

# MENTORING AT-RISK YOUTH – EFFECTS OF BULGARIAN PRACTICAL IN COMMUNITY-BASED INFORMAL PROGRAM FOR SOCIAL SUPPORT

Katerina Zlatkova-Doncheva, Ph.D

“St.Cyril and St. Methodius University of Veliko Tarnovo – Veliko Tarnovo, Republic of Bulgaria  
[kzlatkova@gmail.com](mailto:kzlatkova@gmail.com)

**Abstract:** Current study examines basic concepts related to mentoring as an approach implemented in child protection and child care system. The survey is aimed to research different types of mentoring implementation and traces a certain community-based mentoring program that focuses on children at risk deprived of parental care growing up in Bulgarian institutions and residential care homes. Involvement of volunteers in their capacity of being an element of current mentoring program and basic resource of local communities is reported as an impact and theoretically grounded as “informal social and educational support”.

Mentoring programs for at risk youth are most popular in the United States of America emphasizing the relationship between disadvantaged youngsters and caring adult but not very familiar in Bulgarian social care and child protection practices. The interaction “mentor-mentee” basically involves spending quality time together and providing emotional support and guidance in order to help child better meet life difficulties, compensating emotional deficits, unreliable basic trust, high anxiety and aggression. The children deprived of parental care living across Bulgarian residential homes (aged 12-17) participated in a mentoring program for 12 months (intervention n=35). Another children from same age risk group remained non intervention (non-intervention n=15). Both groups completed Buss-Durkee Aggression Questionnaire and Anxiety Scale for children adapted by Russian psychologist A.M. Prihojan. Repeated measures ANOVA assessed changes from pre intervention to post intervention and indicated significant reduce of physical aggression as well as anxiety as a personal trait and interpersonal anxiety which leads to improved self esteem, detachment, communication skills, social function and socialization for the intervention children at risk group. In addition to this the intervention group has been subjected to 12 month surveillance of same criteria – aggression, anxiety and its derivatives – self esteem, communication skills, detachment and leads to improved social functioning. ANOVA measures of surveillance towards intervention group repeated the results from Aggression Questionnaire and Anxiety scale for children and represent the significant impact of informal social support represented by mentoring volunteering program. Significant interactions involving gender and age indicated better improvement in boys and 12-13 age from intervention group affects a significant impact on the quality and personality of boys in reducing physical aggression and improving confidence and detachment while the effect on girls is more situational and momentary nature. Teachers and care givers looking after children at risk group completed questionnaires assessing same criteria - aggression, anxiety as a personal trait and interpersonal anxiety and confirmed the improvement towards intervention group. The scientifically justified findings of this study indicates existence of a pattern supported the positive impact of mentoring program in its capacity of informal social support to children at risk deprived of parental care.

**Keywords:** children at risk, mentoring program, social support of disadvantaged children, children deprived of parental care, child protection

## INTRODUCTION

Mentoring is a process of directing, instructing, advising individuals to develop certain skills and knowledge in terms of improving their personal progress. This term has many definitions that always involves communication and is relationship – based. One of the proposed **definitions** is:

Mentoring is a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé) <sup>1</sup>.

Single mentor approach has been originally invented in the United States since 1970 basically in training context <sup>2</sup>and youth mentoring programs for children at risk has developed at a rapid pace emphasizing the relationship

---

<sup>1</sup> Bozeman, B.; Feeney, M. K. *Toward a useful theory of mentoring: A conceptual analysis and critique. Administration & Society.* 39 (6): 719–739. (2007)

<sup>2</sup> Parsloe, E.; Wray, M. J. *Coaching and mentoring: practical methods to improve learning.* Kogan Page.(2000)

between disadvantaged child and caring adult spending quality time together and providing emotional support and guidance in order to help child better meet life difficulties [4], compensating emotional deficits, unreliable basic trust, high anxiety and aggression. A wide range of surveys show that mentorship as an approach is able to support troubled youth and improve their social functioning. In 1989, 1995 and 1997 a wide range of American scientists researched and approved mentoring programs for at-risk youth and reported significant results in behavior and social functioning improvement. They suggested one of the most important risk factors for youth behavior patterns as lack of non appropriate role model to follow in their close up environment. [7] Mentors can be identified as a positive role model with appropriate behavior [11], and may provide resilient youth with such relationships. [2], [9], [10]

