ABSTRACT

KNOX, JERICA LATONDRA. Adolescent Help-Seeking Preference in Relation to Alcohol Usage and Suicide Attempt. (Under the direction of Dr. Eui Kyung Kim).

Previous research indicates that adolescent risk behaviors are associated with increased negative academic and socioemotional outcomes, suggesting a need to examine potential protective factors that can deter adolescents from engaging in such risky behaviors. In order to identify specific social influences on adolescent risk behavior engagement, this study examined adolescents’ help-seeking – who they prefer to go for help when feeling sad, hopeless, or angry - and its relation to the extremity of engagement in two risk behaviors, including alcohol use and injurious suicide attempt. Help seeking preference was grouped into two categories: a) parents, teachers, and other adults (PTA) and b) peers. Crosstabulation and multinomial logistic analyses were employed using a sample of 2,874 high school students from the 2015 North Carolina Youth Risk Behavior Survey. Demographic variables (gender, grade, and ethnicity) were also included as control variables, suggesting significant gender, grade, and ethnicity differences. Adolescent help-seeking preference was a significant factor for both alcohol use and injurious suicide attempt depending on the extremity of the risk behavior. Implications and future directions are discussed.
The Impact of Adolescent Help-Seeking Preference on Alcohol Usage and Suicide Attempt

by
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A thesis submitted to the Graduate Faculty of North Carolina State University in partial fulfillment of the requirements for the degree of Master of Science

Psychology

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DEDICATION

This document is dedicated to the best mom in the entire world.
BIOGRAPHY

Jerica Knox is a native of Georgetown, South Carolina, but currently resides in Raleigh, North Carolina. She received her B.A. in Experimental Psychology with leadership distinction in both research and community service at the University of South Carolina in May of 2017. Prior to graduate school, Jerica served as a research assistant for Dr. Kelly Lynn Mulvey in the Social and Moral Development Lab and Dr. Shauna Cooper in the African American Youth Development Lab. In addition, she completed research as a Ronald E. McNair Scholar.

Currently, Jerica is a Doctoral student in the Department of Psychology at North Carolina State University where she is obtaining her degree in School Psychology. She works in the Thriving Youth Research Lab under the direction of Dr. Eui Kyung Kim. In addition to dedicating herself to her research and coursework, Jerica also serves as a board member of the North Carolina School Psychology Association and a volunteer supervisor for the Kristin Brooks Hope Center crisis hotline.
ACKNOWLEDGMENTS

To begin, I would like to express my sincerest gratitude for my advisor and Committee Chair, Dr. Eui Kyung Kim, for her support and guidance throughout this process. In addition I would like to thank my committee members, Dr. Kate Norwalk, and Dr. Mary Haskett for their time and thoughtful feedback.

Secondly, I would like to give a special thanks to my friends, line sisters, and family who have supported me near and far. I could always count on you all to be readily available to facetime while I study and prepare this document.
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CHAPTER 1

Adolescent Risk Behaviors (ARBs) are defined as behaviors conducted by adolescents that cause an increase in chance of adverse effects, such as poor academic performance, and/or negative emotional and behavioral development (Center for Disease Control and Prevention [CDC], 2017; Pathammavong et al., 2011). ARBs include, but are not limited to, behaviors such as alcohol and drug use, risky sexual activity, physical violence, and suicide attempt, and are prevalent during adolescence – a time of exploration and instability. Two risk behaviors that are prevalent during adolescence are alcohol use and suicide attempt, which warrants further investigation.

Suicide attempt is a risk behavior that can seem like the only way to end hopelessness among emotionally vulnerable individuals (Cooney & Greenwood, 2005). It is an especially prevalent risk behavior among youth, with approximately 4,600 lives lost in the United States each year between the ages of 10 and 24. There are several consequences of failed suicide attempts, including a heightened risk of attempting again (Hultén et al. 2001), and learning and memory impairments (Wenk, 2017). Additionally, alcohol use has also been a popular topic of discussing during adolescence. Though alcohol prevention programs and campaigns help to reduce alcohol use among adolescents, alcohol still exceeds use of any other substance (Johnston et al., 2014). Trends continue to decline, yet 3 in 5 high school students report having had at least one drink (McManus et al., 2018). Among the consequences of early alcohol use in adolescents are the development of early alcohol abuse, increased risk of additional drug abuse, antisocial behavior, criminality, physical and sexual assault, and school and social maladjustment (Eklund & Klinteberg, 2005). Given the empirical associations between risk behaviors, such as suicide attempt and alcohol use, and academic and socioemotional outcomes, it is important to
not only analyze the repercussions of engaging, but also identify factors that may deter students from engaging in them.

