ASSESSING GENDER SPECIFIC PREVENTION PROGRAMS FOR ADOLESCENT FEMALES

By

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ABSTRACT

The purpose of this study was to design and test a questionnaire that assesses gender specific prevention programs for adolescent females. The research review revealed that adolescent females are traversing problematic developmental behaviors and social trends that are potential risk factors to their healthy growth and maturation. Issues of body image, sexual harassment, violence, substance abuse, depression, and suicide are risk factors that uniquely affect the female population.

Numerous resiliency programs have provided a glimpse of the criteria for the development of standards of practice. The examination and consolidation of these fragmented programs provided a foundation to develop comprehensive, gender specific prevention standards.

The research design brought together a focus panel of six professionals in the field of education and mental health. They developed a questionnaire to assess prevention programs based on best practice standards delineated from the research review and professional expertise. Ten professionals who served as the evaluation panel tested the questionnaire. They assessed seventeen individual prevention programs currently delivered by the Scottsdale Prevention Institute.

The questionnaire consisted of fifty questions focusing in three areas: professional standards, general prevention, and gender specific prevention. A Likert scale was utilized to assess compliance with the standards.

The questionnaire was found to be a reliable tool for the assessment of gender specific prevention programming. It effectively evaluated individual programs in addition to assessing an umbrella of services.

The conclusion of the study found the Comprehensive Evaluation Questionnaire to be a reliable tool in assessing the strengths and weaknesses of prevention programs. The instrument is applicable to the private and public sector and has value in the evaluation of current prevention programming and future service delivery planning.

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CHAPTER 1

THE PROBLEM

Introduction

Girls and young women are traversing frightening developmental territory, attempting to put the puzzle pieces of adulthood together: making choices that affect who and what they become. Teen girls are bombarded with messages from ads, music, television and movies that promote often-unattainable standards of beauty and behavior. Many girls and young women drop out of athletic pursuits, and those that choose to continue are finding the activities propagate destructive behaviors, including pathogenic eating patterns and anabolic steroid use (Page 1993). Young women today are more likely to believe that violence is a natural part of life.

The glamorization of sexual behavior, alcohol, drugs, and thinness pervades our culture. These messages combined with susceptibility to peer pressure and the need to belong put young women at risk. Girls often do not have the cognitive, emotional and social skills to comprehend or resist the stereotypes portrayed. In early adolescence, girls tend to lose their resiliency and optimism, becoming less curious and inclined to take risks. Girls' overall IQ scores drop and math and science scores plummet during middle school (Evans, 1995). Young women who use drugs, join gangs, fear violence, are

preoccupied with their physical appearance, or get pregnant cannot take full advantage of the educational programs available to them. These issues identified as the evaded curriculum often are not programmatically addressed in the school curriculum. However, research has shown these are the issues that significantly impact the future of young women.

Fragmented prevention and intervention programs throughout the United States have had various degrees of success in addressing the issues confronting young women. It is hoped that a thorough evaluation of model prevention programs and a review of the professional literature will reveal the keys to success in assisting young girls in overcoming risk factors and enhance their resiliency and competence.

Development of the Problem

Currently, most prevention theories and intervention strategies for adolescents are based on in-depth studies and data on male adolescents and are not therefore totally effective with female adolescents. Additionally, when programs are developed for females they tend to focus on pregnancy prevention and teen mothers (Center for Substance Abuse 1994). Thus, "women in general, and adolescent females in particular, have been stigmatized and under served in the prevention and intervention fields" (Center for Substance Abuse, 1994, p. 1).

For prevention programs to effectively impact female adolescents, preventionists should develop a working understanding of the specific factors and determinants of self-

destructive behaviors within the female population. Adolescence is generally a time of physiological and psychological development marked with experimentation and risk taking (AACAP 1995). Recent studies about adolescents reveal that there are significant differences in susceptibility to and protection from situations of risk (Turner, 1995). Girls and boys experience adolescence in unique and gender-specific ways, facing different social, cultural, physiological, and psychological demands as they go through the various developmental stages. Female adolescents experience increased depression during puberty versus increased aggression for males (Turner, 1995 and AACAP 1995). One study of alcohol, tobacco, and drug use among female adoelscents revealed that early puberty is associated with younger age of onset for drinking and smoking cigarettes (Wilson, 1994).

Society's views and norms of body image and beauty affect female adolescents, which are continuously reinforced by family and the media. Body images are impacted within specific cultures and among various racial groups. Girls as young as twelve and thirteen are concerned with weight control issues, and the concern is accompanied by a lack of attention or concern with healthy eating habits (Evans, 1995). A sample of 268 adolescent girls at a large private high school in New York to determine eating, smoking, drinking and sexual behaviors revealed that girls who showed the most pathological attitudes about body image also have the most extensive sexual experiences (Page, 1993). A study of the effects of perceived physical attraction on alcohol, tobacco and drug usage indicated that girls who had perceptions of being physically unattractive were more than

four times as likely to use an illicit substance than those who perceived themselves as either average looking or physically attractive.