Big Brothers/Big Sisters is one of most popular mentoring program in US involving volunteers matching youth at risk with adult mentors. This mentoring program focuses on different types of at-risk groups – delinquents, mentally ill, school dropouts, children in dysfunctional families, drug addicted, neglected. Tierney & Grossman did one of largest studies in the field involving over 400 at risk youth matched with a Big Brother/Big Sister youngsters over 18 years old, students and adults during 1992-1993 and registered significant results in academic performance, self esteem, school records of grades, attendance, behavior, family relationship, relationship with friends, self-concept, and social skills. [12]

Slicker and Palmer in 1993 researched the effectiveness of pairing mentors with 32 youth at-risk for school dropouts and reported improvement in school attendance and grades. The survey investigated that monitoring of direct contact between mentors and mentees is crucial and suggest that the intense of the contact is essential in terms of effectiveness of the program. [10]

Foster, Alessandri and Tomishima studied an intense 6 month mentoring program on youth at risk for juvenile delinquency or mental illness and evidenced significant changes in reducing behavior problems at school, decreasing problematic and destructive behaviors towards themselves and others and overall improvements in youth functioning. They compared delinquency youth participants in the mentoring program (n=35) with non participants from same at-risk group (n=35) and identified decrease in delinquent acts. The findings of this study show that a 6 – month intense mentoring program can be an effective technique for promoting positive outcomes. [4:720]

Johnson (2006) researched a mentoring program entitled the LISTEN (Linking Individual Students To Educational Needs) developed in 2003 and aimed to identify at-risk school students and provide them with positive adult role models, developing positive behaviors and better decision making skills. The study registered significant differences in students' grade-point averages, school attendance, and discipline within the participants. [3]

Mentoring approach is found to be familiar with “individual social and educational accompaniment” appearing in the Russian at-risk youth studies and practices. This approach guarantees an individual accompanying specialist to find most appropriate and suitable conditions for the child in different –typed cases. [18] The difference between mentoring and individual social and educational accompaniment applies in the role model of the supporter – Russian practices rely on qualified specialists to complete individual planned social program while US model is based on volunteers to be adults and role model to follow and improve behavior. Bulgarian research in that field is made by Kuzmanova-Kartalova (2015) summarizing “individual social and educational support” to be a complex of planned activities in terms of social and educational support to improve functioning and integration of the child in family, school and society. [16:25-30]

The term “**at risk**” applies to describe children and youth. Children have been defined as “at risk” with a variety of different indicators, including having limited reading proficiency, having experienced abuse or trauma, having a disability or illness, or having exhibited behavior problems. [8] Moore defines “at risk” according to risk factors – family, community and child itself and refers to long-term deficits, such as school failure, death, economic dependency, or incarceration. [5] Bulgarian Child Protection Law defines “at risk youth” as children deprived of parental care (dead, unknown or deprived right to be parents); victims of abuse, violence, exploitation; threatened by harm for its physical, psychological, moral, intellectual and social development; suffering of disease or disability and school dropouts.[20] **At-risk youth definition** can be summarized as: children with disadvantaged life perspective provoked by various external factors (family, community) and internal factor (personality traits) that can emerge negative impact of uncertain outcomes in regard to youth functioning, personal development, health, mental and emotional status and adaptation in the society.

Mentoring at-risk youth programs are not well-known in Bulgarian social care and child protection practices. Vulnerable youth are supported by formal social work programs and qualified specialists. The term “mentor” applies in some of residential homes and institutions as an adult taking responsibilities for certain children but in a care giving role as a part of formal support provided by specialists in their job description.

## METHOD

The purpose of this study was to examine and evaluate the use of a community-based mentoring program for at-risk youth deprived of parental care in Bulgarian residential homes.

## **Participants**

At-risk children deprived of parental care living across Bulgarian residential homes matched with a mentor for 12 months comprised intervention (experimental) group (n=35). Youth at-risk group from same age and homes remained enveloped nonintervention (n=15). Participants were divided into age groups: aged 12-13 (n=15), aged 14-15 (n=13) and aged 16-17 (n=9) (M=13, SD= 3,05). 57% were female and 43% were male. Participants were randomly selected and 51% were from institutions (homes for children deprived of parental care); 49% were from residential care homes.

