Increasing self-concept and developmental assets in adolescents using behavioral and psycho-educational interventions

Terriana Milne-Beatty
Rowan University
INCREASING SELF-CONCEPT AND
DEVELOPMENTAL ASSETS IN ADOLESCENTS
USING BEHAVIORAL AND PSYCHO-EDUCATIONAL
INTERVENTIONS

by
Terriana Milne-Beatty

A Thesis
Submitted in partial fulfillment of the requirement of the
Master of Arts Degree
of
The Graduate School
at
Rowan University
May 1, 2000

Approved
Professor

Date Approved May 1, 2000
ABSTRACT

Adolescent high-risk behaviors such as drug and alcohol use, susceptibility to peer pressure, violence, committing crimes and academic failure are often attributed to low self-concept, resiliency, minimal personal developmental assets, and deficient life skills. Thirty teens (7 males, 13 females) ages 12-15, from diverse cultures, volunteered for 3 groups, and were given a 4-month, 12-session interactive counseling program that incorporated the creative arts, behavioral, and psycho-educational therapy for the purpose of improving teen’s self-concept, assets, and life skills. Pre and Posttest measures of The Tennessee Self-Concept Scale-2 showed Mean raw scores being statistically significant for improvements within the entire teen group. Scales measured included: Physical, Moral, Social, Academic/Work, Family, and Personal Self-Concept. A non-statistical, self-report Asset Checklist from the Search Institute (1997) was used to mark personal assets, before and after treatment. Two interventions were applied; the first provided two groups with a pre-planned syllabus and the creative arts for esteem building. The second method utilized a Group therapy format in which the teens chose 10 out of 40 items they perceived as “crucial topics” for weekly discussions. Findings indicate that both interventions affectivity raised teen’s self-concept, developmental assets, and resiliency.

Terriana Milne-Beatty
Increasing Self-Concept and Developmental Assets in Adolescents using Behavioral and Psycho-educational Interventions
May 1, 2000
Thesis Advisor: Dr. Z. Benjamin Blanding, M.A., Psy.D., Associate Professor of Psychology/Rowan Univ. Rowan University: Master of Arts in Applied Psychology
MINI-ABSTRACT

Adolescents who lack self-concept usually are deficient in resiliency, developmental assets, and opportunities to have positive, successful experiences; which then often leads to high-risk behaviors. Group counseling interventions that included behavioral, psycho-educational, the creative arts and interactive techniques done with 30 teens over a 4-month period had significantly increased their self-concept.
ACKNOWLEDGMENTS

I’d like to thank my husband, William Paul Beatty, for his generous contribution of $5,000.00 which was used over a six-month period to conduct this research and provide the necessary funding to bring this program to the teens of Ventnor, NJ at no cost to them. I’d also like to thank my Counseling Assistant volunteers for their unending dedication of time and effort given to me and this program: Maria & George Montes, Amanda Gager, Janine Iezzi, and William P. Beatty. Also, without the cooperation of Ventnor City Mayor Timothy Kreischer and Dr. William H. Thomas, Municipal Administrator, this program would have not been possible in reaching over 400 area teens.

A sincere thank you is also extended to Dr. Z. Benjamin Blanding, M.A., Psy. D., and Associate Professor of Psychology at Rowan University, NJ; for being an incredible mentor in classes and an advisor on this project. His valuable advise, input, instruction and counsel on this thesis project not only helped me, his graduate student and advisee; but also helped to create increased feelings of success, resiliency, and self-competency in so many adolescents who would have never had such a wonderful opportunity to grow and realize their potential.

Last, but certainly not least, I’d like to thank my two daughters, Stephana Nicole and Alexi Danielle, two fabulous adolescents of whose successes and accomplishments I am quite proud! They give me great joy, keep me forever young, and are my inspiration in helping the youth of today.
TABLE OF CONTENTS

Abstract

Mini-Abstract

Acknowledgements

Table of Contents

List of Figures and Graphs

List of Tables and Charts

Chapter One: Introduction 1 - 4

Chapter Two: Literature Review 5 - 40

Chapter Three: Method 41

Participants 41 - 43

Materials 43 - 44

Design & Measures 44 - 48

Procedure 48 - 53

Method One: Performance Group 53 - 57

Method Two: Topics Group 57 - 60

The Social Group 60 - 62

Chapter Four: Results 63 - 65

Chapter Five: Discussion 66 - 70

Limitations 71 - 72

Advantages of this Study 72 - 74

Recommendations for Future Research 75

References 76 - 80

Appendixes 81 - 82
List of Figures and Graphs

Chapter 4: Results

1. Comparative TSCS-2 Self-Concept Mean Raw Pre & Post Test Scores 63
2. Group 1 TSCS-2 Mean Raw Score Changes 63
3. Group 2 TSCS-2 Mean Raw Score Changes 63
4. Group 3 TSCS-2 Mean Raw Score Changes 63
5. Comparative TSCS-2 Change in Raw Score Means: Method One & Two 63
7. Post Intervention Self-Report Summary Charts 64
   Total Mean Positive Effects of program, Two & Three Groups 65
   Total Mean Decrease in Drug Use after program, Two & Three Groups 65
8. The 40 Developmental Assets: Pre & Posttest response summary 65
10. An Overview: Final Mean Scores and Percentages for the TSCS-2, Developmental Assets & Post Intervention Surveys 65
List of Tables and Charts

Chapter 4: Results 63 - 65

1. TSCS-2 Pre & Posttest Summary Scores for all Three Groups 63
2. Analysis of Variance for Significance of Raw Mean Scores 63
3. Post Hoc Tests, Multiple Comparisons 64
4. Post Intervention Self-Report Summary 64
Introduction

Research shows that youth who have higher levels of self concept, esteem and personal developmental assets are more likely to engage in positive behaviors and less likely to engage in risky behaviors (Search Institute, 1997). Exploring the needs of young people through social science and psychological research, as well as implementing the programs within the communities and institutions that serve adolescents, has had much success in helping youth to learn the necessary, protective developmental assets. In a time when “kids are killing kids” and acting out in other violent, high-risk ways, we need to challenge our communities to take a look at every child (not just the ones who “appear” to be in trouble) and join efforts to promote the mental and physical well-being and self-concept of each one.

Recent research confirms (Arnett, 1999) that the teen years and early twenties is a time period of the highest period of risk-taking behaviors that could cause potential harm to self or others. Other research in adolescent development, resiliency, and prevention points to a positive correlation between the number of protective assets a teen has with the degree of self-concept and resiliency they have when facing adversity (Benson, Scales, Leffert & Roehlkepartain, 1999). The 40 developmental assets help to reduce adolescent risk behaviors, increases self-concept and esteem, and strengthens personal resilience.

Adolescents must deal with changing cognitive perceptions about themselves, their world, their parents and other adults, their peer relationships, surrounding social and cultural factors, the challenges of school and home life, and the influence of popular media
Although their cognitive level of functioning has reached a sophisticated level, adolescents still have a limited base of experience and knowledge in how to handle their many challenges; and this overload of new emotions, experiences, social and physical changes is often overwhelming.

This difficult period of life is often referred to as "storm and stress" (Arnett, 1999), when adolescents are prone to rebel against parental controls and resist their authority, experience intense mood swings including depression, and are more likely to engage in risky, antisocial and harmful behaviors. Fluctuations in mood and parental conflict tend to happen in early to mid-adolescence, with higher risk-taking activity happening in later teen years. For example, crime rates peak at age 18, then drop steeply, the greatest misuse of substances happens at age 20, sexually transmitted diseases (STD's) peak in the early twenties, and finally, fatalities and car accidents are highest in the late teens (Arnett, 1999).

Although not all youth participate in risky behaviors, the majority will engage in some opportunities that could be risky and problematic. The many temptations, internal and external demands, challenges and stressors can be dealt with confidently if an adolescent has a positive and secure self-concept. The greatest challenge for youth is to find a place of belonging and a feeling of importance within a complex social world, and the less they feel as if they "belong" at home, the more they seek to be accepted by their peer group.

Adler (1930) as cited in Eckstein, et al., (1999) called this stage of life "the great upward drive toward perfection" when youth will use either prosocial or destructive methods to feel significant, important, noticed, and successful. In the same article, Erikson (1963) describes adolescence as a time when "the overall task of the individual is to acquire a positive ego identity as he or she moves from one stage to the next" with successful
movement being achieved only when positive solutions are found to typical developmental conflicts. These noted developmental tasks serve as guidelines as to how well or how problematic development is proceeding for an adolescent (Masten, Hubbard, Gest, Tellegen, Garmezy & Ramirez, 1999). Self-definition occurs within one's peer group as a teen adopts the values, beliefs, attitudes and standards of behaviors of that group, and a teen with positive self-concept will carry into this new relationship the traditional values learned from their family. If a teen feels unaccepted, rejected or inferior at home, they often find acceptance within groups that use forms of rebellion against the family and traditional society norms (Gaoni, Black & Baldwin, 1998) by indulging in drugs, violence, sensation-seeking, vandalism, and other high-risk behaviors.

Piaget (1967) call this adolescent stage one of "formal operations" (Eckstein, et al., 1999), when the major task is to mastering one's own thinking, and to grow beyond egocentric, self concerns to having a sense of empathy for others. Ekling (1981) best describes the consequences of egocentrism in the same source, who describes the five dimensions of egocentrism as: the personal fable, hypocrisy, having an imaginary audience, pseudostupidity, and having an idealistic type of rebellion.

As adolescents seek to find their personal identity, sense of personal worth, and a place to belong and feel accepted that is independent from their parents, they often end up in a hostile, self-serving adolescent world. Youth must be afforded various opportunities to grow and learn in supportive, warm, patient and encouraging environments. Adult or peer role models, counselors, teachers, parents, and other mentors within the schools or the community must have the knowledge to teach the positive, protective self-concept and resiliency skills, along with the developmental assets that teens so desperately need to
overcome this period of "storm and stress." Adolescents today need the help of the entire community to enable them to emerge into adulthood with a positive sense of self and a motivational desire to find a direction for future success.

Interventions that instill positive protective factors and prevent high-risk behaviors must be designed in a way that are interesting, exciting, rewarding, motivating, sensational, personal and realistic to today’s adolescent. Using creative, interactive, behavioral and educational methods from recent, up-to-date psychological empirical research on proven affective counseling theories and programs for adolescents is the purpose of this study (Appendix A).
Literature Review

Adolescence is considered a stressful period during normal development (Arnett, 1999, Gaoni et al., 1998, Scafidi, Field, Prodromidis & Rahdert, 1997), when psychological, social, and physical changes and stressors are associated with lower self concept, increased problem behaviors, substance use, depression, and delinquency that place youth at incredible high risk. Such stress can include uncertainty that comes with increased freedom, career and work decisions, the challenges of school success, forming new peer relationships, having romantic interests, and finding a place of belonging (Eckstein, et al., 1999). A poor self-concept has been associated with rebelliousness, poor scholastic achievement, low self-esteem, feelings of incompetence, suicidal ideation, and increased risky sexual activity.

Evaluation of these potential psychosocial stressors could lead to effective intervention and prevention programs that will address the potential problem areas and high-risk factors that adolescents must face in this challenging period of life. Risk factors are conditions or situations that contribute to or increase the likelihood of negative or socially undesirable outcomes and consequences (Jessor, Turbin & Costa, 1998). As defined in Gaoni, et al. (1998), risk factors, if present, increase the possibilities that a child or teen could develop a behavioral or emotional disorder, and at the same time, jeopardizes normal development and healthy behavioral patterns. These factors can include parental and family conflict, childhood abuse or neglect, low socio-economic status (SES), low intelligence levels, and a large family size. When two or more of these
factors exists, the overall higher risk level increases over four times, multiplying the chances of developing severe, dysfunctional mental, physical and behavioral problems.

Prevention interventions are designed to decrease youth’s risk factors and increase protective resiliency factors, coping ability, and resistance (Gaoni, et al., 1998) within the five most influential areas of a teen’s life: the individual, peer, family, school and community systems (Yuen & Pardeck, 1998). These psychosocial protective factors and controls are best explained by the problem-behavior theory that finds these factors regulate the violations of conventional and traditional norms and instill intrapersonal positive and healthy behaviors in youth (Felix-Ortiz & Newcomb, 1999, Masten, et al., 1999).

Social-cognitive models have focused on proximal health-related cognition, perceived social support and competence, and a personal self-concept that includes attitudes, values and perceptions of personal self efficacy, health and control (Jessor, et al., 1998), which are the most important influences on the decisions or choices a teen makes. A study using the social influences theory (Carvajal, Clair, Nash & Evans, 1998) that measured the intrapersonal factors of optimism, self-esteem and hope suggested that these three distal factors are important for restraint from substance use and are mediated by perceived self control, societal norms, and one’s attitudes. Attitudes associated with positive future expectancies and goal setting found that the perceived negative consequences associated with substance use was more severe than did teens without a sense of hope, optimism and self-esteem.

