

## Counseling Adolescents toward Wellness: The Roles of Ethnic Identity, Acculturation, and Mattering

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### **Abstract:**

The influence of ethnic identity, acculturation, and mattering on wellness was examined for 176 minority and 286 nonminority adolescents attending a public high school. Participants completed the Multigroup Ethnic Identity Measure, the Stephenson Multigroup Acculturation Scale, the General Mattering Scale, the Mattering to Others Questionnaire, and the Wellness Evaluation of Life Style-Teenage. Analysis of structural equation models revealed that, for the total sample, mattering and acculturation explained a significant portion of the variance of wellness in six areas: spirituality, self direction, schoolwork, leisure, love, and friendship. Ethnic identity explained a significant portion of the variance for minority students. Implications for school counselors are discussed.

### **Article:**

Baker and Gerler (2001) noted that the goal of developmental guidance is "to promote emotional, social, and cognitive growth while preventing problems in the lives of young people" (p. 300). In addition, they noted that a balanced guidance program includes both "primary and secondary prevention strategies" (p. 300). These goals are consistent with the National Model for School Counseling Programs proposed by the American School Counselor Association (ASCA), notably the suggestion that school counselors should be most concerned with the comprehensive needs of their students (i.e., academic, career, and social/personal; ASCA, 2003). From an operational perspective, wellness programming and holistic counseling are "closely linked to prevention" (Fukuyama, 2001, p. 329). Thus, the implementation of holistic wellness initiatives provides an important means for counselors to meet a broad range of developmental and remedial needs (Myers, Sweeney, & Witmer, 2000), and for school counselors, who work with diverse groups of students (Lee, 2001), meeting developmental and remedial needs in a cost-effective manner (Swisher, 2001) is of utmost importance.

Sexton (2001) cogently argued the need for evidence-based models to inform clinical practice. Accordingly, studies that promote understanding of factors affecting holistic wellness of students are needed as a foundation for establishing effective comprehensive school-based wellness programs. Given the increasing diversity of student populations (Lee, 2001), studies which address differences and similarities across racial and ethnic groups are important (Herring, 1997). Two factors which have been studied extensively in relation to multicultural populations in the schools include ethnic identity (Phinney, 1990; Pugh & Hart, 1999), which involves finding a sense of belonging to an ethnic group and the thoughts, perceptions, feelings, and behaviors which go along with that particular ethnic group (Phinney; Rotheram, & Phinney, 1987) and acculturation, defined as the process of adapting to a new culture as a result of changes in cultural attitudes, values, and behaviors resulting from contact with two or more distinct cultures (Barlow, Taylor, & Lambert, 2000; Fuertes & Westbrook, 1996; Garrett, 1999; Park & Harrison, 1995). Mattering, an important but understudied concept, is defined as a sense of belonging in relation to others, or feelings that one is important to others (Pearlin & LeBlanc, 2001; Rosenberg & McCullough, 1981; Schlossberg, Lynch, & Chickering, 1989; Taylor & Turner, 2001). Among the few existing studies of mattering, at least two revealed adolescents to be a population at risk in terms of mental health issues (Marshall, 1998; Rosenberg & McCullough). These important and related concepts—ethnic identity, acculturation, and mattering—have not been studied together, nor have they been studied in relation to wellness in school populations.

The present study was undertaken to address a gap in the literature, specifically an understanding of the relationships among ethnic identity, acculturation, mattering, and wellness among adolescents in the schools. To examine possible relationships among these variables, we began by developing a conceptual three-factor model in which ethnic identity, acculturation, and mattering predicted six areas of wellness for adolescents. We hypothesized that the model would be predictive both for adolescents in general and separately for minority and nonminority adolescents.

## **METHODOLOGY**

Participants in grades 9 through 12 at a public high school in the Southeast United States were recruited and completed instruments during class periods. Parental permission for involvement in the study was required.

### ***Participants***

A total of 500 questionnaire packets were distributed. Of these, 462 were completed, yielding a response rate of 92.4%. The final sample included 229 males and 233 females of whom 176 were minority and 286 nonminority adolescents. They ranged in age from 14 to 19 years, with a mean of 16.24 (SD = 1.25). There were almost equal numbers of participants in grades 9 (22%) and 12 (24%). The largest proportion of students was in grade 10 (35%), and the smallest in grade 11 (18%).

The non-minority student group included 286 Caucasian students, of whom 147 were male and 139 were female. The mean age of these students was 16.28 (SD = 1.23) and their mean grade level was 10.48 (SD = 1.08). The minority students (n = 176) included 119 (68%) African Americans, 28 (16%) Latino Americans, 25 (14%) Asian Americans, and 4 (2%) Native Americans. This group included 82 males and 94 females who ranged in age from 14 to 19 years (M = 16.19, SD = 1.30). Their mean grade level was 10.40 (SD = 1.10).