## **Procedure**

The intervention at-risk group youth were encouraged to participate in a mentoring program where certain child had the possibility to spend intense quality time with a mentor – volunteer from local University. Nonintervention children from same residential homes and institutions remained in a waiting list to be matched with a mentor in a second phase – they were involved in the program after finishing the study. The care givers and specialists looking after at-risk children deprived of parental care in 4 local family-typed residential care homes and 1 institution (an old-typed Home for children deprived of parental care - Orphanage) were informed about the research study and the instruments at 2 stage assessment periods, 12 months apart. First data was collected from both intervention and nonintervention groups and all youth completed Buss-Durkee Aggression Questionnaire [13] and Anxiety Scale for children adapted by Russian psychologist A.M. Prihojan. [17] Second data selection was completed in 12 months where nonintervention participants were still in waiting list and intervention participants were matched with mentors and have already held weekly individual meetings. Additionally 32 specialists – social workers (9), caregivers (7), teachers (13) and psychologists (2) completed initial scale for behavior assessment about the at-risk children they were responsible for and final Questionnaire assessing same criteria – aggression and anxiety of the children.

The Mentoring program, located in Eastern Europe country Bulgaria, in the town of Veliko Tarnovo, is funded by charity in the United Kingdom and private donations from UK individuals and Bulgarian corporations. Participants are children at risk deprived of parental care from local residential care homes and institutions. They are deemed as most vulnerable children with highest risk appearing from abusive families and parents who have abandoned them or have been accused and deprived of their parents rights. Classification and personal trait of children living without parents and deprived of parental care warrant to appear the following problematic topics of their development: high level of aggression and anxiety; unreliable basic trust; unclear self-identification; emotional disorders, emotional dependency and emotional immaturity; role disturbance; depression and frustration; delay in intellectual, emotional and social development, low self esteem and confidence; lack of social skills and morals; shortage of role models to follow; low motivation for learning and development; school dropouts and poor grades; lack of social competence and society integration difficulties; destructive behavior towards others; unclear boundaries in communication; poor discipline expressed in violation of the rules and rejection of authority; low self and external locus of control. [14]

Volunteers who participated in the program are students from local University “St. Cyril and Methodius University of Veliko Tarnovo” and interested in helping vulnerable at-risk children experienced life difficulties. Mentors were recruited in a preliminary volunteering campaign 5 months before matching the pairs. 35 volunteers from local University held a 20 hours training and were assessed by qualified specialists – psychologist and 3 social workers. Training was about at-risk youth features, child development, child abuse, how to interact effectively with mentee and Child protection policy. Mentoring pairs were matched according to gender, age, spare time and common interests and both mentors and mentees were asked for their preferences in the categories above. Final decision of matching pairs were made by qualified specialists who took into account not only preferences but also personal trends of both sides.

Individual meetings were arranged in a certain schedule – mentors met mentees once a week for 1 hour providing emotional support and guidance in order to help child better meet life difficulties, as well as educational support. Mentoring pairs were divided into smaller groups of 8 – 9 pairs supervised by coordinators - qualified social workers. Collecting groups of children at a certain time and date to meet their mentor was basic role of coordinators. Qualified monitoring and control at that stage of the intervention was essential part of the survey to avoid disruption of individual meetings and eliminate external factors and influences held in relevant residential homes and institutions. In addition to this intervention participants has been subjected to 12 month surveillance by their mentors following defined criteria – aggression, anxiety and its derivatives – verbal, physical and passive aggression, self esteem, confidence, communication skills, independence, adequacy, decision making, empathy towards others and awareness of help seeking. Program’s procedure provided monthly feedback by mentors with supervisors to share problems and improvements they have noticed about children and to report the surveillance sheets with collected data.

In addition to 1 hour weekly individual interaction mentoring pairs participated together in group activities and events encouraging social interaction and life experience supported by the program – celebrations and parties, sports events, recreational trips, walks, social events, arts and craft sessions, dance and theatre sessions, charity bazaars. Important component of the program is individual educational support given by the mentor to the mentee by helping child with homework and school study or preparing for school exams.