Turner (1995) cite a report by Schultz (1990) revealed that twice as many girls as boys experience high levels of stress. Girls are four more times as likely to be physically or sexually abused, three times more likely to have a negative body image, and twice as likely to attempt suicide. The data on suicide attempts is corroborated by the Youth Risk Behavior Surveillance (Center for Disease Control 1995) which indicated that 12.5 percent of female high school students report having attempted suicide one or more times versus 5.0 percent of their male counterparts.

To help alleviate risk factors for adolescent females, preventionists and other experts in the adolescent related fields (Turner, 1995, Zeldin & Price 1995, Carnegie 1995, PRIDE 1995) stress the importance of parents and other care givers providing protective mechanisms in or to foster resiliency in female adolescents to strengthen their self-esteem, self-efficacy, and develop a strong identity. These protective mechanisms include supporting assertiveness, problem solving skills and competence, encouraging and promoting participation in sports and activities that lead to higher self-esteem and less depression. Female adolescents need safe supportive environments that avoid overprotection while teaching the skills of risk taking and the self-assurance that arises from competence.

Need for the Study

The most current and comprehensive overview of the state of adolescents in the United States is presented by the Carnegie Council on Adolescent Development Report, Great Transitions: *Preparing for a New Century*, (Carnegie 1995). The report reviews the state of adolescent education, health, growing up in the 1990's, and the role of adolescents in families and their communities. According to the Carnegie Report nearly half of American adolescents are at high to moderate risk of seriously damaging their life chances. Adolescents are confronting pressures to use alcohol, cigarettes, and drugs and to have sex at earlier ages.

The report concludes that the high divorce rates, increases in both parents working and the growth of single parent families accompanied by the erosion of the neighborhood networks and other traditional support systems significantly impact the level of supervision of young people. These conditions transcend income levels and geographic areas.

The Carnegie Council's core recommendation for improving the status of American adolescents include re-engaging families with their adolescents, creating developmentally appropriate schools, developing health promoting strategies, and promoting the constructive potential of the media. The Carnegie Council strongly recommends that all sectors of society, including business, universities, scientific, and professional organizations, and all levels of government join together to help pivotal institutions meet the essential requirements of healthy adolescent development.

Purpose of the Study

The purpose of this study was to design and test an instrument that assesses gender specific prevention programs for adolescent females.

Research Question

What are the standards of gender specific prevention for adolescent females and how can they be assessed?

Definition of Terms

1. at risk: The "disengaged" or "disconnected" youth of the United States...may frequently be endangered by their own behavior by placing themselves in the risky business of sex, drugs, and alcohol or be reacting negatively to upheavals in their home and family (Barr and Parrett, 1995, p. 2).

2. effective practices: A wide variety of specific practices that have been documented as successful or even essential with at-risk youth (Barr and Parrett, 1995, p. 94).

3. indicated program: designed for people who are already experimenting with drugs or who exhibit other risk related behaviors (National Institute of Drug Abuse, 1997, p. 20).

4. intervention/prevention: a strategy that strengthens the chance of a student success in academic areas by pinpointing specific student needs and providing support (Cooley, 1993, p. 20).

5. resiliency: a demonstration of ...social competence, problem-solving skills, autonomy, and sense of purpose (Bruce, 1995, p. 178).

6. selective program: target groups at risk or subsets of the general population - such as children of drug users or poor achievers (National Institute of Drug Abuse, 1997, p. 20).

7. universal program: reach the general population - such as all students in a school (National Institute of Drug Abuse, 1997, p.20).

CHAPTER 2

LITERATURE REVEIEW

Introduction

The state of adolescents in American society has become a topic of concern. The increased incidence of teen pregnancy, violence, high school drops outs, and substance abuse have permeated the culture without regard to socio-economic status, race, geographic area or gender. Currently, most prevention theories and intervention strategies for adolescents are based on in-depth studies and data on male adolescents and may not be making a significant impact on female adolescents (CSAP, 1995).

In order for prevention programs to effectively impact female adolescents, preventionists must develop a working understanding of the characteristics of and determinants of risk behaviors among adolescent females. Adolescence is a general time of physiological and psychological development marked with experimentation and risk taking; there is a definite difference between male and female development (AACAP, 1995). Girls and boys experience adolescence in unique and gender-specific ways, facing different social, cultural, physiological and psychological demands as they go through various developmental stages (AACAP, 1995, Turner, 1995). Female adolescents experience increased depression during puberty versus increased aggression for males.

Wilson, (1994) conducted a study among female adolescents that revealed that early puberty is associated with younger age of onset for both drinking and smoking cigarettes.

The literature review will examine current research in two main areas; problematic social trends among adolescent females and the characteristics of effective prevention programs specific to the needs of adolescent females.

The criteria for the research review includes current research dating from 1990 through 1999. Earlier materials were eliminated due to the change in cultural and social norms during the last decade. Resource documents include government publications, professional journals and texts. The vast majority of research documents are descriptive in nature and scope.

Problematic Developmental Behaviors and Social Trends

Body Image. One of the primary factors affecting adolescent girls self concept and confidence is directly related to their perceptions of their body. The American Association of University Women (1991) conducted a cross sectional longitudinal study of females to assess changes in body perception over time. When they interviewed a group of white elementary school girls they reported liking their appearance 31percent of the time. During middle school 11 percent of white adolescent females reported liking their appearance. Among Hispanic females the elementary population reported a 47 percent liking of their appearance which dropped to 11 percent during the middle school years.