One potential factor for both may be adolescent help-seeking (AHS) preference, which is defined as disclosing one’s negative moods to a person of particular choice and directly seeking help simultaneously. Adolescents may seek help from their parents, teachers, and other adults in their community or peers when experiencing negative feelings. Although limited studies exist that examine different preferred sources of help and their impacts on adolescents’ risk behavior engagement, there are studies examining general social influences of peer- and/or adult-presence/support on a range of adolescent risk behaviors. Research generally supported the effects of adult presence/support than those of peer presence/support in preventing adolescents from engaging in risky behaviors (e.g., Thomas & Kelly, 2013; Telzer, Ichien, and Qu, 2015; Hoorn, Crone, & Leijenhorst, 2017). However, despite the positive influence of parental or adult presence/support, adolescents are less likely to seek help from their parents or other adults but are more likely to talk to peers when having negative moods (Rueda, Williams, & Nagoshi, 2015). This may be due to possible negative experiences associated with seeking help from adults such as rejection from parents, consequences, unacceptance, and/or unwanted lecturing (Fotti, Katz, Afifi, & Cox, 2006). For example, adolescents who justified the concealment of their engagement in risky behaviors usually stressed the fear of parental punishment or disapproval (Rote & Smetana, 2016; Smetana, Metzger, Gettman, & Campione-Barr, 2006). Thus, adolescents may be more inclined to seek help from other sources, such as their peers who do not have authority over them and cannot subject them to punishment and/or other consequences.
Currently, there is a lack of literature that examines AHS preference—who adolescents actively choose to request for help when experiencing negative feelings—and its association with ARB engagement. Although adult presence/support generally indicated less ARB engagement than peer presence/support did, not enough literature is available to suggest that adult AHS preference is a stronger predictor of less ARB engagement than peer AHS preference. Thus, the current study aims to examine the role of two different sources of AHS—parents, teachers, and other adults (PTAs) and peers—in two widely used ARBs during adolescence: alcohol usage and suicide attempt.

**General Social Influences on Adolescent Risk Behavior**

Interpersonal relationships are indispensable in helping adolescents cope with stressors (Camara, Bacigalupe, & Padilla, 2017). Adolescent help-seeking involves social support, which may help adolescents find positive solutions to their problems and avoid maladaptive coping mechanisms like ARBs. However, previous studies have failed to examine adolescents’ preference in AHS (e.g., PTA or peers), and rather, discussed the impact of general social support/presence on ARB engagement. Therefore, the following section will discuss general social support/presence and its relation to two prevalent ARBs among adolescence. These previous findings can help clarify the potential differential impacts of AHS preferences on ARB engagement.

**Alcohol Use.** Adolescents commonly engage in alcohol use to experiment, to enhance their social skills around peers, and to cope with internal and external life circumstances. Alcohol use has also reportedly been influenced by both adult and peer social support/presence. For example, Kam, Basinger, and Abendschein (2017) found that parental references to the negative consequences of alcohol use were associated with less adolescent
alcohol use intention, suggesting positive social influences from adults on reducing adolescent risk behaviors. In addition, parents and teachers show promising influences on reducing alcohol consumption within school settings (Pfeiffer & Pinquart, 2017). Contrarily, peer networks have been found to influence alcohol use (Jacobs, Goodson, Barry, McLeroy, McKyer, & Valente, 2017). Adolescent alcohol use typically occurs in the context of peers (Litt, Stock, & Gibbons, 2015; Barnes, Hoffman, Welte, Farrell, & Dintcheff, 2006; Ingram, Patchin, Huebne, McCluskey, & Bynum, 2007). Additionally, students who believe their friends drink has been associated with students’ own alcohol use (Beullens & Vandenbosch, 2016; Cox, DiBello, Meisel, Ott, Kenny, Clark, & Barnett, 2019; Ecker, Cohen, & Buckner, 2017). Specifically, students who maintain equal-gender networks report higher use of alcohol as compared to students who have predominately female or predominately male networks. (Jacobs et al., 2017).