## **Measures:**

Independent variables comprised to age, gender, institution and participation in mentoring program. “Participation” variable applied to surveillance and was divided into 3 scales according to the number of reported

individual meetings and record of proceedings applied by mentors: low level of participation (0-25 interventions); medium level of intervention (26 – 65 interventions) and high level of participation (65-90 interventions). Both intervention and nonintervention groups were contrasted by using dependent variables: aggression, anxiety as a personal trait and interpersonal anxiety measured by standardized Buss-Durkee Aggression Questionnaire and Anxiety Scale for children. Determination of dependent variables arises from John Bowlby attachment theory applicable for children deprived of parental care in regard to anxious-ambivalent attachment, anxious-avoidant attachment and disorganized attachment expressed in anger and fear as emotions arising from aggression. [19] Defining the anxiety dependent variable was influenced by Anna Mihaylovich Pijohan anxiety research about displaying anxiety as a personal trait and interpersonal anxiety and hence social skills, communication and functioning of the child. [17]

Questionnaire and scale for behavior assessment created for this study contains 7 measurable criteria for assessment: communication skills, independence, aggression, motivation for learning, self esteem adaptability and creativity to identify problematic behavior issues and needs of at-risk youth participants on a preintervention research phase.

Buss-Durkee Aggression Questionnaire is standardized and designed to assess aggression behaviours via 75 item self reported questionnaire measuring 8 indicators: Physical Aggression, Verbal Aggression, Anger, Hostility, Indirect Aggression, Irritability, Suspicion, Guilt and additional lie indicator to measure social desirability and honesty in answers. Estimates of content related to criteria and validity of the scale have been supported by number of empirical studies. [13]

Anxiety scale for children originally invented by Russian psychologist Anna Mihaylovich Prihojan and standardized to Bulgarian reality with proved validity is designed to measure 3 types of anxiety: anxiety as a personal trait, interpersonal anxiety and school anxiety. [13] Questionnaire comprises 30 self-reported descriptive situations 10 for each indicator: school situations, situations updating attitude towards self and situations affected by communication and interaction.

Surveillance – 15 item structured scientific observation measuring 5 aggression indicators including Physical Aggression, Verbal aggression, Indirect Aggression, Irritability and Anger; and 10 anxiety indicators: anxiety as a personal trait (self esteem, independence, confidence, efficiency, complacency,) and interpersonal anxiety (communication skills, adequacy, activity participation, empathy and seeking help ability). Surveillance record of proceedings were completed by mentors itself and created for this study using independent variable participation (up to 90). Validity of this measure was proved by item analysis with Cronbach's alpha for reliable surveys. [15]

Questionnaire and scale assessing aggression, anxiety as a personal trait and interpersonal anxiety completed by teachers and caregivers and created for this study with reliability assessment by item analysis with Cronbach's alpha. It contains 9 item short form comprising 3 ranking scales with 3 indicators each to assess: Physical Aggression, Verbal Aggression and Hostility as aggression indicators; self esteem, confidence and independence as anxiety indicators; communication, motivation (activity participation) and empathy as interpersonal anxiety indicators.

## RESULTS

Outliers were assigned by Student **t-distribution** for hypothesis test and re-test to assess differences between intervention and nonintervention before the mentoring start and after finishing it. Frequency, variation analysis was done to compare mean differences of nonintervention and intervention (descriptive statistics) as well as comparing variances of two independent samples by **F-test** of Fisher. Analysis of variance (ANOVA) measured independent variables reporting that interactions have significant differences according to gender and age opposite to institution that did not register outliers. S- Method was used to value closing inventory with different content (intervention and nonintervention have different content). Cronbach's alpha for reliable surveys was used to assess validity of surveillance scale as well as questionnaires for specialists. Willks Lambda test was done to assess adequacy of discrimination model of individual predictors. Significance level in each statistical method was determined using p-value  $p < 0,05$ . Values of Pearson correlation ( $r > 0,07$ ) were used to measure the relation level between indicators of aggression and anxiety completed in surveillance. [15]