### ***Measures***

Five instruments were used to test the proposed structural model. These included: the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), the Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000), the General Mattering Scale (GMS; Marcus, 1991), the Mattering to Others Questionnaire (MTOQ; Marshall, 1998), the Wellness Evaluation of Lifestyle-Teenage version (WEL-T; Myers & Sweeney, 2001), and a demographic questionnaire that assessed a variety of descriptors including ethnicity, length of time participants had lived in the United States, and average time spent with family and friends.

**Multigroup Ethnic Identity Measure (MEIM).** The MEIM (Phinney, 1992) is a 23-item questionnaire, including three subscales (Affirmation and Belonging; Ethnic Identity Achievement; Ethnic Behaviors) that comprise Total Ethnic Identity (scores range from 14 to 56), and a separate factor called Other-Group Orientation (scores range from 6 to 24). The Other-Group Orientation questions, though not a factor in ethnic identity, were used in this study to determine the connection that may exist between an adolescent's relationship with other groups and an adolescent's own ethnic identity. The MEIM includes statements to which respondents answer based on a four-point Likert scale ranging from 1 = Strongly disagree to 4 = Strongly agree. Items for the two overall subscales were scored: Ethnic Identity Search (EIS; 12 items) and Other Group Identity Search (OGIS; 8 items). The last three questions on this version of the MEIM are questions concerning parent ethnicity and self-identification and were not scored, but were used for ethnic categorization. Scores are mean item responses for each scale and range from 1 to 4. Higher scores indicate higher levels of ethnic identity.

The MEIM was normed with 407 high school adolescents and 136 college-aged students (Phinney, 1992). Phinney reported Cronbach's  $\alpha$ 's of .81 with high school students and .90 with college students. The factor structure of the MEIM was confirmed in a study with 2,184 adolescents, in which two factors were identified: Identification and Exploration (Spencer, Icard, Harachi, Catalano, & Oxford, 2000). Reliabilities for the two factors were .84 and .76 respectively. In the current study, Cronbach's alpha coefficients for the total sample for the MEIM subscales, respectively, were .61 and .67. The corresponding alpha coefficients for minority and nonminority participants were .54 and .59, and .61 and .67. Overall, the subscale reliability was not all that high with this sample which brings into question these adolescents' knowledge of ethnic identity.

**Stephenson Multigroup Acculturation Scale (SMAS).** The SMAS (Stephenson, 2000), consists of 32 items measuring behavioral and attitudinal aspects of acculturation that can be applied across ethnic groups. Responses to each item are based on a four-point Likert response format including: 1 = True, 2 = Partly true, 3 = Partly false, and 4 = False. The SMAS is scored according to two subscales: ethnic group identification (EGIS) and dominant group identification (DGIS). Scores range from 1 to 4 and are determined by calculating mean item responses. Lower scores reflect greater acculturation.

Stephenson (2000) conducted three studies with 436 participants from five ethnic groups to develop, evaluate, and refine the SMAS. The first two studies included exploratory factor analyses that generated a two-factor solution that was strong across groups: Ethnic Society Immersion (ESI) and Dominant Society Immersion (DSI). In the third study, Stephenson reported Cronbach's  $\alpha$ 's of .94 and .75 for the ESI and DSI factors, respectively. The obtained alpha coefficients in the current study were .88 and .78 for the two factors. Alpha coefficients were similar for minority (.86, .79) and nonminority (.89, .78) participants.

**General Mattering Scale (GMS).** The GMS (Marcus, 1991) is a five-item scale to which respondents answer based on a four-point Likert scale ranging from 1 = Not at all to 4 = Very much. Possible scores range from five to 20; higher scores reflect higher perceptions of mattering. DeForge and Barclay (1997) reported a Cronbach's  $\alpha$  of .85 for the GMS using a sample of 199 homeless males, and Connolly and Myers (in press) reported an  $\alpha$  of .86 for college students. The alpha for the current study was .74 for all participants and for nonminority participants, and .73 for minorities. Connolly and Myers also conducted a confirmatory factor analysis of the GMS in order to confirm the previously established factor structures and found the scale to be a valid instrument for the measurement of mattering.

**Mattering to Others Questionnaire (MTOQ).** The MTOQ (Marshall, 1998, 2001) is an 11 - item scale that was developed specifically for use with adolescents aged 13 to 18 to measure global perceived mattering to others. Respondents answer based on a five-point Likert scale ranging from 1 = Not much to 5 = A lot. Scores are the mean of item responses, and higher scores reflect greater self-reported perceived mattering.

Marshall (1998, 2001) conducted several studies to establish reliability and validity of the MTOQ. In a study with 110 undergraduate social science students from a Canadian university, she reported Cronbach's  $\alpha$ 's of .89, .95, and .93 for three referent versions of the scale: mother, father, and friends. In a second study with 532 adolescents at a high school in a suburban area of British Columbia, Canada, Marshall reported Cronbach's  $\alpha$ 's of .93, .95, and .93 respectively for the mother, father, and friend versions. In the current study, the alpha for all participants, minorities, and nonminorities, respectively, were .76, .75, and .76.