The developmental stage between the ages of eleven and thirteen produces the greatest decline in self-acceptance and body image. One of the major contributors to this change in self-perception has been attributed to the influence of the media and the increased exposure to media images. The Kaiser Family Foundation and Children Now (1997) conducted a study, which summarized the following findings. Thirty-seven percent (37%) of the articles published in teen magazines focus on appearance. Fifty percent (50%) of the advertisements in teen magazines sell beauty products.

When the Foundation surveyed adolescent girls seven of ten reported using television characters as role models for there own appearance. Three of ten girls reported having changed their appearance to look more like a television character. Six of ten girls believed that female television characters are more attractive and thinner than women in real life are (Kaiser, 1997).

The internal and external pressure to fulfill the body image presented by the media has resulted in many adolescent females engaging in risky behaviors that threaten their health and lives. Studies show that girls as young as twelve and thirteen years old are concerned with weight issues, and this concern is accompanied by an absence of caring about healthy eating at all ages (Evans, 1995). The Evans study conducted among a sample of 268 adolescent girls, from a large private high school in New York, revealed that the girls who showed the most pathological attitudes about eating were also those most likely to use tobacco, alcohol, and drugs, and also to have had the most extensive sexual experiences.

The Youth Risk Behavior Surveillance (1995) report indicates that 59.8 percent of high school girls report they are trying to lose weight. The methods practiced were 63.8 percent exercised, 47.8 percent dieted, 8.7 percent used diet pills, and 7.6 percent took laxatives or induced vomiting to control their weight. Research by Marketing and Research Resources, Inc (1996) reveals the obsession with dieting and thinness starts in pre-adolescence; they found that 50 percent of nine year old girls have dieted during their elementary school years.

The issue of thinness and dieting extends beyond the scope of dieting into pathologically life threatening behavior. In Eating Disorders, Awareness and Prevention (1996), reports that one to three percent of middle and high school girls suffer from bulimia nervosa, 0.15% to one percent have anorexia nervosa, and two to thirteen percent manifest other types of eating disorders.

The Center for Substance Abuse Prevention (1995) revealed that females who had perceptions of being physically unattractive were more than four times as likely to use an illicit substance than those who perceived themselves as either average looking or physically attractive.

The issue of body image and self-concept is not simply one of the ugly duckling developing into the beautiful swan with the passage of time. The incidence of substance abuse, sexual experimentation and pathological eating behaviors are a direct result of feelings of inadequacy that are manifested in risk taking behaviors that are unique to the female adolescent.

Sexual Harassment and Violence. The issue of violence within the school and family environment as it relates to adolescence has received extensive attention in recent research. The American School Board Journal (1995) reported that 89 percent of school board members state that violence adversely affects school morale and 79 percent believed violence affects school achievement. In an article titled Hostile Hallways: by AAUW (1993 and 1995) found that eighty-five percent (85%) of girls had been sexually harassed. The study revealed that seventy-nine percent (79%) of the harassment had been perpetrated by fellow students and eighteen percent (18%) by school personnel. The victimization of female adolescents reduces their ability to achieve and their feelings of self worth and value. The issue of safety is a major factor to be addressed in the development of resiliency programs.

The issue of violence is further exacerbated by the sexual victimization of the female adolescent population. The Center Against Sexual Assault (1996) reports that sixty-one percent (61%) of all rape victims are females under the age of 18 years. Twenty-nine percent (29%) of rapes are committed by family members and sixty percent (60%) by acquaintances. Thirty-one percent (31%) of rape victims develop Rape-Related PostTraumatic Stress Disorder and are 8.7 times more likely to attempt suicide.

Female adolescents are not only the victims of violence but are increasingly the instigators of violent behavior. The Department of Justice Federal Bureau of Investigation reveals that the incidence of violent crimes perpetrated by girls under eighteen years of age increased 124% between 1986 and 1995. The Youth Surveillance

US (1995) reported that 15.5% of high school girls have been in a physical fight on school property at least once. Less than six percent (5.8%) have been injured or threatened with a weapon on school grounds, and 4.3% report having missed at least one day of school because they felt unsafe.

The incidence of sexual harassment, relationship violence and sexual abuse has placed many young girls in the role of victim. A successful resiliency program requires that these issues be addressed to have a positive impact on female participants.

Substance Abuse. Adolescence is a time of risk taking and experimentation. It is a time marked by biological, physical and behavioral changes. For many youth of both genders, early adolescence is when experimentation with cigarettes, marijuana, and alcohol begin (AACAP, 1995). Recent studies and surveys of both male and female adolescents indicate that while the usage levels of most illicit drugs are low, compared with the 1970s, there is a definite upward swing in trends of use. The National Institute of Drug Abuse (1995) cites a study that found the proportion of eighth graders reporting marijuana use in 1994 doubled to thirteen percent (13%) from the previous three years. Research by the Substance Abuse and Mental Health Services Administration (1995) reported that since 1992 marijuana use has doubled among adolescents 12 to 17 years old while the rate of overall current illicit drug use among this age group increased from 6.6% in 1993 to 9.5% in 1994. In 1995, one in five adolescents, 20.3%, reported having used an illicit drug at least once in their lifetime (SAMHSA, 1995). The National Parents' Resource Institute for Drug Education survey and the Centers for Disease

Control and Prevention Youth Risk Behavior Surveillance further confirm these increasing trends in substance use among youth (PRIDE, 1995; CDC, 1995).