Distal influences help to define the general underlying causes of behavior, (Carvajal, et al., 1998) and two particularly strong influences on an adolescent are family relationships and peer group role models. Other important distal factors include a teen’s
culture, community, SES, and society’s general influences. The more an adolescent can cope with interpersonal, environmental and developmental stressors and the more protective factors a youth has, (Eckstein, et al., 1999 Felix-Ortiz & Newcomb, 1999, Yuen & Pardeck, 1998, Gaoni, et al., 1998), the better their chance of avoiding negative activities and devastating future outcomes.

Teens who have consistent high self-esteem are considered resilient adolescents who are able to cope with psychosocial adversity, challenges (Scales & Leffert, 1999, Arnett, 1999, Masten, et al., 1999) and changes associated with this developmental stage of life, without a deterioration of self-concept or esteem. According to the Western Psychological Services’ (WPS) TSCS-2 manual (Fritts & Warren, 1996), clients with high Total Self-Concept Scores (> 60T) tend to like themselves and consider themselves competent. They believe they are people of value, they have self-confidence and present a well-articulated clear view of themselves. These many positive traits are used to compensate for threats or injury against one’s self-image or worth. These clients can anticipate events that may threaten their ego, yet still take risks because they can accept predictable failure; and then redouble their efforts to achieve their goals. To enhance their self-esteem levels, these clients actively seek information that will increase their self-view, they take personal credit for their successes, and tend to blame external factors for their failures. To stimulate their self-growth and potential, these clients often compare themselves with others who have reached higher goals or successes.

Fritts & Warren report in the WPS manual (1996), that teens with very high Total Self-Concept scores (>70 T) are often found to have serious psychological disturbances and often experience feelings of unhappiness and failure because the range between their self-
concept and actual functioning level is too great. Research found that youth with an over inflamed feeling of self-mastery and personal power (Ludwig & Pittman, 1999), were predicted correctly for more problem drug use, risky sexual behaviors, and delinquency. These teens spend a great deal of energy just maintaining this expansive sense of power and unrealistic self-view to the point of being considered deviant by others. Youth with these opinions do not experience feelings of remorse, sadness, or a desire for change that often stimulates positive personal growth and maturity. Because of a distorted sense of reality, they cannot accept that their own actions may have led them into the difficulties or failures that they experience. Teens who insult others to maintain their own self-view often appear overly confident, are likely to over-commit themselves, and feel a sense of paranoia when their unrealistic positive self-view is not confirmed by their peers or by those they consider to be important.

Individuals with low Total Self-Concept scores (< 40) as measured by the TSCS-2 (Fitts & Warren, 1996) are less likely to say positive things about themselves and talk cautiously and conservatively. They doubt their own self-worth, see themselves as undesirable, and feel they are at the mercy of events around them. These teens often feel depressed, anxious and unhappy; and avoid responsibility, expressing themselves, or taking other positive risks that could lead to success. Any situation where they may experience failure, rejection or diminished competency is avoided; and when mistakes are made, these youth hate to admit it. This general avoidance of life cuts them off from people who could be supportive and encouraging by offering positive experiences or feedback that could enhance their self-view. Because of a personal fear of failure, minimal or unchallenging goals are set, which leads to a lower achievement rate than what these adolescents are
actually able to obtain. To maintain some sense of esteem, these teens often latch onto people they consider exemplary or important and may show possessiveness, jealousy or anxiety regarding any threat or loss of this association. These youth often use sarcasm and compare themselves to people who are less capable in certain areas to boost their own self-view in some way. Or, they may purchase expensive, external objects to feel important or take on a pseudo-personality they consider to be highly valued or admired.

According to Fitts and Warren (1996), those with scores lower than <30 are likely to suffer from persistent conflicts, disturbances, and self-defeating behaviors such as eating disorders, self-harm or chronic depression. These teens may still have one area where they hold a positive self-view, and usually compare this trait against others who perform at lower levels in that particular area. They also tend to blame others for their own mistakes (Gaoni, et al., 1998) rather than trying to learn lessons from their errors, and avoid taking on any positive risks that could stimulate their own growth and potential success.

Generally, self-esteem and self-concept are highly correlated for teens (Fitts & Warren, 1996). As measured by the TSCS-2 assessment tool, self-concept is often defined by the response to the question “Who am I?” The response to the question “How do I feel about myself?” refers to self-esteem evaluation. A person’s behavior response when faced with threatening situations or high-risk temptations is influenced by both self-concept and self-esteem. According to Scales and Leffert (1999), self-esteem is an important part of a teen’s over-all well being, and is related to the way in which an adolescent evaluates their own self-concept. Positive developmental and psychosocial outcomes have both been correlated to one’s degree of self-esteem (Gaoni, et al., 1998, Hirsch & DuBois, 1991), and low self-esteem has repeatedly been related to various high-risk and problem behaviors.
Those with low self-esteem usually have a low tolerance of frustration, irregular mood swings, low social ability, poor academic results and negative behavior within the home, in school and with peers. If allowed to continue without any intervention, these youth will live a reduced quality of life and could develop major, maladaptive adjustment problems and behavioral disorders (Gaoni, et al., 1998).

Owning a sense of resiliency serves to protect youth from most threats to their self-esteem, so it is therefore crucial in maintaining a high self-concept (Masten, et al., 1999, Forman & Kalafat, 1998). Resiliency factors are those individual personality traits that enable a person to recover quickly from defeats and disappointments, to turn losses into learning experiences, and to cope with life events, adversities, and settings that are normally thought of as inducing hopelessness or failure (Louis, 1998; Turner, Norman & Zunz, 1995). Research indicates that resilient teens were characterized by a significantly higher IQ, a supportive relationship with their parents, an increased ability to overcome distress and adversity, less novelty seeking, and less association with delinquent peers (Gaoni, et al., 1998, Fergusson & Lynskey, 1996). A 10-year study with over 205 urban children showed (Masten, et al., 1999) IQ and good cognitive skills along with quality parenting over time, was a significant protective factor and predictor of social competence and resiliency. Adolescents with lower levels of intelligence were more prone to severe behavioral problems that could include anti-social, deviant and delinquent behavior, hyper activity, poor concentration, and interpersonal problems.

The resiliency paradigm which includes the presence of various support systems and protective factors that help to reduce risk-behaviors of adolescents has extensive
research support (Brown, 1999, Farrell & White, 1998, Jessor, et al., 1998, Gaoni, et al., 1998). In developing youth programs that build resistance and reduce risk, various research concludes (Forman & Kalafat, 1998) that social competency, autonomy, problem-solving skills, a sense of purpose, and goal-setting for a successful future are important attributes to instill in youth. Also, there are seven intrapersonal factors that increase resiliency: empathy, insight, optimism, self-esteem, intellectual competence, direction or goals with a mission, perseverance and determination or motivation. All these traits are an essential part of having personal, successful life skills that include coping, emotional and self-esteem management, academic and job skills, planning and problem-solving skills, interpersonal social skills, and intrapersonal reflective skills.

Findings that confirm the relationship between a lack of self-efficacy and social skills with the defiant gang activity and arrests records of teens were overwhelming. Self-efficacy is defined as having the ability to resist negative behaviors and the belief that one’s positive behaviors will produce desired outcomes; and youth with this quality make choices based on their perception of their abilities and positive expectations. Brown suggests (1999) that the most productive way to measure and prevent risk behaviors of young people is to focus on their support systems. As reported in Ludwig & Pittman (1999), adolescents with strong prosocial values and self-efficacy reported fewer problem behaviors and a higher sense of self-control, and teens with low self-efficacy engaged in problem behaviors because they had limited decision-making skills that negated the rights and feelings of others.

Social learning theories postulate that adolescents acquire their beliefs and tendency towards risky behaviors from social reinforcement, role models, imitation from
observations, and by positive expectations of future activity doing such behaviors (Garnier & Stein, 1998, Bandura, 1986). In order to build or reconstruct a better self-view, a teen needs to go through the cycle of self-acceptance, self-monitoring, motivation, goal setting, skills training and practice, evaluation, and then the eventual acceptance and experience of success. The concept of personal selves (Leondari, Syngollitou & Kiosseoglou, 1998) attempts to understand how one’s motivation influences their thoughts, actions, and feelings and how it defines their self-concept and future success. The possible selves, if positive, provide a goal to strive for and the energy to perform the actions necessary for goal attainment. Setting specific, well-defined goals has been shown to be more effective than just having general intentions to be successful. Researched by Leondari, et al., (1998), suggested there was no gender difference in motivation, but girls did outperform boys in academic success and task persistence, yet had a lower self-esteem than the boys tested. Adolescent females tended to be more influenced by media, peers, family, school and the society and culture at large when defining their self-concept, esteem and their abilities. Those teens who had specific, positive possible selves, pictured themselves as having a successful future by establishing clear, future goals which included more academic success than other groups.

Interventions designed to improve a troubled self-concept (Fitts & Warren, 1996) should help youth to plan and attain realistic personal goals, and help them to experience the joy and pride in reaching such goals and successes. The TSCS-2 Manual (1996) states that counselor’s techniques which include personal contact, cognitive-behavioral, and rational-emotive approaches along with the use of imagery is likely to be particularly successful in building self-concept. As an adolescent builds self-concept, values are
constantly being questioned and periods of weakness will occur (Ludwig & Pittman, 1999). Interventions should begin early in childhood especially for those identified to be high-risk children (Gaoni, et al., 1998) as it is far more difficult to intervene and change established values and resistant behavioral patterns in mid-to-late adolescence and adulthood.

Values are defined as preferred, enduring personal or social beliefs that guide one’s behavior in daily situations (Ludwig & Pittman, 1999). Values establish priorities which enable youth to control negative impulses towards risky and anti-social behaviors, and enable them to live within the norms of society, which provides internal and external standards of behavior. Used to guide the attitudes and actions of youth (Garnier & Stein, 1998), values are related to one’s personal needs, social competence, ability to adapt to one’s environment, and peer group survival. Lacking conventional values such as minimum family attachment, low religiosity and goal setting, placing high values on independence, and developing a tolerance for high-risk activities all are common causes of problem behaviors such as delinquency and drug use.

It is during the adolescent years that a sense of trustworthiness, self-concept and personal mastery and control is important (Carvajal, et al., 1998, Fitts & Warren, 1996) to fulfilling a protective role for avoiding risky behaviors. When an adolescent can identify aspects of his personal make-up that he likes, or can indulge in any activity that helps them feel encouraged, successful or pleasurable; it is likely to raise their self-acceptance (Fitts & Warren, 1996). Encouragement is a process of building a person’s self-concept, esteem and feelings of worth by giving positive recognition to an adolescent’s talents or resources (Eckstein, 1999). This is done by accepting one’s individual differences, showing faith in the teen by your actions and expectations, finding ways to encourage their interests and
efforts by focusing on their strengths (not weaknesses), and by not comparing them to other teens who have accomplished more.

Counselors can nurture hope by using detailed images of worthiness expressed by encouraging words spoken in a calm, relaxing manner to increase self-esteem. Teaching stress relief exercises, meditation, or positive self-talk techniques are other ways to bolster optimism and instill positive self-regulation (Carvajal, et al., 1998). Group counseling and topic discussion has shown to help adolescents share their thoughts, feelings, and insecurities with peers. Adolescents gain insight into many peer commonalities which helps to lessen a feeling of egocentrically by providing an understanding that risky behaviors do have negative consequences (Eckstein, 1999). The use of positive adult or peer role models who can instill personal hope, teach self-concept, and provide positive reinforcement, enable young people to reach their goals (Carvajal, et al., 1998). Role-play exercises that demonstrate how hopeful, confident, and optimistic teens handle threatening situations using controlled communication and goal oriented suggestions increases coping and teaches substance refusal skills. An exercise recommended in the WPS manual (Fitts & Warren, 996) is to have group participants practice giving and receiving prepared affirmations or positive feedback with each other. These various Life-skills approaches that uses resiliency to build protective assets, teach self-competency and esteem by using health-related behaviors within a positive social group, are most influential in high-risk and substance use prevention (Forman & Kalafat, 1998, Carvajal, et al., 1998).

Although parental involvement is very effective in building self-concept (Farrell & White, 1998, Gaoni, et al., 1998), parents are often unable or uneducated in nurturing esteem and resiliency factors within their children. Maladaptive family functioning
(Santisteban, Tejeda, Dominicis & Szapocznik, 1999, Scafidi, et al., 1997) is strongly associated with adolescent delinquent and anti-social behaviors, a sense of worthlessness, self-hatred and destructive behavior, depression, risky sexual activity and substance abuse. These parents show less warmth, acceptance, and emotional support, and are usually harsh and defensive in their attitudes and disciplinary actions. Consistency and kindness in parental words and actions may prove significant in keeping one’s young children from alcohol and tobacco use as teens. When a parent constantly insults, rejects, or criticizes their child, they are affecting their child’s self-concept, confidence and appropriate social skills. This emotional abuse often results in tantrums, anger, violence, rebellion, and aggression in the child or teen (Gaoni, et al., 1998).