No significant difference was found between intervention and nonintervention groups at preintervention stage on the variables of aggression assigned by Student t-distribution ( $t_{emp}(33) = -0.998$ ;  $t_{critical} = 1.995$ ;  $P = 95\%$ ,  $\alpha = 0,05$ ) and anxiety variables ( $t_{emp}(33) = 1.9510$ ;  $t_{critical} = 1.995$ ;  $P = 95\%$ ,  $\alpha = 0,05$ ). **F-test** of Fisher compared that variances of both samples could be assessed as equal for aggression ( $F_{emp}(34,14) = 1.399$  и  $p = 0.427$ ) and anxiety  $F_{emp}(34,14) = 0.3199$  и  $p = 0.2917$ ).

Table 1 presents mean scores and standard deviations for intervention and nonintervention groups at preintervention and postintervention measuring stages for only significant variables (all other variables did not show effect from mentoring program).

*Table 1*

*Means and standard deviations for Intervention and Nonintervention groups at preintervention and postintervention stage*

Measure		Descriptive Statistics Preintervention		Descriptive Statistics Postintervention	
		Mean	Std. Dev.	Mean	Std. Dev.
<b>Aggression</b> (Buss Durkee Questionaire)	Intervention	55.850	8.719	52.850	7.974
	Nonintervention	57.250	7.772	53.550	8.295
Physical aggression	Intervention	68.750	29.421	61.250	25.294
	Nonintervention	64.800	27.583	66.850	23.275
Hostility	Intervention	58.425	21.740	50.825	22.570
	Nonintervention	60.450	19.120	59.450	20.210
<b>Anxiety</b> (Anxiety scale for children)	Intervention	2.660	1.1536	1.660	1.1536
	Nonintervention	2.850	1.2750	2.850	1.8750
Anxiety as a personal trait	Intervention	3.520	1.3130	2.520	1.3130
	Nonintervention	3.600	1.4947	3.600	1.9947
Interpersonal anxiety	Intervention	3.640	1.2081	2.640	1.2081
	Nonintervention	3.450	1.0501	3.450	1.5008

Postintervention stage did not report significant difference between experimental and control group on the aggression variable ( $t(33)=1.179$ ;  $p=0.274$ ) and ( $t(13)=1.827$ ;  $p=0.681$ ) showing that mentoring program had no significant impact on aggression of children. In-depth analysis of various aggression indicators reported significant patterns in Physical Aggression ( $F(1 ;33 )=6 .693$ ;  $p=0.042$ ) , Hostility ( $F(33 ;13 )=4 .363$ ;  $p=0.022.$ ) and Guilt ( $F(33 ;13 )=7 .583$ ;  $p=0.0232$ ) that partially confirmed the hypothesis of the study and recorded the effects.

Mentoring interaction reported significant differences in the intervention group on anxiety ( $t(33)=6.179$ ;  $p=0.0274$ ) for nonintervention and ( $t(13)=5.827$ ;  $p=0.0681$ ) for intervention group as well as its indicators anxiety as a personal trait ( $F=4 .1224$ ;  $p=0.03752$ ) and interpersonal anxiety ( $F=6 .693$ ;  $p=0.042$ ) while school anxiety did not assign significant effect from interaction ( $F=2.1920$ ;  $p=0.12873$ ). Interactions of age and gender were tested with analysis of variance (ANOVA) assessing significant difference in gender factor for Physical aggression ( $F=2.5641$ ;  $p=0.02130$ ); Hostility ( $F=3.6514$ ;  $p=0.01203$ ); anxiety ( $F=4.5451$ ;  $p=0.01730$ ); interpersonal anxiety ( $F=2.5641$ ;  $p=0.02130$ ); anxiety as a personal trait ( $F=0.0000$ ;  $p=0.0000$ ). Age variable also reported significant effect in indicators of Physical Aggression ( $F=3.4089$ ;  $p=0.02793$ ); Hostility ( $F= 6.0849$ ;  $p=0.03394$ ); anxiety ( $F= 5.8459$ ;  $p=0.00793$ ); interpersonal anxiety ( $F=3.4089$ ;  $p=0.02793$ ), and anxiety as a personal trait ( $F= 3.4089$ ;  $p= 0.02793$ ). S- Method for Physical aggression ( $F_{cr}=0.993$ ); Hostility ( $F_{cr}=0.45433$ ); anxiety ( $F_{cr}=4.0174$ ); interpersonal anxiety ( $F_{cr}=2.0741$ ) and anxiety as a personal trait ( $F_{cr}=3.3480$ ) showing closing inventory for different content. Results report decreasing physical aggression, hostility, anxiety and improved communication in boys and younger children (aged 12-13 for aggression and 14-15 for anxiety). Age X gender interaction was significant in physical aggression ( $F= 3.1373$ ;  $p=0.05261$ ), Hostility ( $F=3.1433$ ;  $p=0.03105$ ); anxiety ( $F=7.0722$ ;  $p=0.0000$ ); interpersonal anxiety ( $F= 3.1373$ ;  $p= 0.05261$ ) and anxiety as a personal trait ( $F=6.3891$ ;  $p=0.01068$ ).