**Wellness Evaluation of Lifestyle-Teenage version (WEL-T).** The WEL-T (Myers & Sweeney, 2001) is a 105-item instrument written to which respondents answer based on a four-point, Likert-type answer format ranging from 1 = Strongly Agree to 4 = Strongly Disagree. The WEL-T is based on the Wheel of Wellness (Myers et al., 2000) and measures adolescents' wellness for six life tasks (spirituality, self-direction, schoolwork, leisure, love, and friendship). Myers and Sweeney studied the reliability of the WEL-T with a sample of 377 adolescents and reported that the internal consistency varied across the subscales; with Cronbach's  $\alpha$ 's ranging between .75 and .88. Following deletion of two items from the Friendship scale, alphas for the six scales for all participants, minorities, and nonminorities were as follows: Spirituality (.66, .63, .69), Self-Direction (.88, .88, .87), Schoolwork (.60, .61, .55), Leisure (.48, .44, .53), Love (.53, .51, .57), and Friendship (.69, .70, .67). The alphas for the Leisure subscale for this study were the lowest of all the subscales, which may indicate that this sample of adolescents define their leisure time differently from the items measuring that construct on the WEL-T.

### **Data Analysis**

Descriptive statistics for the participants and reliabilities for all scales were computed using the Statistical Package for the Social Sciences (SPSS version 9.0, 1999). The subscales of the MEIM (EIS and OGIS)

and the SMAS (EGIS and DGIS) were parceled out to create separate measures of ethnic identity and acculturation. The GMS and the MTOQ were combined to create one indicator of mattering. Structural equation modeling (SEM) was used to test the proposed structural model and examine the influence of the exogenous variables on the endogenous wellness variable (LISREL Student Version 8.51, Jöreskog & Sörbom, 2001). Three versions of a hypothesized structural model were examined, including one for all participants and two models for the minority and nonminority participants.

## RESULTS

The hypothesized three-factor structural model of ethnic identity, acculturation, and mattering significantly predicting wellness in adolescents first was tested with all participants, then tested again separately with the minority and nonminority groups of students. The resulting structural models are shown in Figures 1, 2, and 3. In evaluating these models, multiple indicators of fit are used. The most commonly used measure is the chi-square goodness-of-fit index, in which a significant chi-square suggests poor model fit and a non-significant chi-square indicates the model fits the data well. Although significant chi-squares usually result in the rejection of proposed models, sample size is a determining factor in model-data fit (Marsh, Balla, & McDonald, 1988), as large sample sizes consistently result in significant chi-squares (Maruyama, 1998). Thus, while the chi-square results for the current structural models are reported below, due to large sample sizes, as expected all chi-squares are large and significant, and may be considered meaningless for this data (Raykov & Marcoulides, 2000).

