

Table 1: Review of the Research Literature and Implications for Targeted Activities to Improve Adolescent Emotional Well-Being

AREAS FOR TARGETED INTERVENTION ACTIVITIES	Experimental Research Studies			Nonexperimental Research Studies
	WHAT WORKS	WHAT DOESN'T WORK	MIXED REVIEWS	<u>"BEST BETS"</u>
Self-esteem	<ul style="list-style-type: none"> - Promote connections between adolescents and their teachers and peers during the transition years from junior to senior high school. (The School Transition Environment Project) 			<ul style="list-style-type: none"> - Promote positive self-esteem by promoting positive self-concepts in academic and social realms. - Promote achievement in specific areas of youth's life (e.g., academic, athletics) - Promote parenting strategies that involve supporting youth's autonomy. - Promote parenting strategies that include being supportive and having open communication with youth. - Promote teaching practices that include support for youth autonomy. - Implement school policies that promote autonomy.
Perceived competence				<ul style="list-style-type: none"> - Increase adolescents' perceived social competence - Promote teaching practices that include support for youth autonomy. - Implement school policies that promote autonomy. - Implement school policies that emphasize the mastery of skills over inter-student competition.
Coping	<ul style="list-style-type: none"> - Teach adolescents general coping techniques and stress management skills (e.g., Yale-New Haven Social Problem-Solving program, Comprehensive Stress Management Program for Children). 			

**Table 2: Review of the Research Literature
and Implications for Targeted Activities to Improve Adolescent Mental Health**

AREAS FOR TARGETED INTERVENTION ACTIVITIES	Experimental Research Studies			Nonexperimental Research Studies
	WHAT WORKS	WHAT DOESN'T WORK	MIXED REVIEWS	"BEST BETS"
Depression	<ul style="list-style-type: none"> - At the individual level, cognitive-behavioral therapy - At the individual level, serotonin-specific reuptake inhibitors (SSRI's) 	<ul style="list-style-type: none"> - At the individual level, tricyclics 		<ul style="list-style-type: none"> - At an individual level, alleviating negative self-appraisals and self-criticism, as they are antecedents to depression. - Fostering parent-child relationships that are warm and positive, instead of harsh and punitive. - Creating social support systems for depressed youth.
Anxiety	<ul style="list-style-type: none"> - At the individual level, cognitive-behavioral therapy - At the individual level, serotonin-specific reuptake inhibitors (SSRI's) 			<ul style="list-style-type: none"> - At the individual level, systematic desensitization (for phobias). - Prevention programs targeted to children/adolescents who were inhibited as toddlers (as that is an early predictor of social anxiety). - Treating negative affectivity to prevent the development of anxiety disorders (and depression). - Fostering family environments that allow the development of children's/adolescents' independence, rather than being characterized by high levels of parental control.
Eating disorders			<ul style="list-style-type: none"> - School-based interventions that consist solely of classes that teach girls to understand the harmful consequences of dieting, learn to balance nutrition and exercise, and learn to combat societal pressures to be thin. (They have been shown to increase awareness, but do not alter behavior.) 	<ul style="list-style-type: none"> - At an individual level, altering certain personality constructs associated with the development of eating disorders, such as obsessional tendencies, rigidity, and poor adaptability. - Individual treatment through psychotherapy, behavior therapy, or family therapy. - Helping girls with their identity development as they enter adolescence and go through puberty, so that they do not choose physical appearance as a means to construct identity. - Altering family dynamics so that they are not characterized by overprotectiveness, rigidity, and

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				<p>conflict avoidance.</p> <p>- School-based prevention programs that consist of both classes and altering the social environment.</p>
ADHD	- Medication or medication plus psychosocial or behavioral therapy.			
Conduct disorder				<p>- Teach youth to interpret, accurately, social cues.</p> <p>- Prevention programs targeted to young children who show early indications of conduct problems.</p> <p>- Prevention of maternal smoking during pregnancy.</p> <p>- Helping parents learn to be involved in their children's lives and to monitor and supervise their activities.</p> <p>- Promote relationships with positive peer influences.</p>
Drug and alcohol abuse	<p>- School-based drug prevention programs (such as "Life Skills Training"), in which students are taught to resist the pressures of advertisements, build self-esteem, manage anxiety, communicate effectively, and develop interpersonal relationships. Resulted in reduced use of drugs, alcohol, and cigarettes.</p> <p>- School-based programs (such as "Project Towards No Drug Use") that teach youth coping and self-control skills, teach youth about the myths of drugs and alcohol, and teach youth about the consequences of drug and alcohol use results in the reduced use of alcohol and illicit drugs.</p> <p>- Community-based family programs (such as "Creating Lasting Connections") that seek to strengthen family bonds and teach children skills for personal growth and communication through community organizations such as places of worship and recreation centers.</p> <p>- Community-based alcohol prevention programs (such as "Project Northland") that</p>		<p>- Programs (e.g., the Midwestern Prevention Project) that teach parent-child intervention strategies coupled with community-level initiatives (works in the short-run, but not in the long run).</p>	<p>- At an individual level, increasing an adolescent's regulatory control.</p> <p>- At the family level, improving parental monitoring, and targeting parental alcohol use.</p> <p>- Providing adolescents with positive peer role models.</p> <p>- "Boys and Girls Clubs of America"—program of cultural enrichment, health and physical education, social recreation, personal and educational development, citizenship, and leadership development.</p>

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	<p>include an in-school curriculum, parent education, and participation by youth in alcohol-free activities outside of school.</p> <ul style="list-style-type: none"> - Mentoring programs (such as "Big Brothers/Big Sisters" and "Across Ages") that pair an adolescent with a supportive adult mentor. - Programs that create no-drug norms and develop drug resistance strategies for youth. Uses adult-taught curriculum, peer leaders, and parental involvement (e.g., ALERT and the Adolescent Alcohol Prevention Trial). 			
Multiple internalizing and externalizing problems	<ul style="list-style-type: none"> - School-based programs (such as "Reconnecting Youth") that promote school bonds and the involvement of parents, and teach a crisis response plan. Resulted in a decrease in alcohol and drug use, and a decrease in anger control problems and aggressive tendencies. - Families moving from high-poverty neighborhoods to low-poverty neighborhoods (for example, "Moving to Opportunity"). Resulted in improved parent and child mental health, and lower rates of youth delinquency and problem behaviors. 			<ul style="list-style-type: none"> - Family interventions that promote healthy family functioning and good parenting practices. - Early intervention in children's lives to prevent problems over the course of their development (Seattle Social Development Project). One program consisted of parenting classes and social competence training for children (problem solving, peer pressure resistance) in grades 1 through 6. Effects were seen at age 18 (fewer violent delinquent acts, less drinking, lower rates of sexual intercourse, lower rates of pregnancy), but due to the multiple components involved, it is difficult to determine exactly what brought about the effects.