Similar pattern was reported for behavior variables of anxiety and aggression conducted in surveillance on intervention group. Observation scale reported high internal consistency, positive correlation and high value of reliability measured by Cronbach's alpha and Spearman Brown coefficient ( $\alpha = 0.734$ ;  $r_{sb}=0.685$  for aggression,  $\alpha = 0.753$ ;  $r_{sb}=0.685$  for anxiety as a personal trait and  $\alpha = 0.753$ ;  $r_{sb}=0.685$  for interpersonal trait). ANOVA analysis of variance reported significant effect in participation variable ( $F=7,96$ ;  $p=0,000$ ). All aggression indicators tested by Student t-distribution of Physical Aggression, Verbal aggression, Indirect Aggression, Irritability and Anger reported significant effect of mentoring program ( $p=0,0000$ ). Indicators for self esteem, independence, confidence, efficiency, complacency, communication skills, adequacy, activity participation, empathy and seeking help ability also assigned significance of the intervention tested by Student t-distribution ( $p=0,0000$ ). Interaction between separate indicators was measured by values of Pierson and was reported very good correlation between participation and aggression ( $r=0,73572$ ;  $p = 0,00000$ ); participation and verbal aggression ( $r = 0,7475$ ;  $p = 0,00000$ ); participation and complacency ( $r = 0,8071$ ;  $p = 0,0000$ ); participation and self esteem ( $r = 0,6963$ ;  $p = 0,00000$ ); independence and complacency ( $r= 0,7023$ ;  $p=0,0000$ ). Significant effect of participation reported ANOVA analyses of gender variable ( $F=3,52$ ;  $p=0,02$ ) repeating better results of boys and 12-13 aged children ( $F=3,3909$ ;  $p=0,00481$ ).

## DISCUSSION

Results of this study allow assumption of intense mentoring interaction decreasing destructive behavior patterns of at-risk youth deprived of parental care. Self-reports indicated that physical aggression and hostility can be easily reduced within boys than girls and in younger children. Duration of participation effects confidence, self esteem, independence and communication skills of at-risk youth and 12-13 aged boys are more likely to register significant change in their behavior while the effect on girls is more situational and momentary nature. In regards to John Bowlby theory, [19] and Anna Mihalylovich Prihojan theory, [17] anxiety attachment of children can be partially compensated

by external stimulus comprised by individual mentor in a person to trust role. Survey results imply mentoring interaction as an individual attention that affects at-risk youth behavior, personal traits and compensates struggling in emotional functioning. Consistently individual attention and positive attitude helps child to overcome compensatory safeguards from negative emotional experience accumulation and child makes easily emotional connection, reducing aggressive patterns and anxiety. Analysis of correlation between different anxiety and aggression variables as a behavior leads to assumption that ability of emotional connection is related to communication skills and adequacy reactions in different situations developed by children. Comparison between self reported questionnaires of aggression and surveillance applies an interesting assumption: reducing destructive and aggressive behavior is directly dependent on the effects of prolonged purposeful individual attention, because child behaves better when external stimulus of positive emotions (mentor) is available. Observation reports certain behavior reactions during individual mentoring interaction reporting better results than self reported aggression questionnaire leading to the conclusion that child's need for external stimulus giving them a positive emotional experience can be satisfied only in immediate impact.