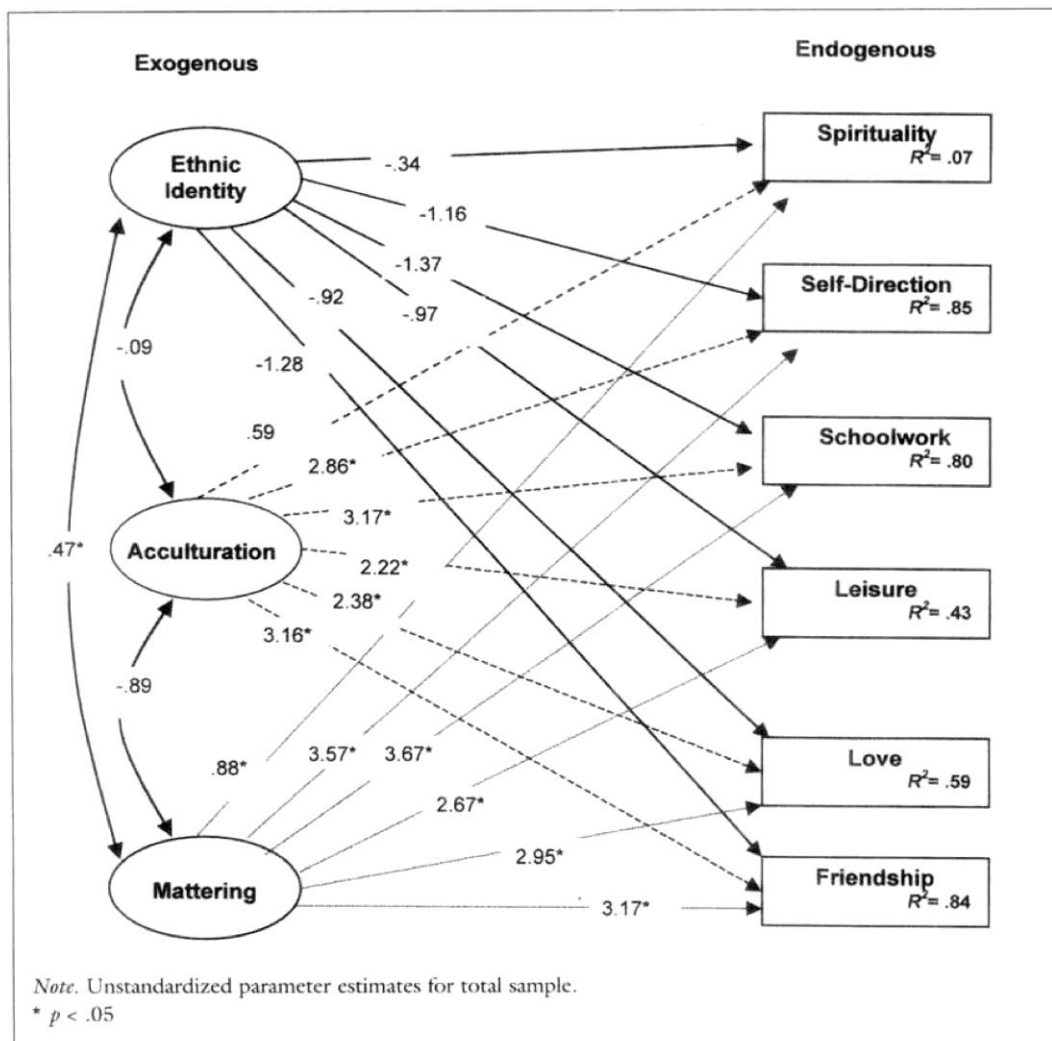


Figure 1. Structural Equation Model for Ethnic Identity, Acculturation, Mattering and Wellness for All Participants ( $N = 462$ ).

To estimate a better fit of the data to the models than is possible using chi-square, the root-mean square error of approximation (RMSEA) and the goodness-of-fit index (GFI) were examined. The GFI designates the amount

of variance and covariance explained by the model and evaluates the closeness of the research sample to the actual model for the population. GFI values closer to 1.00 indicate better fits (Maruyama, 1998 ). The RMSEA is used to assess the viability of structural models. RMSEA values below .10 are considered acceptable and values between .06 and .08 indicate a good fit, while those of .05 or less "indicate a close fit of the model in relation to the degrees of freedom" ( Browne & Cudeck, 1993, p. 144).

Using the above criteria for model acceptance, the model for all participants revealed adequate fit indexes with the GFI at .96 and RMSEA of .07. The measurement model provided an acceptable fit to the data: ( $\chi^2$  (39, N = 462) = 130.10,  $p \leq .01$ ; CFI = 0.93). As such a reasonable amount of confidence is placed in the structural model shown in Figure 1.

In the model for all participants (see Figure 1), statistically significant paths ( $p < .05$ ) were found between mattering and wellness and acculturation and wellness. Mattering and acculturation significantly predicted wellness; and ethnic identity did not significantly predict wellness. Correlations between the exogenous variables indicated that there was a low correlation ( $r = .09$ ) between ethnic identity and acculturation, a significant positive correlation between ethnic identity and mattering ( $r = .47$ ,  $p < .05$ ), and a high negative correlation between acculturation and mattering ( $r = .89$ ). Concerning the effect size interpretation of the path coefficients, absolute values less than .10 may indicate a "small" effect; values around .30 indicate a "medium" effect; and coefficients greater than .50 may be considered having "large" effects (Kline, 1998). In this model, the standardized path coefficients are all greater than .50, with the exception of the ethnic identity and wellness path coefficients, and thus have large effects.