The health and success of the adolescent is influenced greatly by the roles of the parents and family (Santisteban, et al., 1999, Eckstein, 1999, Masten, et al., 1999, Rhodes & Jason, 1990), and maternal values predicted similar adolescent values (Garnier & Stein, 1998). According to social learning theories (Garnier & Stein, 1998), adolescent problem behaviors can be predicted by the child’s maternal attachment and the traditional values modeled by the mother. Positive mother-child communication that is nurturing and supportive builds strong relationships and increases the mother’s success in reinforcing positive values and behaviors (Garnier & Stein, 1998, Farrell & White, 1998), which discourages their teen’s involvement with trouble-seeking peers and activities. Teens who live in a divorced, single-parent household without a father figure engage in more alcohol and drug use than two-parent families (Farrell & White, 1998). A strong mother-adolescent relationship in these households has a large moderating impact on the influence between their teen’s drug use and peer pressure.
Children of divorced or separated parents were found to be more disobedient, aggressive, demanding, antisocial and unaffectionate than adolescent’s from intact marriages (Gaoni, et al., 1998). Behavioral and emotional problems can develop due to a disruption in the parenting process, inconsistent rule setting, changes in SES and constant conflict during and after the divorce process. The family who provides emotional support even though living with family dysfunction, in poverty, with parental psychopathology, or with other social disadvantages (Masten, et al., 1999, Gaoni, et al., 1998) could still act as a protective factor. However, further findings show that perceived closeness to a substance-abusing parent increases the chance that their teen will model their behavior and indulge in alcohol, cigarettes, and marijuana.

In 1991, 63% of all African American households were run by a single parent, primarily the mother (Farrell & White, 1998), and over half of these households lived at poverty level. Minority teens who live in urban areas where drug use, delinquency, and illegal behaviors are high have an increased risk for negative outcomes. Hispanic and African American parents are more likely to expect their children to follow their word and deeds (Johnson & Johnson, 1999), and Anglo parents usually ask teens to do as they say, rather than as they do. Both African American and Hispanics are more strongly influenced by their parents and families, who set restrictive rules and negative consequences for drinking. However, these minorities are less likely to have positive maternal and paternal role models and are more exposed than Anglos to negative peer role models.

Mothers are more influential than fathers in affecting the initiation and continued use of substances amongst teens (Farrell & White, 1998, Yuen & Pardeck, 1998). Recent findings from the Department of Health and Human Services (1998), as cited in Johnson &
Johnson (1999), show that African American adolescents usually experiment with cigarettes and marijuana before they try alcohol. The emphasis on respect and family values for Hispanic teens greatly limits alcohol indulgence as such behavior may jeopardize the family bond, and to drink publicly is a blatant sign of parental disrespect. Traditional, hierarchical family respect and values generally protected youth against problem behaviors (Garnier & Smith, 1998) and tended to provide Hispanic parents with a longer and more influential effect over their teen’s behavior (Johnson & Johnson, 1999). Values considered humanistic or egalitarian increased youth’s drug use but protected against delinquency. In general, the values that adolescents are going to learn from their parents, whether negative or positive, have already been learned by the adolescent of life (Eckstein, 1999).

Driven by workforce pressures, the increased scarcity of time that parents have within their home and for their adolescent creates a damaging decrease of quality parental and family time (Fuchs & Reklis, 1992). Large family size (i.e.: four or more children) was also associated with less nurturing, parental contact, and individual quality time with each child; which tended to produce behavioral problems in most of the children within the family (Gaoni, et al., 1989). Adolescents whose families did spend time together, had common interests, and who had intact, emotionally nurturing and involved parents, were significantly less stressful and suicidal (Rubenstein, Halton, Kasten, Rubin & Stechler, 1998). “The Southwest Texas High-Risk Youth Program” (Springer, Wright & McCall, 1997), addressed the neglect of children within families as a prevention problem and sought to strengthen family cohesion. Results demonstrated that family bonding increased for the
adolescent, but there was minimal affect on raising the teen’s self-esteem in this particular program.

The parent’s own self-esteem and self-concept may need to be addressed (Fitts & Warren, 1996), as well as their parenting style. When a parent derives their own sense of self-importance through their adolescent and insists on controlling the teen’s behaviors and decisions (Eckstein, et al., 1999), the teen will become angry, try to break from this control, and find other sources and support systems for their own esteem and sense of belonging. The parents then get resentful, and the result is a home full of conflict. Parents want to protect their children from real worldly dangers and have the satisfaction of feeling that they have been good parents; which is reflected by their teen’s actions, respect shown, and their willingness to listen to and obey parent’s rules. Conflict and anger exists when the teen is attempting to find their own identity and sense of independence that is more consistent with the behaviors and values of their peer group.

The Family Management Model of Adolescent Substance Abuse and The Intensive Family Prevention Services Model (Yuen & Pardeck, 1998) both stress the importance of proper discipline, monitoring of the child’s peer group, and teaches family management skills. An authoritarian, perfectionist, highly critical, controlling, or over-indulgent parenting style, are all very destructive dynamics and are shown to cause disturbances within Caucasian teens. This may not hold true for Hispanic or African American youth because parental verbal strictness and enforcement of specific behavioral rules often indicates “caring” for these adolescents (Johnson & Johnson, 1999).

Authoritative parenting styles includes high behavioral monitoring combined with high levels of support, usually creating a successful combination in deterring teen high-risk
behaviors. A Egalitarian or Humanistic approach to parenting greatly protected teens against delinquent behaviors and aggression towards others (Garnier & Stein, 1989), because these values encouraged commitment to personal self worth, meaning in life, and respect for others.

A program that set goals to increase family bonds, school and peer attachment, and healthy attitudes about tobacco use by youth was called “Families in Action” (Pilgrim, Abbey, Hendrickson & Lorenz, 1998). It included six 2 ½ hour sessions, once a week, for six consecutive weeks to youth and parents. Findings indicated that resiliency and protective factors increased, especially for the boys. Other research suggests that girls and boys pass through developmental stages in different ways which requires different kinds of protection, encouragement, and support to become resilient and self-confident (Turner, et al., 1995, Farrell & White, 1998). Although programs similar to “Families in Action” offered elsewhere have been poorly attended, a new challenge is to find ways to train parents in resiliency coaching and self-concept building for their adolescent (Falco, 1988). Youth who are comfortable in communicating with their parents and who feel love, warmth, and support from their parents yet live within appropriate set boundaries are less likely to become involved with substances (Jew & Green, 1998).

The turning point year for the child is from age 12 to 13 (Carvajal, et al., 1998); it marks the most dramatic increase in the adolescent’s exposure to substances; and is a time when a definite change in attitudes about tobacco, alcohol and drug use, as well as the amount of parental involvement in the teen’s life occurs (Califano & Booth, 1998). These factors indicate that resiliency counseling should begin early, before age 12, and continue through age 18 or beyond.
Research within the past decade (Falco, 1988) concluded that neighborhood resources, opportunities, and social conditions affect adolescent behavior; and community service activities provide teens with alternatives that promote self-concept and positive values. The Social Ecological Model of adolescent substance abuse (Yuen & Pardeck, 1998, Buysse, 1997), postulates that a youth's self-esteem is influenced by the school, family and community environment, and if one or all of these systems are negative to the adolescent, they will turn to deviant peers and substance use to cope. According to this developmental model, behavior problems are an outcome of a combination of risk factors in the social environment and risk factors within the adolescent, which leads to either internalizing or externalizing behaviors. In general, the stronger the bond within any subsystem, the stronger the influence this system will have on the adolescent.

Adolescents in a community subsystem where social resources were more abundant and who were provided with opportunities to participate in group activities that contributed to the welfare of others, showed higher self-concept, happiness, and success; along with less depression, loneliness, illegal substance use and an avoidance of risky behavior (Jessor, et al., 1998). A community resiliency approach that involves counseling, education and behavioral prosocial activities are protective factors for adolescent health, well being, and behaviors. Community programs seek to empower and mobilize youth groups, schools, families, residents, neighborhoods, business leaders, civic organizations, religious institutions and other sectors to be involved and take action.

The Search Institute’s research findings (Leffert, Benson, Scales, Sharma, Drake & Blyth, 1998) led to the creation of The 40 Developmental Assets Approach that helps young people make wise decisions, choose positive paths, and grow up to be caring and
responsible adults. These assets (Appendix B) are grouped into eight categories: support, empowerment, positive identity, positive values, a commitment to learning, social competencies, boundaries and expectations, and a constructive use of time. These Assets are both a theoretical framework and an applied research model, and are grounded in the empirical studies of child and adolescent development, with specific focus on self-esteem, resiliency, prevention, and protective factors. Developmental factors center on preventing high-risk behaviors (i.e.: substance abuse, violence, and school dropout), enhancing positive or thriving outcomes (i.e.: school success, stress management, and peer resistance); and also contributes to self-concept and resiliency. Building developmental assets is a positive and inclusive approach (Babor, Del Boca, McLaney, Jacobi, Higgins-Biddle & Haas, 1998) to adolescent problem behavior that focuses on optimum growth and prevention by using encouraging, positive solutions.

Identifying and evaluating the underlying reasons for risky, problem behaviors has been emphasized by researchers (Ludwig & Pittman, 1999, Arnett, 1999, Jessor et al., 1998, Forman & Kalafat, 1998, Scafidi, et al., 1997), because children who engage in problem behaviors are more likely to engage in riskier behavior by early adolescence, resulting in negative outcomes in adult years. Extensive research has shown that boys achieved a sense of worth primarily through sports and other extracurricular activities, physical appearance, popularity with girls, social skills, intelligence and grades, and by having access to a car (Eckstein, et al., 1999). Girls, however, gained acceptance through physical appearance, wearing fashionable clothes, being popular with boys, having social skills, getting good grades and having intelligence, and participation in extracurricular activities. When a teen does not feel they have the assets to win belonging in the "popular"
group, they instead find a peer group that is considered less popular or "different." These groups are usually open to anyone who has a low self-esteem (Carvajal, et al., 1998), who feels rejected by the other groups, and who are willing to follow a set of values and beliefs that often include high-risk behaviors.

The Add Health Data Set (Resnick & Harris, 1997) increased the understanding of how high-risk behaviors are influenced by peers, a teen’s self-concept, sense of resiliency, their health, and other protective factors of developing adolescents over time. Research suggests (Jew & Green, 1998) designing prevention intervention programs for youth that use resiliency theories and protective factors to create healthy and consistent social relationships with adult mentors, parents, and community members. A program that addressed these issues was “Responsible Advocacy for Learning and Life in Youth” (Wisdom, 1998), which was a successful, school-based developmental counseling intervention using an in-school mentor that focused on the teen’s capacity to overcome academic, emotional, and behavioral problems. Through the collaborative efforts of the School Study team, the Substance Awareness Coordinator, Guidance counselors, teachers, parents and students, as well as the use of professional counseling to build resiliency factors in the student, a solution could be found to decreasing smoking, drug use, academic failure, and other risky behaviors. The adolescents with low self-efficacy, resiliency, and developmental assets were more likely to use a greater amount of cigarettes, alcohol and marijuana (Ludwig & Pittman, 1999), where those with high self-efficacy used less or none.

Another study, the “Urban Youth Connection” reduced 30-day use of substances and improved resiliency factors in high-risk, secondary students. Findings indicated
(Valentine, Gottlieb, Keel, Griffith & Ruthhazer, 1998) less use of marijuana, tobacco and beer as well as less depression, better school attendance, academic performance, and increased social coping.

Since 1992, teen substance use involving nicotine, alcohol, marijuana, cocaine, heroin, and inhalants has been rising due to ready availability (Califano & Booth, 1998). Increases have been accompanied by a decline in youth’s perceptions of disapproval, risk in using, and consequences of use; along with an increase in media that promotes and glorifies use (Forman & Kalafat, 1998), as shown by the “Monitoring the Future” survey. The age of initiation for using substances has never been lower (Yuen & Pardeck, 1998, Forman & Kalafat, 1998), with onset beginning at about age 13. Susceptibility to use is related to one’s self-concept, self-efficacy, values and beliefs along with the inability to handle stress, socio-economic status, and peer pressure. Recent research suggests that delaying onset is often related to social competency and to the amount of resiliency factors within the child, his family and community (Masten, et al., 1999, Ludwig & Pittman, 1999, Wills, Pierce & Evans, 1996).