Mentoring program can be identified as informal type of support in connection to the conformation of individual interactions and volunteering pattern of the whole conception. In this regard it can be summarized that mentoring is informal social and educational support as an organized purposeful intense social and educational support by using community based recourses (volunteers), informal communication and experience-based learning, individual approach in order to develop individual skills and qualities of the child to optimize its emotional and social functioning.

Further studies can determine needed longitude of individual informal and individual interaction to find optimized approach and proceedings to affect at-risk youth development and behavior problematic.

#### REFERENCES

- [1] Bozeman, B.; Feeney, M. K. Toward a useful theory of mentoring: A conceptual analysis and critique. *Administration & Society*. 39 (6): 719–739, 2007.
- [2] Grossman, J.B., and Garry, E.M. *Mentoring: A Proven Delinquency Prevention Strategy*. Bulletin. Washington, DC. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 1998.
- [3] Johnson, K., & Lampley, J. Mentoring at-risk youth: improving academic achievement in middle school students. *Nonpartisan Education Review*, 6(1), 1–12, 2010.
- [4] Keating, L. M., Tomishima, M. A., Foster, S., & Alessandri, M. The effects of a mentoring program on at-risk youth. *ADOLESCENCE*, 37(148), 717–734, 2003.
- [5] Moore, K.A., Vandivere, S., Redd, Z. A Sociodemographic Risk Index. *Social Indicators Research Series*, 27, 45-81, 2006.
- [6] Parsloe, E.; Wray, M. J. *Coaching and mentoring: practical methods to improve learning*. Kogan Page, 2000.
- [7] Patterson, G. R., DeBaryshe, B., Ramsey, E. A Developmental perspective on Antisocial Behavior. *American Psychologist*, 44, (329-335). New York: Freeman, 1990.
- [8] Rak, C. F., & Patterson, L. E. Promoting resilience in at-risk children. *Journal of Counseling and Development*, 74(4), 368-373, 1996.
- [9] Royse, D. Mentoring high-risk minority youth: Evaluation of the Brothers Project. *Adolescence*, 33, 145-158, 1998.
- [10] Slicker, E. K., & Palmer, D. J. Mentoring at-risk high school students: evaluation of a school-based program. *The School Counselor*, 40, 327-334, 1993.
- [11] Stein, H., Fonagy, P., Ferguson, K.S., & Wisman, M. Lives through time: An ideographic approach to the study of resilience. *Bulletin of the Menninger Clinic*, 64, 281-290, 2000.
- [12] Tierney, J. P., & Grossman, J. *Making a difference: An impact study*. Philadelphia, PA: Public/Private Ventures, 1995.
- [13] Батоева, Д., Попов, Т., Драголова, Е. Педагогическа и психологическа диагностика. София: АСКОНИ-ИЗДАТ, 2007.
- [14] Zlatkova-Doncheva, K. Current problems and social pedagogical characteristics of children at a risk grown up out of the family. In: collection of articles from Third PhD Science conference, online collection to be published, VT University, 2016.
- [15] Калинов, К. Статистически методи в поведенческите и социалните науки. НБУ, 2013.
- [16] Кузманова-Карталова, Р. Социалнопедагогическа работа с деца в риск чрез социалнопедагогическо съпровождане (с.24-32). Сборник доклади Юбилейна международна научна конференция 30 години Педагогически факултет. Велико Търново: Фабер, 2015.
- [17] Прихожан, А.М. Тревожность у детей и подростка: Психологическая природа и возрастная динамика. Московский психолого-социальный институт; Воронеж: Издательство НПО «МОДЭК», 2000.
- [18] Савинова, И.Ю., Ковешникова, А.М. Индивидуальное сопровождение детей „группы риска”. Ханты-Мансик: Департамент образования и молодежной политики, 2012.
- [19] Стаматов, Р. *Детска психология*. Пловдив: ХЕРМЕС, 2000.
- [20] Закон за закрила на детето. *Обн. ДВ. бр.48 от 13 Юни 2000г.*, „изм. и доп. ДВ. бр.8 от 29 Януари 2016г.