**Suicide Attempt.** The Interpersonal Theory of Suicide explains our understanding of the etiology of suicide. Namely, individuals attempt suicide when they have a desire for suicide, which develops through thwarted belongingness/loneliness and perceived burdensomeness, and the capacity to engage in lethal self-harm (Joiner, 2005; Van Orden et al., 2010). Thus, connectedness, showing attachment to people and institutions, may serve as a protective factor against suicidality. For example, adolescents who feel connected to their family, school, and peers are less likely to report suicide ideation and attempt (Foster et al., 2017). However, despite studies on the positive effects of adult involvement on risk behavior reduction, adolescents often do not seek help from adults. Pisani et al. (2012) found that only 15% of 381 participants who reported suicidal ideation told and sought help from an adult, and thus, noted the need for increasing students’ perceptions of the availability and capability of adults to help them.
The Present Study

Developmental contextual theories (Magnusson, 1995) suggest that the context and environment under which a child grows influences their development. According to these theories, social support networks are part of a child’s environment, which influences and shapes his/her behaviors. Given the differential impacts of social support sources on adolescent behaviors, it is important to examine the influences of different help-seeking preferences on ARB engagement to prevent the ARBs from occurring as often. Thus, the purpose of the present study is to examine AHS preference and its relations with two commonly used ARBs—alcohol use and suicide attempt. This study will contribute to current literature by answering the following research questions: 1) Is there an association between adolescent help-seeking preference and engagement in risk behaviors (i.e., alcohol use and suicide attempt)? and 2) Does PTA preference contribute to less risk behavior engagement compared to peer preference in both risk behaviors? It is expected that AHS will be a salient feature in ARB engagement, and PTA preference in AHS will contribute to less engagement in alcohol use and suicide attempt than Peer preference. Additionally, due to known demographic differences in help-seeking and risk behavior engagement, such as males using more lethal weapons to attempt suicide than females, and alcohol use increasing with age (Goncy & Mrug, 2013), this study will investigate gender and grade differences within these constructs.
CHAPTER 2

Participants

Data for the current sample were drawn from the 2015 North Carolina Youth Risk Behavior Survey (YRBS) dataset. The original sample consisted of 6,178 high school students across the state of North Carolina. A total of 3,275 students were selected for the present sample because they chose either a parent, teacher, or adult (PTA), or peer for their help-seeking preference. An additional 401 students were excluded due to missing values on one or more of the analytic variables of interest, and thus, the final sample for the current study included 2,874 students (62.5% female). Of the 2,874 participants, 27.9% were in 9th grade, 26.0% in 10th grade, 24.3% in 11th grade, and 21.9% in 12th grade. Race/Ethnicity groups were as follows: 45.9% White, 26.5% Black/African-American, 15.8% Hispanic/Latinx, and 11.8% Other (including multiple, Asian, American Indian/Alaska Native, and Native Hawaiian/Other Pacific Islander).

Measures

The Youth Risk Behavior Surveillance System (YRBSS) is a system developed in 1990 to monitor ARB engagement. The purpose of the YRBSS is to “determine the prevalence of health behaviors, assess whether health behaviors increase, decrease, or stay the same over time, [and] examine the co-occurrence of health behaviors...” (CDC, 2017). The 2015 YRBSS includes a national survey given to high school students across the United States asking students to answer more than 100 questions related to their demographics and engagement in ARBs. The CDC has conducted two test-retest reliability studies for YRBSS and found approximately three-fourths of the questions were rated as having a substantial or higher reliability (kappa = 61%-100%) (Brener et al., 2013).
Adolescent Help-Seeking (AHS) Preference. One survey item measured adolescents’ help-seeking source preference. Participants were asked, “Who do you talk to if you are sad, hopeless, or angry?” Original answer choices included “parents,” “teachers,” “other adults,” “friends,” “siblings,” and “I do not feel sad, hopeless, or angry talk to anyone.” Answer choices were dichotomized as 1) Parents, Teachers, and Other adults (PTA) and 2) Peers and were mutually exclusive. Those who selected Siblings or I do not feel sad, hopeless, or angry were excluded from the analyses, as the primary purpose of the current study was to compare PTA and Peer help-seeking preferences in regard to their relations with ARB engagement.

Alcohol Use. Alcohol use was measured using the 2015 YRBSS item, “How many days have you drank alcohol in the past month?” Students answered the question according to the following answer choices: “0 days,” “1 or 2 days,” “3 to 5 days,” “6 to 9 days,” “10 to 19 days,” “20 to 29 days,” or “All 30 days.” For the purposes of this study, answer choices were trichotomized to represent No ARB Engagement (0 days), Some Engagement (between 1 and 2 days), and Excessive Engagement (3 or more days). Alcohol use was trichotomized while accounting for random, isolated engagement. For example, adolescents may try alcohol 1-2 times and then never use again.

