a consequence of the negative changes in the school environment rather than characteristics of the developmental period *per se*.

Do schools change in ways that might undermine early adolescents' engagement and interest in the academic content of school? Yes! My colleagues and I believe that there are developmentally inappropriate changes in a cluster of classroom organizational, instructional, and climate variables, including task structure, task complexity, grouping practices, evaluation techniques, motivational strategies, locus of responsibility for learning, and quality of teacher-student and student-student relationships. In 1993, we proposed that such changes contribute to the negative change in students' motivation and achievement-related beliefs assumed to coincide with the transition into junior high school.<sup>75</sup> Substantial research has now been done to assess our prediction and, by and large, the evidence supports our hypothesis.

How do middle/junior high schools and classrooms differ, on average, from elementary schools and their classrooms? First and foremost, middle and junior high schools are typically much bigger

than elementary schools and each teacher is responsible for the education of many more students.<sup>76</sup> These two changes alone should undermine the teacher-student relationship and the likelihood of close personal relationships developing between the students and the adults in these school communities. This, in turn, should undermine students' sense of social supports and high expectations from their teachers. Additionally, reduced social connection between the students and teachers should increase the likelihood that students who are already at risk will not be provided with the kinds of supports and help that they need to do well academically and to resist negative peer influences.<sup>77</sup>

Second, junior high/middle school classrooms are characterized by a greater emphasis on teacher control and discipline, as well as fewer opportunities for student decision-making, choice, and self-management.<sup>78</sup> For example, in the work of my colleagues and I, sixth grade elementary school math teachers reported less concern with controlling and disciplining their students than these same students' seventh grade junior high school math teachers reported one year later.<sup>79</sup>

Similar differences emerge on indicators of student opportunity to participate in decision-making regarding their own learning. For example, upper elementary school students are given more opportunities to take responsibility for various aspects of their schoolwork than seventh grade students in a traditional junior high school.<sup>80</sup> In addition, using a measure developed to assess the congruence between the adolescents' desire for participation in decision-making and their perception of the opportunities for such participation, Midgley and Feldlaufer found a greater discrepancy when the adolescents were in their first year in junior high school than when these same adolescents were in their last year in elementary school.<sup>81</sup> The fit between the adolescents' desire for autonomy and their perception of the extent to which their classroom afforded them opportunities to engage in autonomous behavior had *decreased* over the junior high school transition. Finally, the extent of this type of discrepancy predicted decreases in student engagement in the classroom.<sup>82</sup>

Third, middle school and junior high school classrooms, compared to elementary school classrooms, evidence less personal and positive teacher-student relationships.<sup>83</sup> For example, in our work, both students and observers rated junior high school math teachers as less friendly, less supportive, and less caring than the teachers these students had one year earlier in the last year of elementary school.<sup>84</sup> In addition, the seventh grade teachers in this study trusted the students less than did these students' sixth grade teachers.<sup>85</sup>

Fourth, middle and junior high school teachers often feel less effective as teachers, especially for low ability students, than elementary school teachers. This was one of the largest differences we found between sixth and seventh grade teachers in our study. In mathematics, seventh grade teachers in traditional junior high schools report much less confidence in their teaching efficacy than sixth grade elementary school teachers in the same school districts.<sup>86</sup> This is true in spite of the fact that the seventh grade math teachers were more likely to be math specialists than the sixth grade math teachers.

Finally, middle school and junior high school teachers appear to use a higher standard in judging students' competence and in grading their performance than do elementary school teachers.<sup>87</sup> There is no stronger predictor of students' self-confidence and sense of efficacy than the grades they receive. If grades change, then we would expect to see a concomitant shift in adolescents' self-perceptions and academic motivation. There is evidence that junior high school teachers use stricter and more social comparison-based standards than elementary school teachers to assess student competency and to evaluate student performance, leading to a drop in grades for many early adolescents as they make the junior high school transition. For example, Simmons and Blyth found a greater drop in grades between sixth and seventh grade for adolescents making the junior high

school transition than for adolescents who remained in K-8 schools.<sup>88</sup> Interestingly, the decline in grades is not accompanied by a similar decline in the adolescents' scores on standardized achievement tests, which suggests that the decline reflects a change in grading practices rather than a change in the rate of the students' learning.<sup>89</sup> Imagine what this decline in grades might do to young adolescents' self-confidence, especially in light of the fact that the material may be less intellectually challenging.