Windle (1994) reveals that for girls, higher levels of illicit drug use and risky behaviors were associated with a higher level of victimization than for boys, particularly in relation to attempts of forced sexual relations and having possessions taken from them. There appears to be a spiral effect of risk associated with the use of illicit drugs and the incidence of harm specific to the female adolescent.

Simultaneous with an increase in substance abuse, adolescents' perception of harm and risk associated with alcohol, tobacco and drugs has declined. The percentage of eighth graders who perceive occasional smoking of marijuana as harmful decreased by almost ten percent (10%) from 1991 to 1995 (NIDA, 1995). Adolescents' perception of invincibility and immortality makes them vulnerable for substance abuse and subsequent involvement with other high risk behaviors such as violence, gang activity, runaways, juvenile delinquency and engaging in unprotected sexual behavior.

Depression and Suicide. Turner (1995) cite a report by Schultz (1990) whereby a study revealed that twice as many girls as boys experience high levels of stress. Girls are four times as likely to be physically or sexually abused, three times more likely to have a negative self image, and twice as likely to attempt suicide. The data on suicide attempts is further corroborated by the 1993 Youth Risk Behavior Surveillance (CDC, 1995) which revealed that 12.5% of female high school students report having attempted suicide one or more times versus five percent (5%) of their male counterparts. The CDC

report also indicated that an increase in depression among adolescents with one in four students contemplating suicide. Between 1979 and 1991 there was a seventy-six percent (76%) increase in suicide among 10 - 14 year olds (OJJDP, 1995). Watts and Ellis (1993) conducted a survey among adolescent females in grades 7 to 12 and found that childhood sexual abuse is a primary cause of drug use, delinquency, and other problem behaviors. The authors state that the implications of these findings for prevention are that "while adolescent girls are deeply affected by their peers' behaviors and feelings, sexual abuse may make a substantial contribution to girls' feelings of pain and unhappiness, which in turn are associated with substance abuse and suicide." Early adolescence is a time of struggling for identity while striving for independence from parents and family. During adolescence individuals search for new people in their lives from their same sex peer groups. As new social relationships are formed individual peers increasingly influence interests, behavior, and styles. Adolescents frequently feel isolated and socially incompetent, their lack of resiliency is directly reflected in the incidence of depression and suicide.

Social Trends. The Carnegie Council on the Development of Adolescents Report (1995) identifies social trends that are contributing risk factors for youth. The high divorce rate in the United States results in half of all American children spending at least part of their childhood in single parent families. The result is more time with peers and reduced childhood supervision. The mobility of families reduces the role of the extended family and the benefit of their support and experience in child rearing. Finally, the

number of hours-spent watching television has a negative impact on young people who are particularly susceptible to media images. These conditions are occurring among families of all income levels and backgrounds and in all areas of the country. However, they are particularly severe in neighborhoods of concentrated poverty.

Effective Resiliency Prevention Programs

The challenge for preventionists is to apply the knowledge gained through the research on the risk behaviors of adolescent females and to translate the knowledge into resiliency skills that serve as the foundation of comprehensive prevention programs. Zeldin and Price (1995) present a set of objectives and challenges to scholars in creating supportive communities for adolescent development. Included among these are:

1) Focus on desirable adolescent outcomes rather than focusing on what needs to be fixed.

2) Focus on developmental opportunities and supports for adolescents, i.e. shelter and food, quality education, accessible health and social services, and legitimate opportunities for self directed learning and participation in the adult world.

3) Focus on community-based organizations including national and grassroots youth organizations, community development and religious organizations, and select public-sector institutions such as museums and parks to provide developmental opportunities and supports. (Zeldin & Price, 1995, pp.6-14)

While these objectives were presented for scholars, they are applicable to everyone involved in the field of adolescent development and education.

In an examination of positive youth development Moore and Glei (1995) discuss the importance of close and warm parent-child relationships, community involvement, and spirituality to successful development. They suggest that the difficulty in preventing youth from negative behavior such as substance abuse, violence, and unsafe sex is the lack of a clear sense of the positive behaviors toward which they might strive. They discuss the necessity of girls being involved in the identification of alternative behaviors and the understanding of their ability to make choices.

To help address risk factors for adolescent females Turner (1995) stress the importance of parents and other caregivers providing protective mechanisms to foster resiliency in female adolescents and strengthen their self-esteem, self-efficacy, and a strong self identity. The protective mechanisms include supporting assertiveness, problem solving skills and competence, encouraging and promoting participation in sports, and providing home environments where they are not overprotected and where an emphasis is placed on safe positive risk taking.