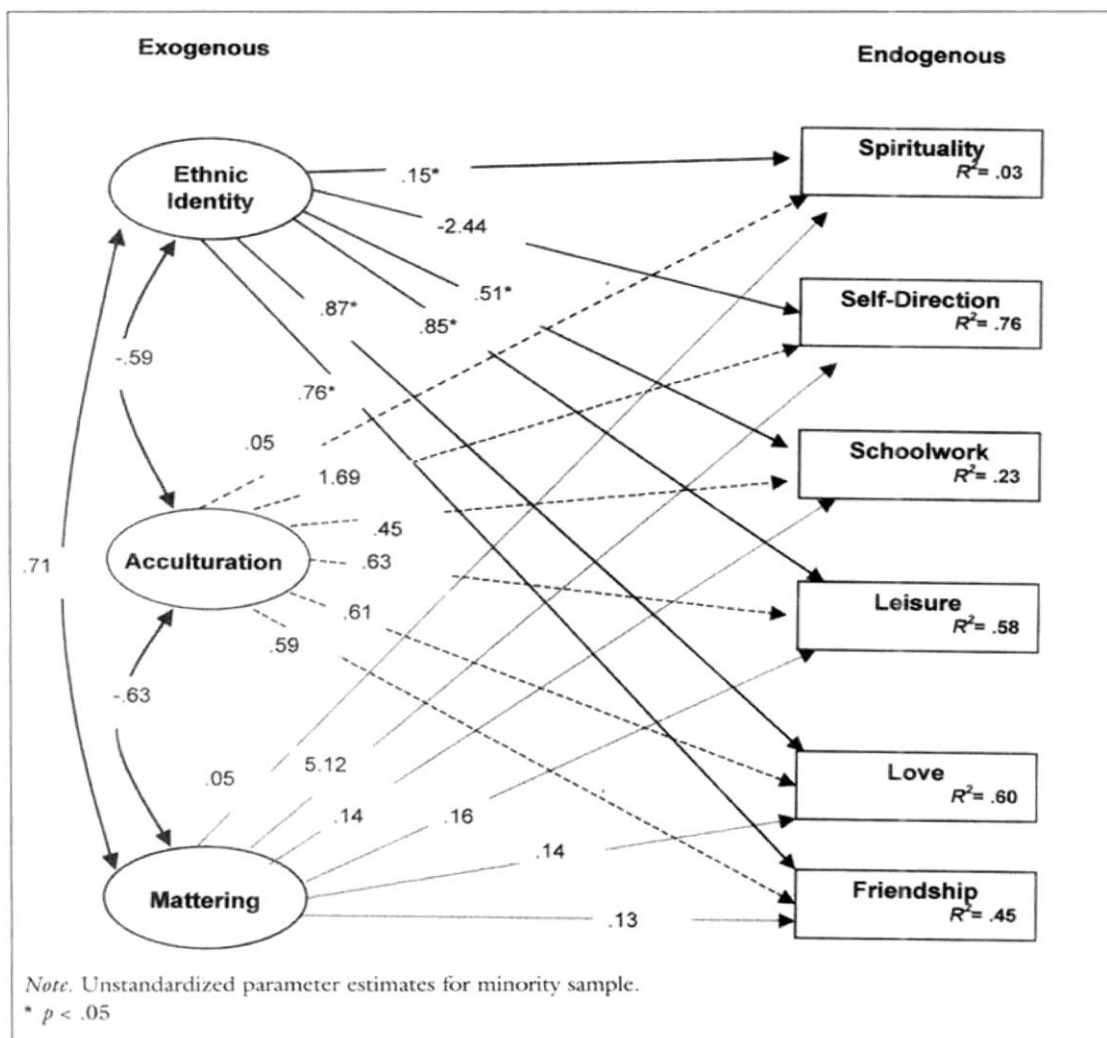


Figure 2. Structural Equation Model for Ethnic Identity, Acculturation, Mattering and Wellness for Minority Participants (N = 176).

In Figure 1, the squared multiple correlations ( $R^2$ ) predicting wellness from the three exogenous constructs, ethnic identity, acculturation, and mattering were spirituality = .07, self-direction = .85, school-work = .80, leisure = .43, love = .59, and friendship = .84. Therefore, for instance, 85% of the variance in the self-direction area of wellness was accounted for by the three exogenous constructs. If the  $R^2$  of 0.85 is subtracted from 1, the result is the proportion of unexplained variance, .15, or 15%. Similarly, for friendship, the  $R^2$  was .71, meaning that 71% of the variance in friendship wellness was accounted for by the combination of ethnic identity, acculturation, and mattering.

Utilizing the same hypothesized model, two separate structural models were created for minority and nonminority participants. For the minority group, using the criteria for model acceptance, the results revealed close fit indices with a GFI of .98 and RMSEA of .04 (see Figure 2). The minority model provided a very close fit of the model in relation to the degrees of freedom to the data: ( $\chi^2$  (39, n = 176) = 24.61,  $p \leq .01$ ; CFI = 1.00). For comparison, the nonminority hypothesized model (see Figure 3) predicting wellness also held, and provided an acceptable fit to the data: ( $\chi^2$  (39, n = 286) = 111.37,  $p \leq .01$ ; GFI = .94; RMSEA = .08; CFI = 0.90); however, there were no significant path coefficients.