Changes such as these are likely to have a negative effect on children's motivational orientation toward school at any grade level. But we believe these types of school environment changes are particularly harmful at early adolescence given what is known about psychological development during this stage of life. Evidence from a variety of sources suggests that early adolescent development is characterized by an increase in the desire for autonomy and self-determination, peer orientation, self-focus and self-consciousness, salience of identity issues, concern over heterosexual relationships, and capacity for abstract cognitive activity.<sup>90</sup>

Furthermore, Simmons and Blyth argue that adolescents need a reasonably safe, as well as an intellectually challenging, environment to adapt to these shifts—an environment that provides a “zone of comfort” as well as challenging new opportunities for growth.<sup>91</sup> In light of these needs, the environmental changes often associated with the transition to junior high school seem especially harmful in that they emphasize competition, social comparison, and ability self-assessment at a time of heightened self-focus. They decrease decision-making and choice at a time when the desire for control is growing. They emphasize lower-level cognitive strategies at a time when the ability to use higher-level strategies is increasing. And they disrupt social networks at a time when adolescents are especially concerned with peer relationships and may be in special need of close adult relationships outside of the home. We believe the nature of these environmental changes, coupled with the normal course of individual development, results in a developmental mismatch so that the fit between the early adolescent and the classroom environment is particularly poor, increasing the risk of negative motivational outcomes, especially for adolescents who are having difficulty succeeding in school academically. By and large, the evidence supports these predictions. When students experience these kinds of shifts in their classrooms and schools, their motivation and engagement declines.<sup>92</sup>

## **B. Summary and Policy Implications**

A sizable number of American youth experience a negative shift in the nature of their educational experiences as they move into secondary school. Our evidence suggests that this shift undermines adolescent students' engagement in the academic content of school, leading to poorer grades and increased truancy. These results are particularly marked for adolescents who were already having academic difficulties in elementary school.<sup>93</sup> Our evidence also suggests that the declines in school engagement results from these kinds of changes in the school context rather than any inherent maturational processes associated with puberty and adolescence. The adolescents in our studies and in the study by Simmons and Blyth did not show these declines in engagement or increases in other problematic behaviors when they experienced more developmentally appropriate shifts in their educational settings. Secondary schools and classrooms can be designed in ways that support rather than undermine the students' motivation and engagement.<sup>94</sup> However, it seems increasingly unlikely that such schools and classrooms will be provided for America's youth, particularly in poor and under-resourced communities.

## IV. Conclusions

I have summarized the data on the current status of American's children and adolescents across a wide array of indicators. On the one hand, our children and adolescents are faring better than fifty years ago. On the other hand, too many children are not receiving the kinds of experiences they need for healthy development. The recent recession has exacerbated this situation for many children and adolescents, particularly those that live in poor families and in under-resourced neighborhoods. A timely report from the Foundation for Child Development suggests that the recession may also be undermining the resources available to middle-class families and their children.<sup>95</sup> Efforts need to be made to provide to *all* of America's children and adolescents the types of resources that have been proven to work. As both Edelman and His Holiness the Dalai Lama argue, the future depends on our will to make sure this does happen.

### Notes

1. PISA 2009.
2. NAEP 2009.
3. Sameroff et al. 1998.
4. Booth and Crouter 2008; Furstenburg et al. 1999; Edelman 2008.
5. Kozol 2005.
6. Darling-Hammond 2000.
7. Booth and Crouter 2008.
8. Ma et al. 2009.
9. Eccles and Roeser 2011.
10. Wong et al. 2003.
11. Eccles and Gootman 2002; Edelman 2008; IES, no date; Wilson 2010.
12. Gutman, Sameroff, and Cole 2003; Sameroff 2009.
13. Eccles et al. 1993.
14. Edelman 2008; Finn and Zimmer, in press; Reschly and Christenson, in press.
15. Sameroff et al. 1998.
16. Furstenberg et al. 1999; Sameroff 2005, 2009.