Media influences affect a teen’s high sensation-seeking values and substance use (Garnier & Stein, 1998, Harrington & Donohew, 1997) because TV, movies, and fashion magazine ads glamorize smoking cigarettes and drinking alcohol. Drinking beer with friends is shown to be macho, fun, exciting, and the “cool thing to do.” Puffing cigarettes and drinking alcohol has long been perceived to be “a rite of passage” for American teens. Unfortunately, without protective resiliency factors such as high self-concept, many teens fail to make a safe passage through such rites, and move on to harder, illegal drugs, violence, and other risky behaviors (Search Institute, 1997).
The National Center for Substance Abuse Prevention (1997) as cited in the Atlantic City Press Newspaper in June of 1999, noted that inhalant abuse is the fourth most common form of substance abuse among high school students and almost as many 8th graders have abused inhalants (21%) as have used marijuana (22.6%). In the research done by Ludwig & Pittman (1999), their sample of 2,146 adolescents in 7th to 12th grade showed that drug use and delinquency increased with age, with 13% of 13 year-olds, 27% of 15 year olds, and 41% of 19 year-old teens either having used drugs or engaged in delinquent, high-risk behavior. Prior to age 15, 46% of the same sample became sexually active, making values and morals a most important preventative asset for younger teens.

Recent studies of tobacco, alcohol and drug prevention programs have documented the inability of classic prevention programs done within schools to sustain behavior changes among adolescents (Leffert, et al., 1998). Some reasons for this (Harrington & Donohew, 1997) is that they lack creativity, innovation, a theoretical foundation, resistance and problem-solving skills, and often target a general population instead of those youth at highest risk for abuse. Forman & Kalafat (1998) reported that school multiple prevention programs are competing with each other for time in the school schedules, and because there are too many programs trying to do different things; the end result is “jumbled confusion” with the students failing to make cognitive connections between the programs.

Existing interventions such as “Drug Abuse Resistance Education” (DARE) and “Just Say No” have very little short term effectiveness for reducing or preventing drug use, is limited in effectiveness with minorities, and lacks parental and community involvement (Yuen & Pardeck, 1998). A “DARE” study with 4th and 5th graders (Britt & Jachym, 1996) showed that although experimentation rates were low, self-reported use significantly
increased from 4th to 5th grades. There was no significant effect in preventing cigarette or alcohol use (the “gateway” drugs) and it tended to promote labeling and inaction instead. Yuen & Pardeck (1998) reported that school prevention efforts were either knowledge and information based, affective program based which includes activities that promote self esteem, interpersonal and decision-making skills, and clarified values; or, a third approach was a social influences program which attempted to increase resistance skills by participating in role-play, peer and adult role modeling, and support. The social influence approach was found to be the most effective in changing adolescent negative behaviors and attitudes.

If a teen has already started smoking, the parent should listen with an open-mind to their reasons; encourage the teen to think for themselves, and help to problem-solve (Farrell & White, 1998). This teaches their teen techniques to cope, de-stress and to meet their needs in a healthier, drug-free way. Other research has shown that adolescents do not respond to parental or other adult lecturing (Vaughn & Long, 1999), but do respond to warmth and care demonstrated by concerned individuals.

Most parents and community leaders are in denial (Forman & Kalafat, 1998) as to the extent of adolescent risk behaviors that include carrying weapons to school, the use of all types of drugs including “exotics,” and unprotected, sexual intercourse. Because of their refusal to recognize their teen’s risky behaviors parents are less likely to provide support, prevention approaches, and interventions that have proven successful; and communities are less likely to allocate funds to needy counseling programs that address these issues (Harrington & Donohew, 1997).
Teens who have weak bonds and little social control or respect for conventional institutions such as school and family traditions will not have internalized values (Bernburg & Thorlindsson, 1999, Garnier & Stein, 1998, Buysse, 1997). Recent research shows that as social controls and traditions break down, youth become more vulnerable to peer pressure, high-risk behaviors, violence and social learning from nonconventional and delinquent subgroups with the attitudes and actions of these groups affecting their behavior. These subcultures often are gangs who hold values that emphasize tough and courageous social identities, and place importance on the pursuit of adventure, excitement, risk-taking and thrill seeking. The teen enters a subculture of a delinquent society where violence is often the standard for solving conflicts, and becomes a way to claim personal status, power and self-esteem (Bernburg & Thorlindsson, 1999). Youth who were taught traditional achievement goals respected the importance of education and conventional authority, were more academically motivated due to a high, positive self-esteem, and were less likely to chance their academic and personal success with risky behaviors.

Intervening effectively with youth at risk from early deprivation, family dysfunction, poverty, abuse, and use of gateway drugs, is a major concern for the schools and the entire community (Buysse, 1997, Rak & Patterson, 1996). Communities must provide more than the basic school substance prevention programs; youth must be given opportunities to become actively involved in the process of behavioral changes regarding substance abuse and experimentation that makes a real difference in their lives. The challenge that faces our nation today is to create more community programs that instill these protective resiliency factors, the 40 developmental assets, an over-all high self-concept within more of our youth; along with the current drug and alcohol facts.
As of mid-1998, more than 300 U.S. communities are successfully using the Resiliency assets framework and community-wide initiatives to enhance the asset-building capacity in their youth (Benson, Leffert, Scales & Blyth, 1998). Family experts agree (Garnier & Stein, 1988) that cultural values must focus more on the family, communities, and in helping others rather than on self-fulfillment and individualism to help build stronger families and to protect youth from problem behaviors.

Use of social and personal skill enhancement techniques that address external factors affecting drug use, teaching how to resist such influences, and correcting the misperceptions about social acceptance and norms regarding drug use has also proven effective (Harrington & Donohew, 1997). Individual traits such as sensation seeking and impulsivity contribute to the amount of risk an adolescent will take (Arnett, 1999, Carvajal, et al., 1998).

"Jump Start," a successful community substance abuse prevention and life skills enhancement program that used this approach with economically disadvantaged African American 14 and 15 year-old teens described as “sensation-seeking” (Harrington & Donohew, 1997), provided support and empowerment through positive role models, small-group activities, and discussions on ways to be successful in life. By emphasizing internal and external influences on behaviors and attitudes, and using education, health, and career guidance, basic skills that taught what was necessary to reach attainable goals, improve lifestyle, decrease hopelessness, and change attitudes about substance use. Outcome evaluations supported the overall effectiveness of the program, but postulated that adding even a stronger focus on values shown to be especially important to this culture (Harrington & Donohew, 1997) such as African American heritage and responsibility to
family and community would enhance its success. Also finding a way to incorporate more high-sensation techniques that relate to self-concept in a positive way would be important for these youth.

It is important that these theoretical, creative, behavioral and psycho-educational counseling interventions be tested empirically within different cultures, with both genders, and within various stages of adolescent development. Previous research has shown a strong connection between sensation seeking and substance use due to the direct neurological stimulation from the substance itself, the drug’s ability to alter states of being, and the “high” felt from the risk-taking behavior itself (Harrington & Donohew, 1997). Performing in the creative arts before an audience, on stage, or for competition is a positive, natural approach to sensation seeking, adrenaline production, and neurological stimulation. Weitz (1996) reported that involvement with the arts and humanities enhances academic performance, builds self-concept, and provides various ways of expressing oneself. Other research, although limited, has shown the creative arts helps to build a higher self-esteem, increases personal motivation and long-term retention, and serves as an intervention for underachievement (Scales & Leffert, 1999).

An alternatives-based approach, which is less common and needs more testing, recognizes that both internal and external pressures lead to substance use (Harrington & Donohew, 1997), and provides creative, sensation-seeking alternative activities that keep adolescents busy and productive while building self-concept. Alternative activities that are constructive and positive should meet the needs usually filled by tobacco, alcohol and drugs (Yuen & Pardeck, 1998), and can include cultural and special events, community service, leadership training, peer counseling, and mentoring.
The use of alternative activities has not always been based on a theoretical framework or on research findings, have not been well defined and often evaluation of such interventions are considered after-the-fact. Research on these activities is considered to be quite difficult, but very much needed as the research to date shows that when these approaches are combined with other prevention methods, the desired results are quite excellent (Yuen & Pardeck, 1998). These alternatives should also promise a personal gain set by the adolescent themselves, promote a sense of independence and self-competency, and instill a sense of pride in making the proper decisions. The use of these holistic, integrated, and empowering techniques are finding renewed interest within government-sponsored prevention programs as well (Yuen & Pardeck, 1998). A holistic approach is ecosystematic and culturally appropriate, and addresses the various issues of youth, their families and the community; along with the collaboration of professional counselors, teachers, social workers, and public health and medical doctors.

Garmezy (1991) states that successful shifting to a creative, alternative, resiliency operating philosophy requires careful attention to systems change processes, evaluation, and appropriate research, which takes approximately three to five years to note significant, long-term positive changes (Forman & Kalafat, 1998) that are clearly apparent in students. Other research with longitudinal data (Resnick & Harris, 1997) found high, self-reported levels of self-esteem from school and community involvement in positive, extracurricular activities or social clubs that promote positive values (Gaoni, et al., 1998, Falco, 1988). Through social activities, teens learn how to cooperate with others, establish friendships, negotiate problems with positive communication skills, and have access to positive role models.
Youth who placed personal importance on the moral value of religion and prayer (Califano & Booth, 1998; Jessor, et al., 1998) and got involved with their community church groups statistically showed less tendency to smoke, drink, get high with friends or engage in bad situations (Sutherland, Hale, Harris, Stalls & Foulk, 1997). Many centers of faith have recently joined their community’s efforts to help troubled youth. Owning a sense of spirituality has long been documented to be an important aspect in the treatment and recovery for addicted adult groups who attend NA, AA, GA and others, and should be considered important for adolescent prevention programs (Vaughn & Long, 1999). Those who are overwhelmed by their addictions, according to Vaughn & Long, may be driven by fear, degradation, or desperation to ease their guilt and shame by surrendering to a Higher Power than themselves to become healthy and break their addiction. By surrendering, adolescents are able to forgive, be forgiven, heal from their past and develop a healthy self-concept. In the Sutherland study (1997), when targeting adolescent’s values, attitudes, and risky behaviors; statistically significant positive changes occurred over three years by instilling a sense of spirituality within each teen. Results showed a healthier self-image, school performances improved, and risky behaviors decreased or were eliminated.

Age, race, or gender of the adolescent may effect the amount of self-concept, values, self-efficacy and assets a teen has; which directly will affect their tendency to engage in drug use, delinquent activities, and early or risky sexual behavior (Ludwig & Pittman, 1999, Felix-Ortiz & Newcomb, 1999). Even if young teens have protective traits, they are less predictive of the influence upon the behavior of younger adolescents because these youth have limited experiences in general, and they have been less exposed to the opportunities to engage in risky behaviors. Research by Ludwig & Pittman (1999) shows as
adolescents increase in age, their involvement in drug use, delinquent, illegal or violent acts, and risky sexual behaviors also increase; with males being more involved than females (Bernburg & Thorlindsson, 1999, Arnett, 1999). Research also found that peers initiate young teens into drug-use, influence their attitudes about drugs, supply drug materials, and model drug-using behaviors.

Findings suggest (Masten, et al., 1999) that the effects of prosocial values such as self-mastery and feeling trustworthy, and having efficacy beliefs were more important predictors of avoiding delinquency for adolescents in their mid-to late-teens. Feeling trustworthy was twice as powerful and having values was three times as strong in avoiding delinquency amongst older, compared to younger teens; and younger teens with prosocial values engaged in less sex. The pleasure in mastery concept is associated with ego control, ego resiliency, and positive self-esteem; which can give even children who were maltreated in adverse situations a sense of competency and resiliency in adolescent years.

With gender, feelings of self-mastery and having a sense of trustworthiness were more important to males than females in avoiding risky behaviors; and having stronger prosocial values was most important for females. Further, depressed teen girls are known to self-medicate for depression and stress (Scafidi, 1997), putting them at risk for drug and alcohol abuse. Research done by Latimer, et al., (1997) with 342 adolescents aged 12-19 using a one-way gender ANOVA on the Problem-Oriented Screening Instrument for Teenagers (POSIT), did not achieve significant differences between girls and boys within each drug abuse risk group, thus, equivalent levels of drug abuse related problems were found between both genders. Although traditional norms discouraged alcohol and drug use among Mexican American women, gender differences were minimal in all substance
categories as also confirmed in the Felix-Ortiz & Newcomb (1999) study with Latino 9th and 10th grade youth.

Race showed to be significant in the prediction of drug use and risky sex, but not for delinquency, competence, or resilience (Masten, et al., 1999). Historically, Caucasians and Hispanics were found to be more involved with drug use than African American youth (Felix-Ortiz & Newcomb, 1999), however recent research shows African American levels of use to be increasing to the point of approaching or exceeding those of other ethnic groups (Harrington & Donohew, 1997). Research from the 1994 National Household Survey for 12 to 17 year-olds, as cited in Harrington & Donohew (1997), showed past 30-day marijuana use as nearly equal between African Americans (6.4%), Caucasians (6.2%), and Hispanics (6.0%); yet Caucasians showed highest alcohol past-month usage rates (23.9%), compared to Hispanics (18.3%), and African Americans (18.2%).