Suicide Attempt. Suicide Attempt was measured using the 2015 YRBSS item, “Have you ever attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?” Students responded according to the following answer choices: “Did not attempt suicide,” “Yes,” or “No.” “Did Not Attempt” means that the participant did not engage in suicide attempt at all, while “No” means that the participant did engage in suicide attempt, but it did not lead to an injury, poisoning, or overdose that had to be treated by a doctor or nurse. For the purposes of this study, answer choices were artificially trichotomized to represent No ARB
Engagement, Some Engagement, and Excessive Engagement. The No Engagement group represented students who chose non-engagement or “did not attempt suicide,” while the Some Engagement group represented students who engaged without leading to injuries, or “No.” The Excessive Engagement group represented students who engaged and caused injury to themselves, or “Yes.”

**Procedure**

After obtaining approval from the Institutional Review Board (IRB), data for the present study were drawn from the 2015 NC Youth Risk Behavior Survey. The North Carolina YRBS is conducted in the spring of every odd numbered year under the direction of NC Healthy Schools (NCHS.org). State-level YRBS procedure began with parental permission. Participation in the survey was voluntary. Students were given the self-administered questionnaire during one class period and their responses were recorded on a computer-scanable questionnaire booklet or separate answer sheet (YRBSS, 2013). All data were obtained anonymously in order to protect students’ privacy.

**Statistical Analyses**

Descriptive analyses were conducted using Pearson’s chi square in SPSS (IBM, 2016) to provide information on the relationships between demographic information of the sample and AHS and ARB engagement. Pearson’s Chi Square analyses were also employed to determine whether adolescent help-seeking preference varied across ARB engagement. Multinomial logistic regressions were used to determine the predictive ability of help-seeking preference on ARB engagement. One regression model was estimated for each ARB of interest. Each model assessed the likelihood of a student reporting Some Engagement or Excessive Engagement in the corresponding ARB, as compared to reporting no engagement; thus, the No Engagement group
served as the comparison group in all models. Model fit was assessed using a chi-square goodness-of-fit statistic.
CHAPTER 3

Chi square analyses were used to examine the differences between demographic variables (gender, race, and grade) in regard to help-seeking preference and ARB engagement (Table 1). Overall, more students chose peer reference (67%) over PTA preference (33%). More females (71%) than males reported peer preference (60%). Likewise, more females than males reported ARB engagement for both alcohol (Females: 33%, Males: 32%) and suicide attempt (Females: 22%, Males: 20%), though more male students were present in the Excessive Engagement group in both risk behaviors than female students. In regard to race, White students engaged in alcohol use the most (37%), while Black students engaged the least (27%). Additionally, White students engaged in injurious suicide attempt the least (15%), while Hispanic students engaged the most (29%). Moreover, as grade increased, students were less likely to choose PTA preference and more likely to choose peer preference when experiencing negative feelings.

Results of multinomial logistic regression analyses determined that AHS preference was predictive of risk behavior engagement depending on the intensity of the engagement (Table 2). When compared to students who chose peers as their AHS preference, students who chose PTA as their help-seeking source were at lower odds of engaging in some alcohol use (adjusted odds ratio [OR] = .57; 95% confidence interval [95% CI]: .46-.71). Odds did not indicate any statistically significant findings when comparing no alcohol use and excessive alcohol use. Similarly, odds did not indicate statistically significant findings when comparing no suicide attempt and some suicide attempt. However, students who chose PTA as their AHS preference had almost twice the odds of engaging in excessive suicide attempt (OR = 1.48; 95% CI: 1.12-1.97).
CHAPTER 4

Preventing adolescents from engaging in risk behaviors can decrease the amount of injuries and illnesses they encounter, as well as other associated social, emotional, and academic problems. Help-seeking preference—who adolescents actively choose for help when feeling angry, sad, or hopeless—may provide the opportunity to deter students from engaging in risk behaviors and ultimately reduce the potential detrimental consequences. To our knowledge, this is the first study that examined the role of adolescents’ preferred source of help and its association to risk behavior engagement.