17. William Julius Wilson, for example (1990).
18. Eccles and Gootman 2002; Wilson 1990, 2010).
19. Wilson 1990, 2010.
20. Kochhar et al. 2011.
21. See 2010 “Kids Count Data Book.”
22. Ogden and Carroll 2010.
23. Ibid.
24. Centers for Disease Control 2010, p. 16.
25. CDF 2011.
26. Needham, Crosnoe, and Muller 2004.
27. CDF 2011.
28. CDF report, January 2011.
29. Duncan, Kalil, and Ziol-Guest 2008.
30. See also Duncan et al. 2010.
31. Annie E. Casey Foundation, Hernandez report (2011), pp. 3–4.
32. Lee and Ranson 2011.
33. Ibid.
34. Duncan et al. 2008, 2010.
35. Booth and Crouter 2008.
36. NAEP 2009.
37. Hernandez 2011, p. 7.
38. Ma et al., 2009.
39. Nansel et al. 2001.

40. Ma et al. 2009, p. 863.
41. CDC 2010, p. 18.
42. See Eccles and Roeser 2011; Finn and Zimmer, in press; Meece and Eccles 2010; Reschly and Christenson, in press.
43. Slominski et al. 2011.
44. Lee and Ranson 2011; Sum, Khatiwada, and McLaughlin 2009.
45. See Booth and Crouter 2008; Heckman 2006; Sameroff 2005.
46. Mortimer 2003.
47. Ibid.
48. Wilson 1990, 2010.
49. Sum and Khatiwada et al. 2008, 2010; Sum and McLaughlin 2008.
50. See Sum, Khatiwada et al. 2008.
51. Sum and McLaughlin 2008.
52. Sum, Khatiwada et al. 2008.
53. Sum, Khatiwada, and McLaughlin 2010.
54. Benson 2006; Eccles and Gootman 2002; Lerner 2007; Moore, Lippman, and Brown 2005; and K. Pitman, CEO of The Forum for Youth Investment.
55. Search Institute 2003.
56. Roehlkepartain, Benson, and Sesma 2003.
57. Sameroff 2005.
58. See also, Furstenburg et al., 1999.
59. Booth and Crouter 2008; Duncan, Ludwig, and Magnuson 2007; Heckman 2006.
60. Eccles and Gootman 2003.
61. See IES what works clearing house web site; Meece and Eccles 2010; NRC/IOM 2004; Reschly and Christenson, in press.



62. Edelman 2008.
63. Simmons and Blyth 1987.
64. See Wigfield et al. 2006 for review.
65. Ibid.
66. e.g., Blos 1965.
67. Casey et al. 2008.
68. e.g., Simmons and Blyth 1987.
69. Ibid.
70. See Eccles et al. 1993.
71. Eccles and Midgley 1989.
72. Elder and Conger 2000.
73. See Wigfield et al. 2006.
74. See Deci and Ryan 2002.
75. See Eccles et al. 1993.
76. See Eccles and Roeser 2010.
77. Ibid. Our own research supports these predictions.
78. See Wigfield et al. 2006.
79. Midgley, Feldlaufer, and Eccles 1989.
80. See Midgley 2002.
81. Midgley and Feldlaufer 1987.
82. MacIver and Reuman 1988.
83. See Wigfield et al. 2006.
84. See Eccles et al. 1993.

85. See Midgley et al. 1988a.
86. Midgley et al. 1988b.
87. See Eccles and Midgley 1989.
88. Simmons and Blyth 1987.
89. Kavrell and Petersen 1984.
90. See Simmons and Blyth 1987.
91. Ibid.
92. See Eccles and Roeser 2010; Meece and Eccles 2010; Reschly and Christenson, in press.
93. Lord, Eccles, and McCarthy 1994.
94. See Eccles and Roeser 2010; Meece and Eccles 2010; Midgley 2002; NRC/IOM 2004; Reschly and Christenson, in press.
95. Hernandez 2011b. Foundation for Child Development.

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