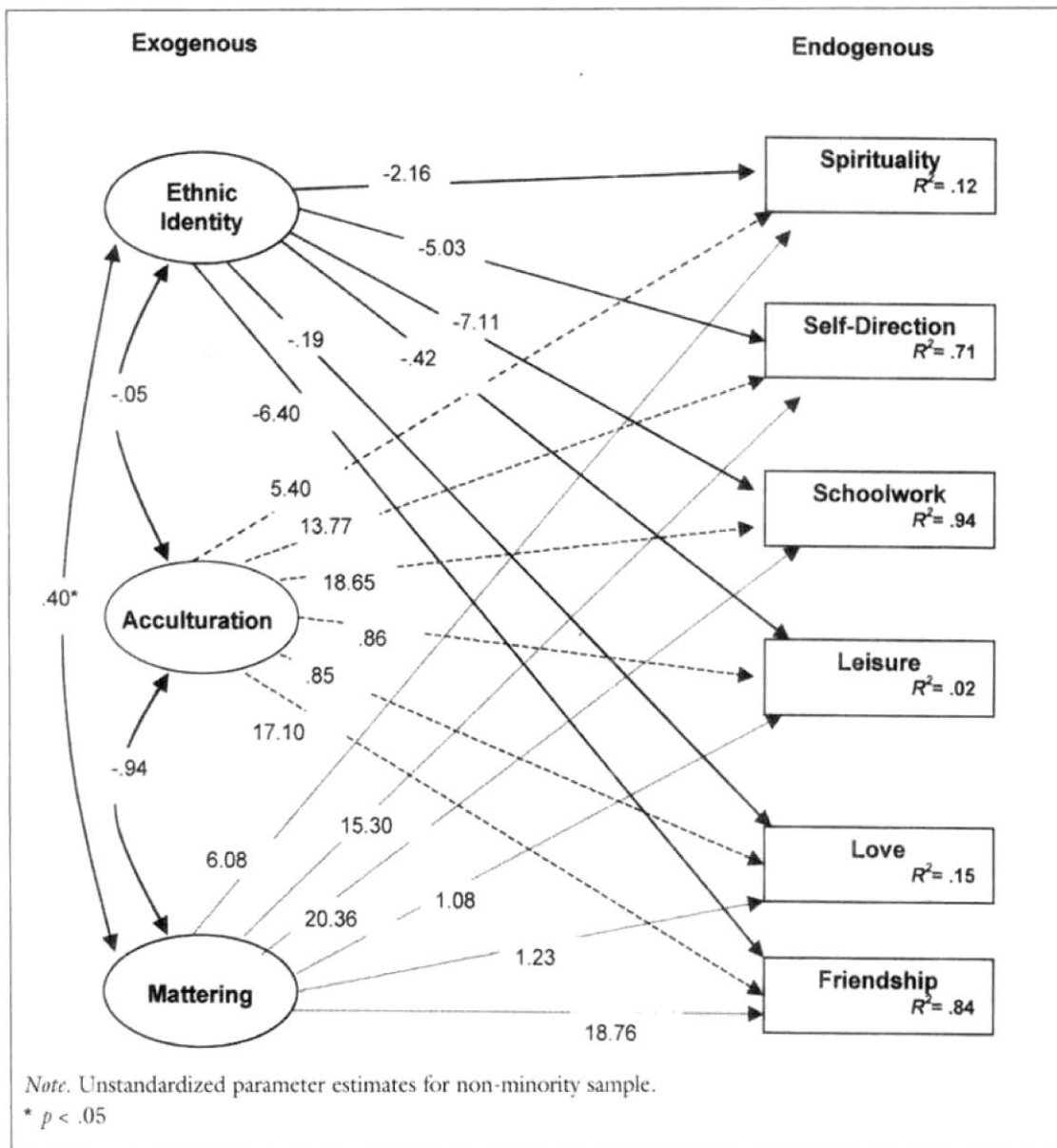


Figure 3. Structural Equation Model for Ethnic Identity, Acculturation, Mattering and Wellness for Nonminority Participants (N = 286).

In the minority model, the path coefficients revealed that only ethnic identity accounted for a portion of variance in five of the six areas of wellness, which is different from both the nonminority model and the model for all participants. In particular, the strongest path coefficients were found between ethnic identity and five of the six areas of wellness (spirituality = .15, schoolwork = .51, leisure = .85, love = .87, and friendship = .76;  $p < .05$ ). The path coefficients between acculturation and wellness and mattering and wellness for minority participants were all nonsignificant. Therefore, acculturation and mattering did not significantly predict wellness among the minority participants. The minority model yielded  $R^2$  values of: spirituality = .03, self-direction = .76, schoolwork = .23, leisure = .58, love = .60, and friendship = .45. Correlations between the exogenous variables for the minority model indicated that there was a considerable correlation ( $r = .59$ ,  $p < .05$ ) between ethnic identity and acculturation and between ethnic identity and mattering ( $r = .71$ ,  $p < .05$ ), and a negative correlation between acculturation and mattering ( $r = -.63$ ,  $p < .05$ ).

For the nonminority model, the path coefficients revealed that none of the three predictor variables accounted for variance in the six areas of wellness. As with the model for all participants, the path coefficients for ethnic identity and the six areas of wellness for nonminority participants were all nonsignificant. Therefore, ethnic identity, acculturation, and mattering did not significantly predict wellness among the nonminority participants. The nonminority model yielded  $R^2$  values of: spirituality = .12, self-direction = .71, schoolwork = .94, leisure = .02, love = .15, and friendship = .84. Correlations between the exogenous variables in the nonminority model indicated that there was a low correlation ( $r = -.05$ ,  $p < .05$ ) between ethnic identity and acculturation, a significant correlation between ethnic identity and mattering ( $r = .40$ ,  $p < .05$ ), and a high negative correlation between acculturation and mattering ( $r = .94$ ,  $p < .05$ ).

## DISCUSSION

The present study was undertaken to examine the influence of ethnic identity, acculturation, and mattering on wellness using a sample of 176 minority and 286 nonminority adolescents attending an urban public high school in the Southeast. Structural equation modeling allowed for testing of a three-factor conceptual model for all participants, and for minority and nonminority participants separately. Ethnic identity, acculturation, and mattering were hypothesized to function together to have a direct influence on six areas of wellness (spirituality, self-direction, schoolwork, leisure, love, and friendship) for adolescents. In addition, we hypothesized that there would be differences in wellness for minority and nonminority adolescents. When the structural models were tested for the three groups, they failed to reveal significant paths among each of the endogenous variables on the areas of wellness. Instead, the full sample model and the minority model revealed differing results of prediction, and the nonminority model revealed no significant predictions of wellness. The minority and nonminority models differed in what factors accounted for the true score variance in the six areas of wellness and lower adolescent wellness. For minorities ethnic identity most strongly predicted wellness.