AHS Preference and Alcohol Use

The current study found AHS preference to be a salient feature in both alcohol use and injurious suicide attempt, based on the extremity of the risk behavior engagement. For alcohol use, help-seeking preference was a significant predictor in no engagement and some engagement in alcohol use, but not in excessive alcohol use. Specifically, students who chose PTA as their AHS preference were more likely to show no engagement and less likely to show some engagement in alcohol use than those who chose peers. Previous research indicated that adults are more likely to deter students from engaging in alcohol use, whereas peers both deter and encourage students to participate. Furthermore, adolescents are often less aware of the consequences of alcohol use compared to adults due to the lack of experiences and knowledge, which may explain why seeking help from PTA was a better predictor of less engagement in alcohol use than seeking help from peers. However, help-seeking preference was found to have no relationship with excessive alcohol use. Adolescents’ excessive alcohol use may involve more profound, underlying internalizing and externalizing issues (Foxcroft & Lowe, 1992; Cloutier,
Blumenthal, Trim, Douglas & Anderson, 2019), which may require professional support to reduce their excessive engagement in this risk behavior.

In regard to suicide attempt, AHS preference was not a significant predictor for no engagement or some engagement in suicide attempt, but was for extreme engagement (i.e., injurious suicide attempt). Specifically, PTA preference was associated with more extreme engagement, meaning that those who chose to talk to and seek help from PTA were more likely to engage in injurious suicide attempt than those who chose peers. These results are inconsistent with this study’s hypothesis that PTA preference would act as a stronger protective factor against suicide attempt than peer preference. PTAs often stress knowledge and wisdom rather than providing social support to adolescents seeking help, whereas peers are more likely to empathize with them (Black & Preble, 2016). However, adolescents with suicide risk may be experiencing severe emotional distress and needing emotional support more than lectures from parents. Therefore, although adolescents may respond well to the knowledge-based support from PTAs in general, they may appreciate emotional support from their peers more when experiencing more severe suicide risk.

As noted in previous literature (e.g. Rueda et al., 2015), seeking help from PTA is not popular among adolescents, which decreases the likelihood of adolescents choosing PTA as their source of help and benefiting from the help. The same held true for the current study where notably more students indicated seeking help from peers than PTA across all risk behaviors. Given that PTA preference was a significant predictor of no to low engagement in alcohol use, increasing the likelihood of adolescents going to the adults around them for help may decrease risk behavior engagement during adolescence. Identifying and addressing the potential barriers for adolescents to seek help from parents, teachers, and other adults can be effective preventive
efforts to reduce adolescents’ ARB engagement. For instance, expectations and goals for help-seeking conversations tend to vary across adults and adolescents (Black & Preble, 2016). Specifically, parents are more likely to stress the importance of educating teens, whereas teens are more likely to expect support and comfort from their parents. Consequently, going into help-seeking conversations with different goals will ultimately lead to an unproductive or unsatisfactory discussion. Coming to a common ground can help increase students’ willingness to go to adults in time of need, and thus, decrease their risk behavior engagement.

Peer preference in AHS resulting in more alcohol use engagement than PTA preference suggests the need for training and psychoeducation to all students in regard to the influence they may have on their peers. Additionally, it is important to work with adolescents to improve their social and problem-solving skills so that they can be better able to evaluate and determine their own behaviors. Moreover, it is also important to talk about the peers in which adolescents choose to associate with. For example, deviant peers are more likely to peer pressure adolescents into engaging in ARBs, such as alcohol use (Tsakpinoglou & Poulin, 2017). For suicide attempt, findings suggested the utilization of peers for prevention. This is particularly beneficial due to the amount of time adolescents spend with each other and, thus, their accessibility is high when someone is in need. It

Results also suggested differential relations of demographic variables to help-seeking preference and risk behavior engagement. In the current study, females sought help from PTAs less often than males did, which is inconsistent with previous research. Previous findings note that females tend to report higher levels of psychological distress and, therefore, receive more help-seeking support as compared to boys (Maiuolo, Deanne, & Ciarrochi, 2019; Van Droogenbroeck, Spruyt, & Keppin, 2018). However, our study’s help-seeking variable also
included teachers and other adults, which may explain this inconsistent finding. PTA preference decreased as grades increased, suggesting that older adolescents preferred peers to parents, teachers, and other adults as their source of help. This is consistent with previous research on the differences in help-seeking attitudes by grades, and suggests targeting earlier adolescents for socioemotional support in order to give them the tools to thrive in later grades (Luca, Lim, & Yueqi, 2019; Nearchou et al., 2018). In addition, students engaged in alcohol use significantly more as grade increased. Early adolescents often face greater parental supervision compared to late adolescents (Goncy & Mrug, 2013), which may explain this difference. Consistent with previous research (Johnson et al., 2015), our results also open up the conversation of help-seeking in certain ethnic groups and recognize the effects of cultural differences on that relationship. For example, compared to White students, Hispanic students engaged in more injurious suicide attempt, consistent with previous research. Overall, these results can help to target groups that engage in excessive amounts of risk behaviors to prevent engagement and, thus, decrease the changes of negative academic and socioemotional outcomes.