Recent research done by Felix-Ortiz & Newcomb (1999) with 516 Latino 9th and 10th grade students showed that drug use has grown substantially, with about 25% already involved with heavy use of addictive substances, and that 8th grade students were significantly using more of every kind of substance than their peers from other cultures. Latinos also showed to have the highest rate of crack and cocaine usage by the 12th grade. American born Hispanics compared to those born outside the continental United States used marijuana and cocaine more. Some studies have cited acculturation conflicts and a perception of discrimination created a stress-induced usage of drugs as a coping device for intrapersonal deficits amongst Latinos. Results of the Felix-Ortiz & Newcomb study (1999) showed alcohol to be the widest used drug amongst 40.7% of all students, inhalants were the second most used drug, with 33% females and 29.0% males using, 30% total students
were cigarette smokers, and 17% used marijuana in the last six months. This study also suggests focusing on protective factors such as personal strengths rather than on reducing risk for treatment and prevention amongst Latino youth.

Feelings of self-mastery were twice as important for African Americans than Caucasians for avoiding delinquency. In a study with 630 African American 10th graders at nine urban high schools (Farrell & White, 1998), the relationship between peer drug use, peer pressure and risky sex was stronger amongst girls than boys and those who did not have fathers or stepfathers. This relationship increased if mother-teen distress also existed within the home.

Economic inequities in SES can cause a variation in opportunities and exposure to high-risk situations and behavioral problems (Ludwig & Pittman, 1999, Yeun & Pardeck, 1998, Gaoni, et al., 1998, Harrington & Donohew, 1997), which increases the demand for preventative personal qualities which may minimize the relationship between problem behavior and positive assets, values, and self-concept. Economically disadvantaged youth often live in neighborhoods with a higher incidence of violence, delinquency, school dropout, ill health, substance use and exposure to selling of drugs which categorize these adolescents under the age of 21 as “high-risk,” as defined by the Public Health Service (Harrington & Donohew, 1997). Poor economic conditions, family troubles, separation and divorce, and personal deviance or problems such as depression, educational level, or degree of intellect also greatly influences a parent’s ability to maintain consistent positive and traditional values and lifestyle choices which could serve as protective factors (Masten, et al., 1999, Garnier & Stein, 1998, Buysse, 1997).
Research done over a 10-year period with over 205 urban children (Masten, et al., 1999) found better parenting ability along with average or better IQ in youth are fundamental resources that protect both resilient and low-adversity teens from severe adversity and is especially protective in regard to adolescent antisocial behaviors.

Related studies assessing mental health status of adolescents found emotional or behavioral disorders substantially increased the risk for gang involvement, delinquency, dysfunctional attitudes, drug abuse, depression, suicide completion, and other adverse outcomes (Vaughn & Long, 1999, Carvajal, et al., 1998, Gaoni, et al., 1998, & Latimer, et al., 1997). Adolescents with behavioral disorders are often angry, resentful, easily agitated, have low self-esteem, receive poor grades, have mood disturbances, and incompetent social skills. Anti-social behaviors that first appear in childhood such as extreme shyness, truancy, and fighting (Yuen & Pardeck, 1998) escalate into defiance, impatience and impulsiveness in the pre-adolescent, and move onto gang involvement, teen pregnancy and drug abuse. Most behavioral, social, family or personal problems are found by the time the child is age seven or in first grade, with escalation occurring between the ages of 8 and 15 (Forman & Kalafat, 1998, Gaoni, et al., 1998). These diagnosable behavior disorders increase the risk of suicide, early death, criminal activity, and institutionalization along with the development of mood and anxiety disorders, borderline personality disorder, and neuropsychiatric disorders.

Children diagnosed with ADHD or other cognitive deficits who are considered slow learners often fail or drop out of school and develop personality problems such as low self-confidence, rebelliousness, a frail ego that leads to social alienation or vulnerability to negative peer pressure. Suicidal teens rarely seek adult help and support, and tend to turn to
their friends for help who do not take them seriously or who also choose not to confide in an adult for intervention. Youth with comorbid conduct disorders and drug abuse show higher cognitive distortion, aggressive behavior, lower self-concept and academic achievement when compared to youth with only one or neither condition.

Mental health disorders such as depression, self-mutilation, eating disorders or anxiety-related disorders can develop in youth who do not have support and validation from parents, personal positive self-concept, the ability to make sound decisions, or do not feel a sense of worth within their peer group (Eckstein, 1999, Buysse, 1997). Sometimes referred to as “quietly disturbed,” (Forman & Kalafat, 1998), suicidal adolescents turn their feelings inward to give a false appearance of coping, misleading both parents and school administrators.

Addicted adolescents in the Vaughn & Long study (1999) all had mothers who suffered from depression or mental illness and used drugs or alcohol to fill the void from a feeling of alienation and a lack of nurturing within the home. Adolescents in AA found the nurturing, emotional support and a sense of belonging that made them feel valuable, which also helped them to build sober, moral personal identities.

Both Depression (an internal risk) and high levels or various stressors (external risks) together, are significant to predict the probability of suicidal or self-harming behavior (Rubenstein, et al., 1998). Both substance abuse and suicide has increased in recent years and within younger age groups (Forman & Kalafat, 1998), with a significant overlap between the two behaviors. From 1980 to 1992, suicide rates for children age 10 to 14 increased by 120% and by 28.3% for teens’ ages 15 to 19, with attempt rates being much higher. In 1993, the National Youth Risk Behavior Survey (as cited in Forman & Kalafat,
1998) found 22.9% of girls and 15.3% of boys had made a suicide plan during the past year. Previous attempts, depression, then substance abuse are the three main risk factors for a completed suicide. It is believed that substance abuse lessens inhibitions against risk behaviors while increasing critical cognitive self-appraisal; increases isolation from a supportive family, adult mentors or peers, and exacerbates feelings of anxiety and depression. Loneliness was found to be directly associated with internalizing behavior problems as was associated with family, but not peer, relationships (Buysse, 1997). It is the reorganization of relationships to a priority of peer acceptance that disrupts family cohesiveness and leads to loneliness. Depending on the subsystems and other risk factors within these systems involved, social support can either be a risk or protective factor.

High conflict with peers has been related to depression and maladjustment (Buysse, 1997), with low family support and conflictual sibling relationships, and internal and external behavioral problems leaving adolescents at risk for negative peer influence and deviance. Teens, who have delinquent peers but feel their negative behaviors are strictly forbidden and morally wrong, internalize their problems instead of joining their peers in antisocial behaviors.

The developmental task of dealing with sexual urges within traditional social norms combined with conflicting peer expectations can lead to shame, humiliation and secrecy, whose combined effects could minimize or eliminate protective factors and cause suicidal ideation. Counseling that teaches youth how to cope with stress caused by sexual development is important so that vulnerable youth can reduce feelings of shame, secrecy and isolation.
Both genders who have a low self-esteem and self-concept are at risk of developing a mental health behavioral disorder. A positive self-concept may act as the best protective factor in creating overall psychological and physical health and well-being (Gaoni, et al., 1998). Girls with low self-concept who have behavioral problems are more likely to internalize their problems and suffer from mood disorders, emotional and anxiety problems, depression and distress more than boys do; who were more externalizing with their problems by being more anti-social, deviant and aggressive (Gaoni, et al., 1998). Much of the research shows that boys have a higher prevalence of behavior problems than girls do (Forman & Kalafat, 1998), however their externalizing behavior results in consequences and an easier diagnosis than the girls with problems who suffer secretly with their internalizing behaviors.

Life Skills Training, as developed by Gilbert Botvin in 1983, not only teaches substance abuse facts, but more importantly teaches decision-making skills, self-improvement, self-mastery, coping strategies, proper social skills including assertiveness for resisting peer pressure, verbal and nonverbal communication, conflict management, and relationship skills within the family and with a romantic partner (Forman & Kalafat, 1998). This type of training has shown to be significant for immediate and long-term effects.

An example of Life-Skills training is “Project STAR” (Students Taught Awareness and Resistance) developed by Mary Ann Pentz which is a community program that has five levels: 10 sessions within the school for 6th or 7th graders that focuses on resistance skills, parent training in family communication techniques, community leaders develop task forces and events, networking and referrals; and the mass media helps with press kits, advertising and TV programming that promotes drug prevention. Seniors in high school
who had this training showed about 30% less marijuana use, 25% less cigarette use, and 20% less alcohol use compared to other students who did not have this program in junior high.

Guidelines for an effective and comprehensive Life Skills prevention program that builds self-concept, assets, and resilience thereby reducing social and emotional problems of youth, as suggested by Forman & Kalafat (1998) include: (a) Interventions within various levels of systems (peer group, family, school, community, and within the individual); (b) starting a program at the right developmental time with a focus on personal and social coping and self-competence; (c) the use of interactive instructional methods that keep the youth interested; (d) the use of detailed and various training materials, preferably that are very current and standardized; (e) planning enough training for those directly involved with conducting the program; and (f) providing at least 10 sessions the first year, with booster classes in the following years.

Also as suggested in Forman & Kalafat’s article, much research has agreed upon the necessary following elements to be in a program developed to combat risk behaviors: (a) Provide caring adults who show confidence in each teen’s abilities, who have clear and high expectations who help teens instill these traits within themselves, help to develop each individual’s talent, and use a positive feedback approach versus a negative lecturing style; (b) have community and parental involvement within the schools; (c) create school programs that reinforce these developments and have available counselors whose roles are not conflicted with school discipline or academic grading; (d) the school should reinforce active participation in classroom and school-wide activities, and if this program is held
within the community, the school should work with the community leaders to help get and keep the students involved.

This research addressed the following objectives regarding the generalizability, the criterion and the concurrent validity that the Ventnor Teen Vision (VTV) community resiliency program would have across various adolescent populations:

- The introduction of resiliency, life skills, developmental assets and the creative arts in these teen’s lives, combined with the importance of volunteerism using performance skills, was an effective intervention in building self-concept and esteem as well as in lowering high risk behaviors and substance use.

- Adolescent attrition rate over a 4½-month intervention time period was minimal once the counseling intervention began and the assessment period ended. Initially, the beginning of fall school sports and activities diminished the number of participants, but not to the point of research ineffectiveness. The majority of the youth engendered the necessary trust for self-disclosures, sharing, and a willingness to take risks for personal growth. The initial feelings of increased personal self-concept, experiences of self-mastery and success in peer relations, and the combining of creative recreation with counseling education, cultivated the desire in most subjects to meet all graduation requirements.

- Finally, this study has assessed the hypothesis that a random sample from the population of all Ventnor City adolescents, ages 12-19, who volunteered for one of three special counseling groups would show significant positive changes in self-concept as measured by the TSCS-2. The pre and posttest TSCS-2 assessments did show significance at the .05 level for positive growth in self-concept between the three teen
groups; including improved family communication and peer social skills, school and work achievement, personal self-esteem, positive morals and values, and an increased sense of physical well being.

➢ Other findings concluded that the developmental assets increased considerably for all three groups after the 12-week counseling program, as self-reported using the Search Institute's Assets checklist (Appendix C) pre and post intervention. A Post-intervention survey (Appendix D) summary shows that the relationship between decreases in high-risk behavior including the use of tobacco, alcohol and drugs, and the increases in positive behaviors, assets, self-concept and esteem was meaningful and important.
Participants

Thirty Ventnor, City, NJ area adolescent subjects (23 girls and 7 boys, ages 12 through 16) volunteered to participate and completed one of two resiliency counseling treatment groups of their choice. These subjects were from a random population of 250 teens who were in grades 6 through 12, ages 12 to 19, and who responded to a mass media campaign for a free community counseling and social program called “Ventnor Teen Vision” (VTV).

Because 22 subjects signed up for Group 1, this group was further divided, because of maturity levels and to insure the quality of counseling interventions for each teen. Those ages 12, 13, and early to mid 14, were placed into Group 1, now holding 15 subjects (13 girls, 2 boys). Those ages late 14, 15 and 16 became Group 2, now consisting of seven subjects (5 girls, 2 boys). Groups 1 and 2 (Method 1) were called the “Performance Group.”

Group 1 had eight Caucasians, four Hispanics, one Asian, one student of a Hispanic and Caucasian blend, and one of a Hispanic and African American blend. Group 2 had two Caucasians, three Hispanics, one African American, and one subject who defined herself as both Hispanic and African American.

Group 3 (Method 2) was called the “Topics Group” and had eight subjects, (5 girls, 3 boys), and ranged in ages of late 13 through late 15 years old. Subjects consisted of one
Caucasian, five Hispanics, and two who defined themselves as both African American and Caucasian.

The total sample population (N) was 12 Hispanic, 11 Caucasians, 1 African American, 1 Asian, and the remaining five subjects reported being an ethnic mix (four who were part African American). Clearly, this was a culturally diverse group of adolescents.