The findings for the model for all participants indicated that the three-factor model of ethnic identity, acculturation, and mattering partially predicted wellness in adolescents, with mattering and acculturation predicting the greatest amount of wellness; however, mattering was by far the stronger predictor. This finding supports previous research on the relationship between mattering and overall wellness (e.g., Connolly & Myers, in press; Marcus, 1991; Marshall, 1998; Phinney, 1990). Recently, Taylor and Turner (2001) found that higher levels of mattering lead to lower levels of depression, and Pearlin and LeBlanc (2001) found that the bereavement process leads to lower levels of mattering. Both of these studies support the idea that higher levels of mattering to others lead to higher levels of overall wellness.

Wellness in adolescence involves areas such as spirituality, self-direction, schoolwork, leisure, love, and friendship. For the adolescents who participated in this study, perceived sense of mattering is the strongest predictor of their wellness in these six areas. Moreover, the strongest arms of prediction between mattering and wellness were in self-direction, schoolwork, and friendship. These findings make intuitive sense when one considers the amount of time adolescents spend in schoolwork and friendship. Further, self-direction is defined as the component of wellness that allows one to be intentional in meeting the remaining major life tasks. It may be that these three specific areas of wellness are also the most important in the lives of adolescents, though

additional studies are needed to verify this finding.

Acculturation accounted for less variance in wellness for the model with all participants than did mattering; however, it was found to be a significant predictor of five of the six areas of liveliness. The exception was the area of spirituality, which is defined in the Wheel of Wellness to include belief in a higher power, participation in individual or organized spiritual practices, and sense of meaning and purpose in life. For this sample of adolescents, spiritual wellness was not related to perceptions of belonging to the majority culture and their ethnic group. For all other areas, positive acculturation experiences were associated with higher levels of wellness. Although these findings seem to support the literature linking acculturation and wellness, acculturation was not a significant predictor in the minority and nonminority models. This finding may have been due to low or unequal sample sizes for the two subgroups, or due to the fact that the total model, which included the total number of participants, resulted in significance.

Contrary to expectations, ethnic identity was not found to be a significant predictor of wellness for the model with all participants, nor was it significant for the nonminority participants. This finding was surprising based on existing literature that shows a positive relationship between ethnic identity and well-being. Further study is needed to determine whether the current results are due to lack of sufficient sensitivity of the measures used, unique characteristics of the participants, or some other factor or combination of factors.

However, ethnic identity was a significant predictor of wellness for the minority adolescents. This finding supports previous research indicating that minority adolescents' ethnic identity is positively related to their overall wellness (Phinney, 1990). The finding that mattering did not significantly predict wellness for the minority group was surprising in that a positive sense of mattering has been linked with an overall sense of well-being, particularly for minorities (Herring, 1997; Noam, 1999). Moreover, the lack of a relationship between wellness and acculturation is not congruent with prior research that minority adolescents who are able to successfully navigate the acculturation process are more likely to have a higher sense of wellness (Fuentes & Westbrook, 1996; Garrett, 1999). In this study, there were no significant differences between the minority and nonminority participants' scores on the SMAS subscales of ethnic group identification (EGIS) and dominant group identification (DGIS). Thus, it is possible that the minority adolescents in this study felt that they were already acculturated into the mainstream society in the United States and that acculturation was not relevant to their everyday lives or levels of wellness. Further research is needed to uncover the multiple dynamics of the relationship between minority adolescents' levels of acculturation to mainstream society and their self-reports of wellness.

The results of this study suggest that the three factors of ethnic identity, acculturation, and mattering are not interrelated and do not function together to predict adolescent wellness. Rather, minority participants perceive they matter less than nonminority adolescents do, and their level of ethnic identity is what significantly predicts their wellness, which was not the case when all participants were considered together. Interestingly, while the three-factor model revealed that mattering and acculturation significantly predicted wellness for all adolescents, and ethnic identity significantly predicted wellness for the minority participants, there were no significant predictors of wellness for the nonminority participants. To date, the literature and research on acculturation and ethnic identity has been primarily targeted at minority individuals. Often persons of the majority culture in the United States fail to even see themselves as having a specific ethnicity or culture. As a consequence, the nonminority adolescents in this sample may have found the instruments as written not to be relevant to their lives. To clarify these findings, additional studies are needed to investigate the possibility of other factors that may affect nonminority adolescent ethnic identity.