The Center for Substance Abuse and Prevention (1995) identified three primary criteria for successful prevention and early intervention programs:

1) address and counter popular cultural messages regarding body-image,

2) promote healthy self-esteem and in the case of pre-adolescents, maintain or improve their levels of self-esteem, and

3) foster overall healthy habits and lifestyles. (CSAP, 1995, p. 20)

Parents, caregivers, teachers, the media, and all sectors of society must be included, and even individually targeted with relevant prevention and education programs and messages, so they in turn can positively participate in prevention for female adolescents. The following is a list of the suggested mediums for reaching female adolescents as proposed by the Center for Substance Abuse and Prevention (1995).

1. Develop a media literacy campaign inviting teen magazines and television programming to actively participate in countering pro-use messages. The aim is to provide adolescents with the essential life-long skills to read, view and hear everything with a discerning eye and ear.

2. Solicit peers who are excelling in school sports, and other activities to deliver positive messages to adolescents concerning resiliency behaviors.

3. Enlist those who "made it" from different races and socio-economic backgrounds to deliver relevant messages. This can include celebrities and lay-people whose lives and careers are motivational.

4. Encourage teachers and counselors in schools to go beyond delivering factual information by holding discussions in classes and inviting relevant guests to speak and answer questions.

5. Educate parents to detect potential problems in their children. Encourage parents to support the campaign in their homes.

6. Educating the media on the existing problems in the country and their responsibility in accurate reporting and in reinforcing prevention messages.

7. Conduct outreach to other relevant organizations and programs to share resources and information and to build coalitions across communities and the country.

8. Continuously research and update data on female adolescent issues with a special look at prevention programs that have and have not worked in order to determine the characteristics effective and ineffective strategies. (CSAP, 1995, p. 21)

Summary

Successful resiliency and prevention programs for adolescent females must begin with a clear understanding of the gender specific psychological, biological and behavioral development of adolescent girls and the social norms that impact them. This knowledge has enabled professionals to identify areas of intervention that can be addressed through resiliency training that have a positive impact in reducing negative self-esteem, depression, suicide, academic failure and under-achievement, substance abuse and violence and victimization. Comprehensive prevention programs for adolescent girls provide opportunities to develop problem solving skills, communication skills, a realistic self image and provide opportunities for girls to develop competence and self confidence in taking reasonable positive risks. Programs based on these criteria have proven to decrease at-risk behaviors and increase pro-social skills in adolescent females.

CHAPTER 3

METHODOLOGY

Purpose

The purpose of this study was to design and test an instrument that assesses gender specific prevention programs for adolescent females.

Research Design

The primary methodology of this study will be descriptive research. Merriam and Simpson (1995) describe a descriptive design as focusing on the examination of facts about people and their opinions and attitudes. "Its purpose is not to give value to sets of relationships between events, but simply to draw attention to the degree two events or phenomena are related" (Merriam & Simpson, 1995, p. 61). In descriptive research, the researcher does not manipulate variables or attempt to control the environment of the study. "Its purpose is to systematically describe the facts and characteristics of a given phenomenon, population or area of interest" (Merriam & Simpson, 1995, p. 61)

Instrumentation

The research review provided an inclusive listing of the characteristics and

strategies to be addressed to deliver comprehensive gender specific, prevention. A list of the components, based on the research review, was developed to establish the criteria of gender specific prevention. Current standards of prevention/intervention were evaluated and combined with the gender specific data. A questionnaire (Appendix A) was developed that reflects all strategies and program criteria as defined in the literature review.

Sample of Population. The criteria were reviewed by a focus panel of six professionals in the field of education and mental health. The credentials of the panel members, Appendix B, include two members with Master of Arts in Education, three members with Master of Arts in Counseling and one Doctorate in Psychology. The focus group reviewed the questionnaire individually and participated in a group study session to review and edit the content and format. Each question was reviewed, discussed, edited and referenced to professional standards. The focus panel determined the questionnaire should be divided into three sections, Part I minimal professional standards, Part II general prevention standards and Part III gender specific standards. The individual sections categorize research results of specific program strengths and weaknesses.

Questionnaire. The questionnaire consists of fifty-five questions divided into three parts. Part I consist of six questions which are designed to determine if minimal professional standards of program delivery have been met. If assessment of Part I meets or exceeds the standards, the questionnaire is to be completed for further assessment. However, if the evaluator determines the standards are not met in Part I the program has

failed to meet minimum professional standards and should not be included in overall assessment of program delivery. Part II consists of twenty-five questions specifically developed from the research review of general prevention/intervention standards. There are twenty-four questions in Part III designed to assess the delivery of gender specific programming and strategies. The Comprehensive Prevention Questionnaire can be utilized to assess a stand-alone program or to evaluate a combination of strategies/programs in meeting the standards of a comprehensive, gender specific, prevention program for adolescent females.

A Likert scale with a range of one to three was developed to gather and analyze the data. The categories utilized were one meet or exceeds standards, two addresses some criteria and three does not address criteria. The Likert scale provided an opportunity to respond on a continuum. The three parts of the questionnaire provided an opportunity to collect data on specific strengths and weaknesses of an individual program or a combination of programs that provide a menu of prevention strategies.