The original sample Group 1 had 19 subjects, Group 2 had 14 subjects, and Group 3 had 13 subjects. A total of 16 subjects were lost by attrition; four Group 1 subjects, seven Group 2 subjects, and five Group 3 subjects quit the program within the first three sessions. The experimental, external error variance factor of attrition can best be explained by the following reasons: a) Fall school sports and activities were starting, b) subjects cited that their parents felt their children needed to spend the time on homework instead, or c) some subjects had no transportation to the program. A few of the original subjects over age 16 were turned off by the “test-taking” and forms required early into the program.

This researcher has taken into consideration that the interaction between selection and treatment could be a threat to external validity, because these subjects were volunteers. However, since the subjects are a representation sample of the population of interest, this threat appears to be eliminated.

All subjects were volunteers who were not paid, and were informed that this was an experimental, five-month program given for the purpose of providing teens a community supported, social activity that involved the creative arts, education, and free counseling. The students who volunteered were asked to commit, without being coerced, to 12 sessions of group counseling interventions, with the understanding that they could not miss more than two sessions to graduate from the program. Subjects had to agree to take the Pre &
Posttest of the Tennessee Self-Concept Scale, 2nd edition, Adult form (TSCS-2), the 40 Developmental Assets self-report checklist, and complete a final Post Intervention Survey developed by the program director. All subjects had to speak, read, write, and understand English at a 5th grade level, and were treated in accordance with the “Ethical Principles of Psychologists and Code of Conduct” (American Psychological Association, 1992).

Exclusions to the programs were minimal. All subjects needed to live in the city offering the program, had to be in at least 6th grade or the age of 12, and no older than 19 or in 12th grade. All those fitting these criteria could be a part of the Social members program (Group C), and made up the original adolescent population from which the random, sample subjects volunteered. All research participants and Social members needed to sign a Legal Disclaimer and Parent permission slip to attend (Appendix E).

Due to a pre-set, maximum group number of 18 subjects per intervention (for quality control), two original groups developed into a total of three to accommodate more interested subjects for the Performance Group (now made up of Groups 1 and 2). Any other interested subjects over that number were put on a wait-list for the next session of groups to be held in the year 2000.

Materials

The city Community building, multi-purpose room, provided plenty of space for the Friday night Social program, held from 6:30-9:30 p.m., for all members, including the subjects from the three intervention groups. Intervention counseling sessions were held in a more intimate educational room (the research area), adjacent to the large room, with seating for 30. Written materials and handouts for the subjects were brought in each week by the program director, which consisted of reproducible sheets and activities from the following:
➢ Search Institute’s “Healthy communities, healthy youth tool kit” (1998) and “Pass it on! Ready to use handouts for asset builders” (1999),

➢ brief summaries and quotations from the book, “What teens need to succeed” (Benson, et al., 1998),

➢ the Riana model & talent textbook (1987) for notes from the chapters on image, wardrobe, job interview and resume skills,

➢ handouts on resilience and protective factors for adolescents (Prevention Primer, 1999),

➢ inter-net handouts called “The facts on Drug, alcohol & tobacco,” date violence, and rape information (Houston area women’s center teen dating violence site, 1999, University of Buffalo – Counseling center, 1999),

➢ brochures from Narcotics Anonymous (NA), (1981),

➢ reproducible classroom handouts from “Drugs, alcohol and tobacco: Totally awesome teaching strategies” (Meeks, Heit & Page, 1995),

➢ information and activity sheets created and prepared by the program director, and

➢ video tapes showing dance-style fashion shows that used singers and models from Riana model & talent throughout the years of 1987-1995 were shown to Groups 1 and 2 for instruction and preparation for their “Feed the Hungry” show performance.

➢ A CD-cassette boom box was used during every Social night and for dance, listening and show rehearsal music for Groups 1 & 2. Pencils and writing materials were always provided.

Design and Measures

A repeated measure, one-way Analysis of Variance (ANOVA) design was used.

One standardized, dependent variable, the TSCS-2, was used to identify strengths and
weaknesses in overall self-concept. The 40 Developmental Assets checklist was used as a self-report measure for a simple comparison to the TSCS-2 results, to see if each subject who increased their self-concept had more assets from pre to post intervention. A Post Intervention survey was given to each subject for feedback regarding the program and for self-reported changes in both positive and risky behaviors. This ANOVA had one independent variable with two levels (groups) that used two different treatment methods: Groups 1 and 2 receive Method one (Performance Group), and Group 3 received Method two (Topics Group). Using average mean group scores to measure the amount of positive change in self-concept at alpha .05, significance was assessed within and between each of the groups.

The TSCS-2 Adult form (Fitts & Warren, 1996), is a multidimensional self-concept assessment instrument that has 82 items consisting of self-descriptive statements that allow the individual to portray his or her own self-picture using five Likert response categories: “Always True,” “Mostly True,” “Partly True,” “Partly False,” and “Always False.” The form can be completed in 10 to 20 minutes, and can be administered individually or in group settings. The TSCS-2 can easily be scored in a few minutes by hand or by computer; for this study the computer method was used for both pre and post tests.

The basic scores are the two Summary scores (Total Self-Concept, Conflict) and the six Self-Concept Scales that make up the Total Self-Concept Score (Physical, Moral, Personal, Family, Social, and Academic work). The mean average Total Self-Concept Score for all subjects in each group was used in this research.

Four Validity scores for examining response bias (Inconsistent Responding, Self-criticism, Faking Good, and Response Distribution) are provided. There are three
Supplementary scores, which involve combining items from some of the basic scales that measure Identity, Satisfaction, and Behavior.

The TSCS-2 was normed on a nationwide sample of over 1,944 adults from ages 13 to 85 years old, with a mean age of 21.1; 43.4% were male, 55.2% were female, and for 1.4% sex was not specified. The Adult form standardization sample includes high school and college students, public school staff, members of parent-teacher organizations, and members of church and community groups; all from a wide range of settings throughout the United States. Ethnic breakdowns consisted of: 63.5% Caucasian, 18.9% African American, 8.5% Hispanic, 1.7% Asian, 0.6% Native American, 1.9% other, and 4.9% not specified. The average effect size is .13 deviations for the Adult form, well below the one-third standard deviation for determining the practical significance of mean differences in large samples.

The TSCS-2 manual claims there are no sex, ethnic, education, or socioeconomic differences in the means; therefore separate norms are not required. Caution exists that research may have been inadequate in controlling for verbal ability, socioeconomic level, and intelligence (Conoley, Impara & Murphy, 1995). Reliability was estimated using Cronbach’s alpha with internal consistencies ranging from a low of .73 on the Social Self-Concept Scale to a high of .93 (median .80) on Total Self-Concept. Test-retest reliability (over a period of 1-2 weeks) is acceptable with a range from .47 to .82; thus the standard errors are low, with T-scores approximately 4-6 points. Validity is primarily based on the accumulated studies from previous test versions and was measured in five ways: by content, construct, concurrent measures, multi-trait/multi-method matrix studies, and by discriminant validity. Extensive evidence of the construct validity in the form of principal
component analysis is provided in the manual. Concurrent validity shows acceptable levels of correlation of the TSCS-2 with other psychological measures such as the Coopersmith Self-Esteem Inventory (Coopersmith, 1981) with a .75 correlation; the Jackson Personality Inventory (Jackson, 1970) with correlation of .45; and the Self-Description Questionnaire III (Marsh & O’Neil, 1984) with a correlation of .71.

Two other measures were considered, even though they are not psychometrically sound instruments. The first, was the 40 Developmental Assets Survey Checklist (Search Institute, 1997), which consisted of 40 questions, one questions relates directly to each of the 40 assets, in a checklist format. Either the subject marked that they have the asset, or they leave it blank, stating they currently did not have this asset in their life. It took only 5-7 minutes to administer this one-page survey, and it was administered in groups. For this study, it was administered pre and post intervention, then referred to only as a comparative instrument to the TSCS-2. There is no validity or reliability statistics specified for this self-report checklist. Group Mean scores were tallied to measure for over-all group increases in student-reported assets as well as to derive an average, per-person asset increase, per group. These final scores were then compared to the final TSCS-2 Mean raw score group changes because this researcher wanted to objectively assess the increases in developmental assets as they correlated to the increases in self-concept.

The Post Intervention Survey was given as a posttest, and consists of 20 questions with Likert-scale choices of “Yes,” “No,” “Sometimes,” and “Not Applicable.” It measured self-reported increases in positive behaviors and program effects, as well as decreases in drug use behaviors. It took only 10-15 minutes to complete; instructions were standardized and direct. Questions were read as the subjects marked their answers, to enable any
questions to be answered out loud for the benefit of all subjects. This survey was created to assess the participant’s feelings and behaviors as a result of their Intervention experience, and helped to measure the effectiveness of each type of intervention. This tool was used to compare the amount of self-reported change within each student and each group, and will be considered for changes in future, similar programs.

Procedure

This research study began as a presentation to the Ventnor City Mayor, Administrator, and Board of Directors. Once the program was passed and a location confirmed, several items needed to be addressed:

(a) For liability purposes, this program was to run under the researcher’s corporation, who was to carry all necessary insurance. The primary purpose of the program was to complete a Master’s Thesis, and then to use the results to assess the possibility of future funding. A rental period of August 13 through December 31, 1999, for three nights a week, at the cost of $1, was arranged for the community building use. Further details of this agreement called the “Contract of Understanding” can be seen in Appendix F.

(b) A Legal Disclaimer and Parent permission slip was prepared for each parent and teen to sign; this was required in order for a teen to become a Social member and for the subjects to participate in the group interventions. This agreement was to protect all parties who were involved in offering this program to area teens.

(c) The program was advertised through adult and teen radio commercials (Appendix G & G1), press releases to community newspapers (Appendix H:
final article in The Current Newspaper, 1999), and fliers were personally
walked to every business in the city for the owners to put in their windows.

(d) Opening night (window flier 1: Appendix I) was August 20th, 1999. The
opening night program included a meeting for parents, community and business
leaders, peer leaders, religious leaders, neighbors, and other volunteers who
were willing to donate time, food, or services. Those who were willing to train
to become mentors, assist in the weekly counseling intervention sessions, or
volunteer for Friday night social time were also invited. Appendix I1 and I2
give the full agenda and the supplies needed for this particular meeting. A
handout was given to all attendees to explain the purpose of “Resiliency
coaching for positive behavioral change.” The techniques that would be used in
the VTV program to increase teen self-concept, resiliency, and developmental
assets were explained (Appendix I3 and I4).

(e) August 27th (window flier 2: Appendix J) announced the Grand Opening of the
VTV Teen Social membership with a free teen party with food, music, and
games provided at no charge. These fliers were hand-delivered to the city’s 9th
grade students and their parents who attended the high school freshman
orientation night. Appendix J1 details the agenda, materials used, door prizes
given and community donations supplied. When the schools opened on
September 5th, every school within Ventnor city that housed 6th – 12th grades
were given fliers announcing the VTV program and the special counseling
intervention groups. These fliers were given to each student in those grades as
well as posted on the school walls (Appendix J2).
(f) All teens, upon entering the community building, filled out a Membership Form (Appendix K), received a Parent Permission slip, a Membership Choices sheet (Appendix L) which gave full detail of each program offered, and the start dates and times of each program. Attendees also received a Topics Vote sheet (Appendix M), which all members completed. Every teen was accepted as a Social member (Group C) as long as they met the eligibility requirements as stated in the participants' section, and completed all necessary paperwork. Start dates of the Performance and Topics Group sessions were September 15th and 16th, 1999, enabling members' two weeks from the Opening night teen party to volunteer to sign-up for the counseling intervention groups.

(g) Initially, each VTV Friday Social meeting had a formal agenda similar to the one created for September 3rd (Appendix N). This agenda listed materials needed, any important announcements to be made, and the specific topic to be discussed with the teens. This helped to keep the director and volunteers organized and informed as to the meeting's purpose. The particular topic for 9/3/99 was a 30-minute discussion on Conflict management, with the director using interactive role-play with teens to teach them how to settle arguments constructively. Although the Social Group was quite large (about 120 that particular evening), this provided an opportunity for all members to see what type of "counseling education" they would receive within the Performance and Topics Groups, should they volunteer to participate.

(h) Agenda for Friday, September 10th (Appendix O) included a "spiritual guided meditation" which used soothing music and encouraging words from the
director who spoke about the importance of having a purpose in life and a positive view for the future (developmental assets number 39 & 40). The teens really enjoyed this exercise, and were anxious to sign-up for more “counseling education” which would be provided in the special group sessions starting the following week. After this meeting, the intervention groups were full with several subjects placed on the future intervention wait-list.

The Performance Group and the Topics Group each had a total of 12 weekly sessions. The first two sessions were for member introduction, form completion, and pre-tests. Session 10 was for Graduation practice and performance review. The 11th and 12th sessions were for conclusions and post-tests. Both groups had similar sessions one, two, eleven and twelve, which included the below:

(a) Session One: Each subject signed a Group Rules form (Appendix P) and Confidentiality forms (Appendix Q). The subjects took the Confidentiality form home for a second signature by their parent or guardian and had to bring it back to the second session. Program goals were discussed, as were exercises done to meet and get to know fellow group members, the adult counselor volunteers, and the program director.