**Limitations and Future Research**

Results from this study have the potential to feed future research on both adolescent help seeking and risk behaviors. However, as with all studies, limitations are sure to occur. A limitation of the current study is having to lose variability by categorizing the race variable into 4 groups (e.g. White, Black/AA, and Hispanic, and Other). The ‘Other’ category consisted of American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and Multiple-Hispanic and Multiple-Non-Hispanic. However, a limited amount of people was available for the combined races and, thus, putting them together was in the best interest of the study. Variability was also lost for alcohol use when categorized to fit into the no/some/excessive
groupings. These categorizations were in the best interest of the study in order to keep all dependent variable scales consistent. In addition to variability, this study used cross-sectional data, limiting interpretations of causal relations between adolescent help-seeking and ARB engagement. Finally, although previous research highlighted the importance of understanding the quality of parent and child communication (e.g., negative vs. positive), our research only examined student’s preferred source of help. The YRBSS did not contain information about the quality of adolescents’ communication with PTAs and/or peers when they sought out help from them, warranting the need for future research.

**Conclusion**

Risk behaviors cause the increase of adverse effects in adolescents. Thus, it is important to identify protective factors that may deter students from engaging in them. The current study investigated the role of adolescent help-seeking preference on the amount of risk behaviors adolescents engage in. Adolescent help-seeking was a salient feature in both risk behaviors depending on the severity of the behavior. Furthermore, PTA preference, when compared to peer preference, resulted in less risk behavior for alcohol use, but more risk behavior for injurious suicide attempt, suggesting the need to identify different strategies to prevent ARB engagement depending on the type of ARB. Results of this study also highlight the importance of peers during adolescence, as adolescents chose peers over PTA preference across both ARBs. Schoolwide interventions on positive peer influences to promote their responsibility to support their peers in difficult situations may improve their positive impacts on each other. Additionally, given that those who chose PTA over peers were more likely to engage in injurious suicide attempt, it is important to provide training to parents, teachers, and other adults at school or in the community to prepare them to more effectively support a student who approaches and seeks
help from them. Building self-efficacy in supporting adolescents can foster positive AHS conversations and contribute to the decrease of risk behaviors.
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Goncy, E. A., & Mrug, S. (2013). Where and when adolescents use tobacco, alcohol, and


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## Table 1

*Help-Seeking Preference and ARB Engagement Among 9th Through 12th Grade Students*

<table>
<thead>
<tr>
<th></th>
<th>AHS</th>
<th>Alcohol Use</th>
<th>Injurious Suicide Attempt</th>
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<tbody>
<tr>
<td></td>
<td>PTA</td>
<td>NE</td>
<td>SE</td>
</tr>
<tr>
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<td>67</td>
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<tr>
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</tr>
<tr>
<td>Male</td>
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</tr>
<tr>
<td><strong>Race/Eth</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
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<tr>
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<tr>
<td>Peers</td>
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<td>16</td>
</tr>
</tbody>
</table>

*Note.* Standardized residuals appear in parentheses below group frequencies.
Table 2

*Multinomial Regression Model Examining AHS and Adolescent Risk Behavior Engagement*

<table>
<thead>
<tr>
<th></th>
<th>Alcohol Use</th>
<th></th>
<th>Injurious Suicide Attempt</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Some Engagement</td>
<td>Excessive Engagement</td>
<td>Some Engagement</td>
</tr>
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<td>1.02</td>
<td>.93-1.12</td>
<td>.88</td>
<td>.79-.98*</td>
</tr>
<tr>
<td>PTA</td>
<td>.57</td>
<td>.46-.72*</td>
<td>.81</td>
<td>.65-1.02</td>
</tr>
</tbody>
</table>

*Note.* Reference groups: No Engagement, Female, White, 12th Grade, Peers. *p < .05.*