Testing the Questionnaire. The Scottsdale Prevention Institute provides prevention and intervention services for students and families in the Scottsdale Unified School District, Paradise Valley School District and Cave Creek School District. They offer a menu of services consisting of seventeen individual programs, complete program description are presented in Appendix C. The programs evaluated were Mastering Family Challenges, Positive Choices, Parent Training, New Student Support Group, Student Support Group, Family Alcohol Chemical Education Interim Treatment, Parent

Adolescent Groups, Chemical Awareness Program, Family Transitions, Assessment and Referral Services, Peer Leadership/Buddy Program, Social Skills Program, Peer Mediation, Smoking Education Program, Girls First, Girls Summit, STAR, and Peer Leadership. A panel of ten professionals in the field of education and mental health was assembled. The evaluation panel members presented the following professional credentials: three Masters of Education, two members with Masters of Arts in Special Education, three Master of Arts in Counseling, one Doctorate in Psychology and one Master of Arts graduate student. The seventeen individual programs presented by the Scottsdale Prevention Institute were evaluated with the Comprehensive Prevention Questionnaire, Appendix. Data presentation and analysis will be addressed in Chapter 4.

The utilization of the Comprehensive Prevention Questionnaire as a tool to assess the delivery of comprehensive prevention programs for adolescent females seems to be of value. The resulting information could be used to assist with future SPI program planning and decision making. Additionally, the instrument could be utilized in educational settings which typically have fragmented programs and strategies which have not been coordinated to provide comprehensive gender specific prevention. The evaluation could provide an opportunity to assess current programs and plan for the future at the school site or district level.

Assumptions and Limitations

The evaluator of comprehensive prevention programs must be professionally

trained in the field of education or social services to be effective. The criteria are based on knowledge of best practice principles and program evaluation. The application of the data gathered requires an understanding of effective programs and strategies to enhance programs or address weaknesses revealed by the study. These limitations do not effect the value of the study but must be considered in the evaluation process.

The professionals who conducted the evaluation had various levels of familiarity with the Scottsdale Prevention Institute and their programs. While the professional integrity of these individuals is not in question it is possible that prior knowledge may have influenced the evaluator either favorably or unfavorably. The consideration of an evaluator's vested interest or support of a particular program or strategy should also be addressed.

It is assumed that the educational system or program delivery system is committed to providing gender specific comprehensive prevention. While specific programs may not meet all of the standards the overall system, menu must meet the criteria to be comprehensive.

Source of Data

Each of the ten evaluators, including the focus group members, was given a set of the seventeen program descriptions currently being conducted by the Scottsdale Prevention Institute (Appendix C). Evaluators were instructed to assess Part I for each of the programs for minimal standard compliance. Parts II, III were completed contingent

on Part I meeting or exceeding expected standards. The evaluations and data were completed for each of the individual programs (Appendix D). Additionally, the data results were combined to view the combination of the seventeen programs as a system or umbrella of services.

A probable influence on the validity of the data collected was the interaction of the focus group members in reviewing and editing the questionnaire. The professional interaction of the evaluators reinforced consensus of the standards of comprehensive prevention.

Procedure

Part I of the Comprehensive Prevention Instrument addresses the professional foundation of prevention and social service treatment in general. It determines the viability of the program for consideration. It eliminates those programs that are not research based.

Part II examines the foundation of the program in prevention practice. This eliminates those programs that are developed in response to the most current crisis or concern, pop psychology, and are not based in science.

Information about risk and resiliency of female adolescents was researched, categorized and used to develop Part III of the Comprehensive Prevention Instrument. The statements are specific and directly related to the research guidelines.

Each part of the questionnaire can be isolated to evaluate individual program information. Individual questions can be analyzed for one or all of the programs under consideration. Finally, the analysis provides a unique opportunity to view a menu of programs and assess their overall compliance with the established criteria of a comprehensive, gender specific, prevention program for adolescent females.

Method of Analysis

In order to compare responses in each program, the answers to each Part was normalized according to the number of respondents and the number of questions. Thus, the sum of the individual question responses was divided by the number of questions in each part times the total number of respondents. For example, if there were ten respondents answering ten of the questions in Part II as "Meeting or exceeding specifications," the sum of responses would be 100 and the number of questions in the part was twenty-five (25), the score would be calculated as:

$$Score = 100/(25*10) = 40$$

If the same number of respondents answered ten questions in Part III, which only had twenty-four questions, the score would be:

$$Score = 100/(24*10) = 41.6$$

CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

Demographics

Ten professionals in the field of education and mental health served as evaluators to test the questionnaire. The professional credentials of the evaluators included three Master of Arts in Education, two Master of Arts in Special Education, three Master of Arts in Counseling, one Doctorate in Psychology and one Master of Arts graduate student. They assessed seventeen prevention programs, Appendix C, currently being conducted by the Scottsdale Prevention Institute in the Scottsdale School District, Paradise Valley School District and Cave Creek School District. Data was collected on each of the individual programs to determine compliance with comprehensive standards of prevention. Additionally, the menu of services was evaluated to determine the systems effectiveness in meeting the standards. This has particular value in the school setting as most school programming use a variety of programs from numerous venders and or curriculums.