(b) Session Two: The TSCS-2 and the 40 Developmental Assets self-report checklist were completed in group fashion. The directions and questions for each instrument were read out loud by the director, and pencils were provided. The subjects were able to ask questions out loud as the test was being completed, as well as had time after each test for final questions. This director chose to read the questions out loud due to the age variation, and because of the
large number of youth who claimed Spanish as their primary language. This enabled all subjects to fully understand all the questions, and to get any needed definitions of terms out loud before responding to an item.

(c) Session Ten: Each subject presented their Graduation idea to their peers and the director. Instruction as to the format and order of graduation took place.

(d) Session Eleven: The director gave a spiritual guided meditation and concluded with encouraging words to the teens regarding their future. All subjects privately voted on whom, within their group, was to receive a special Honors Certificate at graduation. The following qualities were voted on: (1) “The most willing to share emotions and ideas,” (2) “The most devoted to personal change,” (3) “The most enthusiastic about the program,” and (4) “The person who changed the most in a positive way.” Each winner, in addition to receiving their regular Graduation Certificate (Appendix R) received an Honors Certificate (Appendix S) along with a VTV T-shirt as a tribute for receiving an Honors award.

(e) Session Twelve: The posttest TSCS-2 was administered along with the Assets Checklist and the Post Intervention survey. All items and questions were read aloud, as in the pre-testing procedure. All subjects then practiced together for their Graduation ceremony.

Graduation was held for all 30 subjects on Saturday, December 11, 1999. Parents and friends were invited, and a large dinner buffet was provided for all, which was donated by a Ventnor city restaurant. Each subject met the following requirements to graduate:

1) Completed all pre and post tests;
2) did a personal resume for job seeking;

3) met with the director for a private counseling appointment to discuss pre-test results and their personal growth from being in the program; as well as finalized their job resume and graduation ideas,

4) wrote the director a personal letter about what they liked and disliked about their group experience, along with any recommendations for future similar programs; and

5) performed a 2-minute presentation at graduation. This presentation could have consisted of speaking on a topic of their choice about something they learned, reciting a poem or other special writing regarding their experience, talking about their plans for the future, or could have been a singing performance.

At Graduation, each subject performed or read their presentation then received their Graduation Certificate and a Blue Assets card bought from the Search Institute. This confirmed that each subject became an “Elite Member” of the Ventnor Teen Vision program, and would enable them to be peer mentors or counselors for any future VTV program.

Although both intervention groups received resiliency, life-skills and asset building to raise subject’s self-concept, the two groups received two different approaches to their intervention (Methods 1 and 2) to explore which resiliency intervention may be most effective for the adolescents.

Method One: Performance Group (Groups 1 & 2)

Starting September 15th, 1999, Group 1 and 2 (Performance Group) held eight sessions on Wednesdays from 6:30-7:30 p.m. for subjects age 12 to mid-14, and from 7:45-
8:45 p.m. for those ages late-14, 15, & 16. Some sessions were held longer and together while this group was practicing for their “Feed the Hungry” Benefit performance show.

The weekly sessions had lesson plans that contained the following:

Lesson 1: Discussed the 40 developmental assets, did a self-analysis adjective sheet and talked about the “good, bad & ugly” traits we each have and how one can choose to change. The concept of having a “choice” was explained, as well as how to instill positive traits and behaviors by defining goals, building assets and inspiring resiliency. Creative exercises were used for understanding of new concepts.

Lesson 2: Completed a Wellness Lifestyle inventory, talked about inner emotional and outer, physical health, and how resiliency factors and assets help total well being. Discussion ensued about positive and negative relationships and how they affect one’s goals for the future. Creative performance ideas were debated, then introduction and practice of modeling techniques occurred as the Riana Model & Talent video was viewed for ideas.

Lesson 3: How to build confidence, self-esteem, resiliency and assets through a positive image. Class included individual hair styling and make-up instruction from an area professional stylist for the girls. The director supplied hair accessories and make-up kits, and many girls brought their own supplies. The group continued video instruction and discussion on each subject’s personal talents and what they would like to do for their show. Due to the guest speaker, each session ran for 1 hour and 45 minutes for this lesson.

Lesson 4: Behaviors and stress, reducing stress, setting and enacting goals were all discussed. Subjects decided what benefactor they would like to donate their time to and the funds they would collect, and voted to help the area Homeless Shelter by donating to their
Thanksgiving “Feed the Hungry” fund. Music, wardrobe, hair styling, and make-up were planned for each show scene. The subjects created six total scenes, and the show involved all 22 Performance Group subjects. All members interacted well, and seemed to have grown in confidence with each new lesson. The planned performance had two singing scenes, two dance-modeling scenes, and two modeling (one with a singer) scenes. There were two other, 2-hour rehearsals with all 22 subjects. They performed for their peers in VTV Social Group on Friday night, 10/22, and the next day for the Topics Group Community Halloween Project for “Make a Difference Day,” held Saturday, October 23rd, 1999.

Lesson 5: Discussion about the subject’s feelings regarding the show performance and their involvement in helping a needy group took place. All subjects felt very positive about volunteering to help others, as well as felt extremely proud of their performances. They understood how being involved creatively adds to self-esteem, as well as how feeling successful by helping others greatly reduces one’s desire to do socially “bad” or risky behaviors. Subject’s remarked about the “natural high” that performing on stage tends to give an individual. Those teens particularly into sensation seeking really enjoyed the crowd reaction after their scene. Each member realized that they had a “special talent” that was used to help others less fortunate then themselves. A check of their donations collected was presented, along with a large turkey, to the Shelter director in early November.

Lesson 6: Topics included: risky behaviors and protective factors, violent behavior, family and date violence, and anger management skills. Decision making and resistance skills, along with using resiliency for achievement and further stress reduction, was explained and practiced using role-play.
Lesson 7: Tonight’s topic was “Sex & love: the differences” which included risk factors for sex, the qualities of a real love relationship, and date-rape drugs. Drug use – the latest facts, including designer drugs, cigarette smoking triggers and cessation, and using assets and confidence skills for refusing pressure from peers was discussed. Several NA brochures were handed out along with a sheet summarizing community resources available for help with a variety of adolescent issues.

Lesson 8: Job Interview skills, resumes and cover letters, wardrobe and image for job interviews, interview questions, and etiquette; were all topics covered in this extensive lesson. All subjects engaged in role-play to practice the new skills learned. This was a 2-hour session. The subjects were assigned to prepare their personal resume for job searching, to think about their future goals and upcoming graduation presentation.

Lesson 9: Each subject made a private appointment to meet with the director/counselor to go over their pre-test TSCS-2 results to discuss how they have personally grown since they began their intervention program. The personal resume was reviewed for any errors or to make additions. Graduation ideas and personal plans for each subject’s future were discussed in a goal-setting, motivating manner. This counseling session focused on each subject’s talents and growth, and enabled the director and subject to set small, personal goals that the teen wanted to achieve for themselves after the program. These goals included school, family, peer and personal issues.

By this time, the subjects had total trust in their director and used this counseling time for personal concerns as well. Many subjects were proud to admit they stopped many risky behaviors such as: drug, cigarette and alcohol use, risky sexual practices, associating
with friends that were getting them into trouble; and choosing instead to spend time with their new friends from the VTV community program.

Method Two: Topics Group (Group 3)

All Social members (which the eight Topic Group members were a part of) voted on the Topics that were “most important to teens today” (Appendix M). The Topics Group discussed the top 10 choices within eight of the total 12 sessions of the program. As noted previously, Sessions one, two, ten, eleven and twelve were the same as the Performance Group’s sessions. The Topics Group had the same Lesson 8 and 9, as “Image and self-pride,” “Setting realistic goals for your future,” and “Motivation to achieve and decision making skills” were all marked as top choices of importance.

Topics Group consisted of eight subjects, ages 13 to 15; three were boys and five were girls. Subjects met for one hour on Thursdays, from 6:30 to 7:30 p.m., starting on September 16th, 1999. The major differences in interventions for this group compared to the Performance Group was:

1) Each week a topic that was voted on was discussed, using handouts or activities the director planned for the group in the first 15-20 minutes. The remainder of the time was used for open group discussion on the presented topic. The last 5-minutes of Topic Group was always used to address any questions of concern for the subjects.

2) This group did not do a creative performance show, therefore did not have time taken away from their meetings for show rehearsals.

3) The Topics Group met in a classic style, group format (all sat in a circle), where the Performance group sat at various tables, not in circle formation. The
Performance Group learned in a more educational, classroom style format, although the classroom was very relaxed.

4) The Topic Group’s project they voted on for the purpose of learning about the value of volunteering to help others, was planned for “Make a Difference Day” on October 23rd. They chose to host a community Halloween Party (flier-Appendix T) for the Ventnor city children and their parents. They donated time, food, and prizes for the various games and contests they planned. Any monetary donations made that day was joined with the Performance Groups’ money for donation to the Homeless shelter’s Thanksgiving fund. The Performance Group did their show that Saturday during the Halloween Party. Both groups, with all 30 teens, enjoyed working together in this effort for “Make a Difference Day.”

The other lessons for the Topics Group were as follows:

Lesson 1: “Violence in relationships, the 40 developmental assets, and the resiliency concept” in dealing with the pressure to be involved in risky or violent acts.

Lesson 2: “Attitudes, behaviors, and responsibilities.” A friendship survey was done to establish if the subject’s thought they were a good friend, and group discussion ensued as to how to be one. Subjects thought about how to be more responsible and more trusted. The concept of “choice” was discussed, so that the subjects understood that they have the power to choose their attitudes, actions, and degree of future success. Group project ideas were debated, then voted upon.

Lesson 3: “Self-esteem and confidence.” Using the developmental assets and resiliency concepts, the importance of image as related to attitude and self-esteem was discussed. The subjects learned that they have the power to decide how they look and feel.
“Before” and “after” shots of teens their age was shown from the Riana Model & Talent book. Subjects were amazed at the different messages that one’s image portrays to another, and how one can look and feel wonderful with a little effort and knowledge. Each subject volunteered for various roles and responsibilities for the group project.

Lesson 4: “Image and self-pride” concepts continued by talking about aspects of self-love and respect. Vocal rules and etiquette, including how to communicate with confidence to people of all ages and cultures, were learned. Final plans were made for the group project.

Lesson 5: “Sex & love – The differences.” Lively topic debated using a survey the director created which was then discussed using a game-show style format (boys won!). Both the boys and the girls learned quite a bit about the other’s feelings and emotional needs when it comes to a special love relationship. Risky sex was also considered, and how “loose sexual conduct” can decrease one’s sense of self-pride. Conversation ensued regarding how subjects created self-pride, confidence and success by doing such a fabulous job in their Group Community Program; over 200 were in attendance!

Lesson 6: “Getting along with parents.” Communication skills and responsibilities within the home, establishing parental trust and respect, and helping out with chores and siblings; were all part of this topic. Subjects deliberated as to how all these aspects combined leads to a higher, personal self-esteem. Empathic feelings for the parent’s role and responsibilities in raising a teen in today’s world were shared.

Lesson 7: “Responsibility, independence, and decision-making” The latest drug and alcohol facts were presented, myths and danger signs for addiction were explored, community resources were supplied, and refusal skills for peer pressure were discussed and
practiced. Subjects conceptualized how the developmental assets and resiliency skills they learned can help them to avoid high risk, negative behaviors that lead to destructive consequences. The next night, during Social time, a guest speaker on teen addiction from the Covenant House came to speak to all VTV members.

Lesson 8 and 9: As previously discussed above under Performance Group.

The Social Group:

The total VTV Social membership grew to over 250 area teens by mid-December, 1999. Due to large numbers and erratic member attendance, these adolescents in the “Social membership-only” (Group C) were not pre or post tested, nor were they in a formalized intervention program that concluded with a graduation ceremony. The members in both the Performance and Topics groups were always invited to come on Friday nights. Due to age, maturity, and school-related parties and dances, the older 15 and 16-year old teens from the Performance Group (Group 2) rarely attended on Fridays, except for the dances with a Professional DJ. Almost all of Group 1 and 3 teens (ages 12 through mid-15) did attend on Friday nights weekly, and looked forward to their social time together.

The Friday night Social group activities included:

(a) Two free Professional DJ & Karaoke dances, one for a Halloween party and one as a Graduation party to celebrate the completion of the 30 graduates in their special intervention programs.

(b) Two guest speakers on what their careers entailed, and why they chose the careers they did. One was a counselor to troubled teens from the Covenant House (who spoke on teen addiction warning signs), and the other guest,
(age 26) spoke about how he started his own successful business right out of high school in printing and design.

(c) Two weeks of counseling intervention activities and information to introduce the resiliency and asset, creative approach to counseling. The Social membership grew too large to keep doing these counseling interventions each week on Friday nights.