Noteworthy differences in significance between the minority and nonminority models raise the question of just how effective the independent variables in this study (ethnic identity, acculturation, and mattering) are in predicting wellness for all adolescents, and for minority and nonminority groups. Each of the three final models resulted in different findings, and thus the issue is raised of whether other possible predictive models of wellness could reveal more significant paths. The current findings could be related to limitations of the



instruments, intercorrelations between the predictor variables, and/or unequal sample sizes and variations within the participant groups. The results should be interpreted with caution due to possible collinearity between the variables; that is, the potential adverse effects of correlated independent variables on the dependent variable (Maruyama, 1998). The findings from this study could be due in part to the fact that all the measures utilized were self-report; therefore, response bias such as social desirability could inflate the relationships among the variables. Future research intended to extend and clarify the current results should include larger samples of adolescents as well as different instrumentation measuring these same constructs, in order to overcome potential limitations in the current study and verify the findings.

## **IMPLICATIONS FOR SCHOOL COUNSELORS**

Counseling adolescents in the 21st century is an area of counseling practice that calls for skill specialization, particularly within schools. School counselors would do well to integrate knowledge, awareness, and skills related to adolescents' ethnic identity development, acculturation experiences, perceptions of mattering, and overall wellness into their comprehensive counseling programs in order to meet the diverse needs of both minority and nonminority students. The results of this study support the importance of the relationships among ethnic identity, acculturation, mattering, and wellness for minority and nonminority adolescents, although not unequivocally. Within the ASCA (2003) National Model Personal/Social Domain, the school counselor's role may be defined in terms of facilitating minority and nonminority adolescents' exploration of self, including the processes of ethnic identity development, acculturation, mattering, and wellness.

The current findings support the salience of the minority versus nonminority adolescent ethnic identity development process, and possible differences in wellness between the two groups. School counselors can use this information as the basis for assessment as well as for planning appropriate individual, small group, and classroom guidance interventions to enhance the wellness of all adolescents, particularly those who are ethnic minorities. The psychoeducation of adolescents concerning their overall wellness may take the form of educating them on health habits they can establish before and into adulthood.

One of the many roles of school counselors is that of aiding adolescents in the complex identity development process and the development of their ethnic identities (Noam, 1999; Phinney, 1990). In conducting formal and informal assessments as well as individual and group counseling interventions, school counselors can incorporate concepts of ethnic identity, acculturation, and mattering as these factors seem to have an effect on overall liveliness. It is especially important to consider these variables in relation to the needs of minority youth and how these processes affect overall school retention and achievement.

Adolescents often are unable to put their experiences of development into concrete terms for school counselors or other adults. The findings of this study suggest that the path to wellness in adolescence will vary for given individuals and will be influenced by several variables, including their ethnic identity, the experience of navigating the mainstream culture and their ethnic culture, and their perceived levels of mattering to others. Because these ideas make sense from a theoretical perspective, school counselors working with adolescents may wish to draw upon this research to assess how minorities and nonminorities differ in their paths to wellness and offer comprehensive services accordingly.

School counselors' acknowledgment and promotion of adolescents' healthy ethnic identities, acculturation experiences, perceptions of mattering, and overall wellness at the individual, small group, and systemic levels may lead to students' healthy living and greater academic retention and success. The facilitation of overall wellness and healthy ethnic identities in schools is a pertinent goal for comprehensive school counseling programs' personal/social domain. For example, school counselors can aid adolescent students in having a better understanding of their ethnicity and how it affects their personal and academic goals, and their relationships with others. Individual, small group, or even classroom guidance interventions could provide outlets for minority and nonminority students to explore their ethnic identities (i.e., what it means to be Latino living in

the Southeast United States) and to discuss their acculturation experiences /differences if applicable. These outlets may allow minority and nonminority students to better understand themselves as well as their peers in their shared academic setting.

In addition, school counselors can incorporate the concept of mattering in various areas in their comprehensive programs. Asking students to whom they feel they matter, and who and what matters to them, can guide students in personal and career goal setting. For students to have the opportunity to explore the idea of mattering may bring about self-realizations that allow them to better comprehend who and what matters to them in their academic, career, and personal/social domains. Obviously, linking the concepts of healthy ethnic identities and mattering to wellness can aid students in defining what wellness is for them. Students can discuss in classroom guidance lessons, the areas of their lives they are "well" in and the areas in which they believe they need to work. Small group activities within large classroom guidance time can allow for students to create a wellness plan for their lives that includes both healthy ethnic identities and the identification of persons and activities through which they can feel as if they belong and matter.

Finally, school counselors can collaborate with professionals in the community that are knowledgeable in wellness and healthy living by including them in school presentations and/or disseminating free information from those sources. Because classroom guidance reaches all students in schools, counselors can use the findings of the current study to introduce, educate, and facilitate student discussions, self awareness, and to teach skills students may need to feel as if they matter to others and themselves, have healthy ethnic identities, and lead lives of wellness. Such interventions will have both short- and long-term consequences affecting virtually all aspects of students' lives. Not only will school counselors' attention to these areas lead to students' academic retention and success a focus on holistic wellness and prevention can help the comprehensive school counseling program better meet the diverse array of needs of adolescent students.

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