Individual Program Evaluation

The field of prevention has established six standards, which must be met by each program to be considered professional service delivery. The standards were the criteria utilized in Part I of the Questionnaire as proposed in the literature and the consensus of the focus group members. The evaluators were instructed to disregard any program that did not meet or exceed the standards in Part I of the Questionnaire. One hundred percent, 100%, of the individually evaluated programs met or exceeded the criteria for Part I. The overall evaluation of the menu of services provided by Scottsdale Prevention Institute also met or exceeded the standards of Part I. For data see Appendix D.

Individual program data was collected for Part II and Part III of the questionnaire. Part II analysis dealt with general prevention program standards. Three individual programs met or exceeded 100% of the criteria in Part II. The programs were Scottsdale Teens are Rising, Girls First and Girls Summit.

Two programs New Student Support Groups and Student Support Groups exceeded the standards in 24 of the 25 areas evaluated. The New Student Support Groups was determined to partially meet the criteria for question 6 the program addresses multiple system levels. The minimal involvement of parents in the program is attributed with the rating. The Student Support Groups met partial criteria on question 16 program develops real life experiences to develop competency.

Fifty-eight (58) percent, ten (10) of the individual programs, did not meet the criteria presented in question 18 utilization of community leisure resources. However,

four of the programs that did not meet the criteria for question 18 exceeded the Part II criteria for all the other questions.

The Parent Training Program generated the lowest overall score in Part II of the questionnaire. The objectives and goals of the Parent Training program are very specific and narrow in their purpose. Consequently the application of the criteria may not be appropriate for analysis. However, if a school or district attempted to utilize the program as a stand -alone prevention program it would be imperative to evaluate the program based on the established criteria.

Part III of the questionnaire dealt with gender specific criteria for prevention programs designed for adolescent females. Five of the seventeen programs met or exceeded 100% of the established standards. The five programs included FACE IT, Smoking Education Program, Scottsdale Teens are Rising, Girls First and Girls Summit. Three additional programs meet or exceeded 90% of the gender specific criteria. The programs in this category were Mastering Family Challenges 97%, Student Support Group 96%, and Chemical Awareness Program 92%.

Analysis of each question provided an overview of program patterns of weakness and strengths as indicated by the data revealed in the charts of the individual program questionnaires. Forty percent (40%) of the programs partially met or failed to meet the criteria in question 5 the program addresses female depression through education. Forty-five percent (45%) of programs partially met or failed to meet the criteria of teen suicide as established in question 6. Question 8 addresses sexual victimization 45% of the

programs partially met or failed to meet the standards. Forty percent (40%) of the programs failed to meet or partially met the criteria of diet and nutrition presented on a continuum from pathological to healthy. Age appropriate human sexuality and sexual behavior are addressed in question 21; forty percent (40%) of the programs failed to met or partially meet the criteria for this question.

Overall Program Performance

As indicated in the pie chart Figure 1, eighty-five percent (85%) of the combined programs conducted by the Scottsdale Prevention Institute meets or exceeds standards as defined by Part I, II and III of the questionnaire. Thirteen percent (13%) address some of the established criteria. Two percent (2%) of the programs do not address the established criteria for comprehensive, gender specific, prevention programs for adolescent females Figure 2.

The total program can be approached from a menu viewpoint of combining various programs to address individual client needs that meet and exceed the standards of excellence in the field of prevention.

Summary

It seems to appear that the standards established by the research review and the focus team members were appropriately designed to evaluate comprehensive prevention programs. The assessment of the seventeen individual programs and the analysis of the

combined menu are sufficient to be able to indicate conclusions about the implementation and evaluation of comprehensive, gender specific, prevention programs. Statistics were included about every program and every standard was represented in the data. The intent of this research was to establish a set of standards and develop an effective evaluation tool to assess current and future prevention programs. It would appear that this has been accomplished by the data that has been collected and reported.

CHAPTER 5

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine what strategies; policies and or programs should be initiated at a school level to facilitate resiliency among female adolescents in dealing with problematic developmental behaviors and social trends. Additionally, to develop an assessment tool to determine if the standards of comprehensive prevention are being met.

Current research indicates that female adolescents encounter gender specific risks that must be addressed through a resiliency model of prevention to be effective. As documented girls respond to developmental risks by internalizing stress thus increasing their risk of depression and suicide. Stereotyped body images and standards of beauty presented by the media adversely effect young girls. The developmental stage of adolescence is typified by an intensified need to belong and desire for peer approval. The need for acceptance and frequently unattainable physical standards has resulted in many young women engaging in pathological and life threatening behavior. The incidence of sexual victimization among female adolescents in their homes and the community is

increasing at alarming rates. The developmental stage of adolescence is a period of experimentation and exposure to drugs, alcohol and tobacco. The use and abuse of illicit drugs has a spiral effect of risk for female adolescents. Divorce, family mobilization and a lack of adult supervision are social trends that place girls at increased risk. The risks facing female adolescents have been thoroughly documented and evaluated. The risks factors reported in the literature are reflected in the Comprehensive Prevention Questionnaire to assess the quality of prevention programs specific to the needs of female adolescents.

The risk resiliency prevention model is based on the principal of developing personal strategies and strengths that protect the individual from risk. The research summarizes the characteristics of resiliency training for adolescent females to include developing problem solving skills, communication skills, a realistic self- image, participation in sports activities, and enhancing family relationships. Engaging girls in their community through community service, school bonding, academic support and real life experiences to build competence are cornerstones of the resiliency model.

The standards of quality prevention strategies, policies and programs was researched and documented. The criteria identified in the literature stresses a focus on desirable outcomes, community partnerships, the promotion of healthy lifestyles, positive role models, parental education, and researched based service delivery. The standards for quality prevention programming were utilized in the development of Part I and Part II of the Comprehensive Prevention Questionnaire.

The final stage of the research process was to develop a set of standards that were reflective of the gender specific needs of female adolescents and consistent with the principles of the risk resiliency model of prevention. The gender specific standards are reflected in Part III of the Comprehensive Prevention Questionnaire.

Fifty-five assessment standards were developed addressing issues of risk, resiliency, and prevention standards and gender specific prevention. A focus group of six professionals was assembled to review the literature and evaluate the proposed assessment standards. The focus group members reached consensus on each of the standards included in the questionnaire.

Ten independent evaluators tested the questionnaire by assessing the menu of programs conducted by the Scottsdale Prevention Institute. Data was collected on each of the seventeen programs individually and on the overall system of services. Research indicates that for prevention programming to be effective it must be comprehensive.

Conclusions

The results of the research and data seem to clearly answer the research questions of what strategies; policies and or programs should be initiated at a school level to facilitate resiliency among female adolescents in dealing with problematic behavior and social trends. Secondly, to develop an evaluation tool that determines if the standards of comprehensive prevention are being met. The administration of the Comprehensive Prevention Questionnaire provides the evaluator with specific data on risk, resiliency,

professional standards, and prevention and gender specificity of prevention services. These criteria combined are defined as comprehensive prevention for adolescent females. Frequently, schools and districts utilize a variety of prevention programs and strategies without the ability to assess the comprehensiveness of the overall system. The Comprehensive Prevention Questionnaire is a tool to gather the data and evaluate the level of services provided. The data can assist in future planning and decision making to positively impact the lives of female adolescents.

Recommendations

Several recommendations seem to be in order for broadening the base of knowledge about comprehensive prevention assessment.

The administration of the Comprehensive Prevention Questionnaire at a school site or district level would provide valuable data. The school/district practice of utilizing numerous providers and venders may present difficulties not addressed by this study. The lack of uniformity in program descriptions may lead to over-reporting or under reporting of the data.

The evaluators who assisted with the study were professional educators and prevention specialists who had extensive knowledge and training. The expertise of the evaluator may impact the assessment results. It is recommended that further examination of this variable be evaluated by comparing results of evaluators with expertise in the

prevention field and those without specific training in prevention. This will assist in providing guidelines for the administration of the assessment tool.

The data collected by the Comprehensive Prevention Questionnaire is based on the information provided in the program description. It is imperative that on going evaluations and assessments is conducted at the service delivery level to guarantee that the standards of comprehensive prevention are met. It is possible that the Comprehensive Prevention Questionnaire could be utilized as an observation tool by a trained evaluator. This is an application that I would recommend for further testing and consideration.

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FIGURE 1. OVERALL PROGRAM PERFORMANCE -- PIE CHART

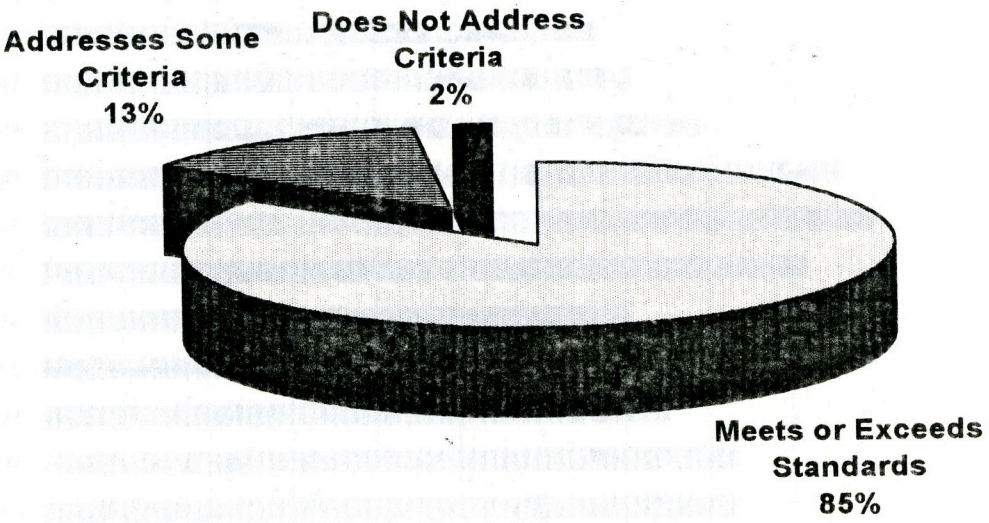

FIGURE 2. Comprehensive