(d) Every week over a dozen board and card games were brought in by the director for the members to use. A pool table and two TV-video games were also available weekly.

(e) Music of the teen’s choice always played. The director provided CD’s and the teens could play their own. Music could not be violent or have curse words.

(f) Free food was always provided weekly; usually hot dogs and soda, but there were three pizza parties, and special food and snacks served during the dances.

(g) The director was always available for private counseling and to discuss any personal concerns of the teens. Weekly interaction included playing games, teaching dance and modeling techniques, or taking part in various group discussions and activities.

(h) Social time was planned to be just that, no real instruction after the first few weeks, but an opportunity to speak with the counselor/director and other adult mentors if necessary. This program was known as “a place to meet up with friends,” “hang-out” and listen to music, and for providing “free food.” VTV became known as a safe, drug and alcohol-free, community program that was actually fun and considered “cool.”
For treatment integrity, and to duplicate the results of this study, it is important to follow the general guidelines, topics, and lessons in their recommended, weekly order. It is essential for the Topics Group to have at least one planned community event for the purpose of helping a needy cause; and for the Performance Group to have one live, creative arts performance for the same benefit. The exact program for each group should be voted on by the group subjects themselves, which provides a sense of choice, a responsibility to vote, and a dedication to be involved in their chosen group effort.

Guest speakers on careers that are of interest to your members will vary, as does the professional hair stylist and make-up artist that comes to do make-overs on the subjects in the Performance Group. Although the exact lesson plan and guest speakers will vary somewhat from this design, the integral, important basic concepts should be the same.

The Counselor selected to be the director for this type of program must be a Master's level professional with experience in group, individual, and resiliency counseling for adolescents. It is also suggested the director or a counseling assistant have their Certified Alcohol & Drug Certification (CADC) or be a Substance Abuse Coordinator (SAC) for tobacco, alcohol and drug educational issues and counseling interventions.

For the Performance Group, it would be important for one of your counselors or adult mentors to be a professional in the performing arts; whether they are a drama or singing coach, a modeling or a dance instructor. This professional may need to bring in other assistants to help with creating a professional show. Peer mentors who have had years of professional creative arts training would also be a great idea for assistants, and can usually be acquired through the local high school.
Results

Using individual subject’s mean average scores (Table 1) from the TSCS-2, Total Self Concept scales and Total Scores were added to produce a group mean score for all three groups. Results concluded that the Independent variable Method One (Performance Groups 1 and 2) was more effective in raising the Self-Concept scores than with Method Two (Topics Group 3), as shown in Figure 1.

Individually, Group 1’s mean average score increase was 18% (M = 17.07, SD = 25.69) (Figure 2). Group 2 had a 52% positive change (M = 48.0, SD = 29.43) (Figure 3), and Group 3 had a 30% increase (M = 28.13, SD = 21.76) (Figure 4). Findings conclude that Performance Group 2 showed the largest amount of change in self-concept. With Groups 1 & 2 combined (Figure 5), the Performance Group had a total mean average of 32.54. When compared with Topics Group (3), M = 28.13, the Performance Group showed a stronger self-concept change than the Topics Group by 4.41 points. This indicates that although both intervention methods raised self-concept using behavioral and psycho-educational intervention methods, Method one proved to be moderately more effective as a result of inspiring subject’s personal talents using the creative, performing arts.

The main effect of the means did indicate a positive change in each group (Figure 6). An ANOVA showed (Table 2) this change was not significant at alpha level .05 within each group due to the small sample size of each group. With the total sample population of N = 30, there was a significant interaction between the overall counseling intervention and a positive change in self-concept scores, as measured by the TSCS-2. With an alpha level
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Pre Test Raw Score</th>
<th>Post Test Raw Score</th>
<th>Change in Raw Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>13</td>
<td>F</td>
<td>9429</td>
<td>318</td>
<td>9491</td>
</tr>
<tr>
<td>DC</td>
<td>14</td>
<td>F</td>
<td>9426</td>
<td>289</td>
<td>9498</td>
</tr>
<tr>
<td>DN</td>
<td>13</td>
<td>F</td>
<td>9425</td>
<td>224</td>
<td>9492</td>
</tr>
<tr>
<td>FD</td>
<td>13</td>
<td>F</td>
<td>9431</td>
<td>307</td>
<td>9494</td>
</tr>
<tr>
<td>FL</td>
<td>14</td>
<td>F</td>
<td>9430</td>
<td>295</td>
<td>9490</td>
</tr>
<tr>
<td>GJ</td>
<td>13</td>
<td>F</td>
<td>9432</td>
<td>283</td>
<td>9493</td>
</tr>
<tr>
<td>GA</td>
<td>13</td>
<td>F</td>
<td>9462</td>
<td>255</td>
<td>9496</td>
</tr>
<tr>
<td>GG</td>
<td>13</td>
<td>F</td>
<td>9479</td>
<td>272</td>
<td>9515</td>
</tr>
<tr>
<td>GZJ</td>
<td>13</td>
<td>F</td>
<td>9444</td>
<td>300</td>
<td>9499</td>
</tr>
<tr>
<td>ID</td>
<td>13</td>
<td>F</td>
<td>9463</td>
<td>273</td>
<td>9518</td>
</tr>
<tr>
<td>LP</td>
<td>13</td>
<td>F</td>
<td>9464</td>
<td>261</td>
<td>9495</td>
</tr>
<tr>
<td>MN</td>
<td>13</td>
<td>F</td>
<td>9455</td>
<td>190</td>
<td>9521</td>
</tr>
<tr>
<td>SL</td>
<td>12</td>
<td>F</td>
<td>9445</td>
<td>230</td>
<td>9502</td>
</tr>
<tr>
<td>SV</td>
<td>13</td>
<td>M</td>
<td>9428</td>
<td>295</td>
<td>9503</td>
</tr>
<tr>
<td>WD</td>
<td>13</td>
<td>M</td>
<td>9468</td>
<td>291</td>
<td>9514</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>GROUP 1 SUBTOTALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>GROUP 1 MEAN AVERAGE</strong></td>
<td><strong>272.2</strong></td>
<td><strong>289.26</strong></td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Pre Test Raw Score</td>
<td>Post Test Raw Score</td>
<td>Change in Raw Score</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
<td>-----</td>
<td>--------------------</td>
<td>--------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>IA</td>
<td>15</td>
<td>F</td>
<td>9469</td>
<td>224</td>
<td>9519</td>
</tr>
<tr>
<td>SM</td>
<td>15</td>
<td>F</td>
<td>9483</td>
<td>319</td>
<td>9520</td>
</tr>
<tr>
<td>RM</td>
<td>14</td>
<td>F</td>
<td>9441</td>
<td>268</td>
<td>9508</td>
</tr>
<tr>
<td>SA</td>
<td>16</td>
<td>F</td>
<td>9436</td>
<td>276</td>
<td>9504</td>
</tr>
<tr>
<td>TU</td>
<td>16</td>
<td>F</td>
<td>9437</td>
<td>261</td>
<td>9505</td>
</tr>
<tr>
<td>CW</td>
<td>16</td>
<td>M</td>
<td>9435</td>
<td>276</td>
<td>9497</td>
</tr>
<tr>
<td>PO</td>
<td>16</td>
<td>M</td>
<td>9465</td>
<td>260</td>
<td>9596</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>GROUP 2 SUBTOTALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>GROUP 2 MEAN AVERAGE</strong></td>
<td><strong>268.57</strong></td>
<td><strong>316.57</strong></td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Pre Test Raw Score</td>
<td>Post Test Raw Score</td>
<td>Change in Raw Score</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
<td>-----</td>
<td>--------------------</td>
<td>--------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>LA</td>
<td>13</td>
<td>F</td>
<td>9487</td>
<td>280</td>
<td>9517</td>
</tr>
<tr>
<td>PN</td>
<td>15</td>
<td>F</td>
<td>9475</td>
<td>250</td>
<td>9509</td>
</tr>
<tr>
<td>RL</td>
<td>15</td>
<td>F</td>
<td>9473</td>
<td>213</td>
<td>9511</td>
</tr>
<tr>
<td>RR</td>
<td>14</td>
<td>F</td>
<td>9476</td>
<td>212</td>
<td>9510</td>
</tr>
<tr>
<td>SJ</td>
<td>15</td>
<td>F</td>
<td>9477</td>
<td>213</td>
<td>9512</td>
</tr>
<tr>
<td>GC</td>
<td>14</td>
<td>M</td>
<td>9450</td>
<td>250</td>
<td>9507</td>
</tr>
<tr>
<td>PO</td>
<td>13</td>
<td>M</td>
<td>9485</td>
<td>274</td>
<td>9506</td>
</tr>
<tr>
<td>VL</td>
<td>15</td>
<td>M</td>
<td>9448</td>
<td>285</td>
<td>9513</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>GROUP 3 SUBTOTALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>GROUP 3 MEAN AVERAGE</strong></td>
<td><strong>247.12</strong></td>
<td><strong>275.25</strong></td>
</tr>
</tbody>
</table>

Table 1. TSCS-2 Pre & Posttest Summary scores for all three groups.
Figure 1: Comparative TSCS-2 Self-Concept Mean Raw Pre & Posttest

Mean Raw Scores Chart

Comparative TSCS-2 Self Concept

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chg in Raw Score</td>
<td>Pre TST Score</td>
<td>Post TST Score</td>
</tr>
<tr>
<td>17.07</td>
<td>289.26</td>
<td>272.2</td>
</tr>
<tr>
<td>48.0</td>
<td>316.57</td>
<td>286.57</td>
</tr>
<tr>
<td>28.13</td>
<td>275.26</td>
<td>247.12</td>
</tr>
</tbody>
</table>

Mean Raw Score Value
Figure 2. The TSCE-2 Group 1 Mean Raw score change, from pre to posttest, was an increase of 17.07.

Score Changes
Group 1 TSCE-2 Mean Raw
Figure 3: The TSCE-2 Group 2 mean raw score change, from pre to posttest, was an increase of 48.0.
Figure 4. The TSCS-2 Group 3 Mean Raw Score change, from Pre to Posttest, was an increase of 28.13.
Figure 6. Comparative TSCS-2: Change in Raw Score Means from Pre to Posttests.

<table>
<thead>
<tr>
<th>Pre Test Score</th>
<th>Posttest Score</th>
<th>Change in Raw Score</th>
<th>Topics Group (Group 3)</th>
<th>Performance Group (1 &amp; 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.54</td>
<td>302.92</td>
<td>270.39</td>
<td>247.12</td>
<td>275.26</td>
</tr>
<tr>
<td>32.54</td>
<td>302.92</td>
<td>270.39</td>
<td>247.12</td>
<td>275.26</td>
</tr>
</tbody>
</table>

Comparative TSCS-2: Change in Raw Score Means: Method One & Two
Between Subjects: Pre & Post Test Raw Score Means

General Linear Model

Between-Subjects Factors

<table>
<thead>
<tr>
<th>Value</th>
<th>Label</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resil Grp</td>
<td>1.00</td>
<td>15</td>
</tr>
<tr>
<td>2.00</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>3.00</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Figure 6. The TSCS-2 Pre & Posttest Mean Raw scores for all three groups; Posttest scores show Increases in Mean Self-Concept scores for all three groups.
Analysis of Variance for Significance of Raw Mean Scores

With alpha = .05, results of the Change in Raw score Between Groups shows a significance at F(2, 27) = 3.479, p = .045.

### ANOVA

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRETEST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3419.677</td>
<td>2</td>
<td>1709.839</td>
<td>1.604</td>
<td>.220</td>
</tr>
<tr>
<td>Within Groups</td>
<td>28788.99</td>
<td>27</td>
<td>1066.259</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>32208.67</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POSTTEST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>6582.552</td>
<td>2</td>
<td>3291.276</td>
<td>2.802</td>
<td>.078</td>
</tr>
<tr>
<td>Within Groups</td>
<td>31716.15</td>
<td>27</td>
<td>1174.672</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>38298.70</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Change in Raw Score</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>4575.558</td>
<td>2</td>
<td>2287.779</td>
<td>3.479</td>
<td>.045</td>
</tr>
<tr>
<td>Within Groups</td>
<td>17755.81</td>
<td>27</td>
<td>657.623</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>22331.37</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2. The change in the TSCS-2 Mean Raw scores, Between Groups, shows a significant Increase of .045, for sample population N = 30.
of .05, the effect of a positive change in overall mean raw scores in self-concept between groups was statistically significant, $F(2, 27) = 3.479$, $p = .045$.

Post Hoc tests using the Tukey HSD and Scheffe Multiple Comparison tests (Table 3) showed that the mean difference is significant for the Change in Raw score between Groups 1 and 2 at the .05 level, $p = .036$ and $p = .046$, respectively. There does exist a probability of a Type II error, which would be lower, if alpha was decreased to .01. Alpha was set at .05 for the purpose of deriving results that could be significant with a 95% confidence interval. A Type I error was considered due to low sample size. For the total sample population of $N = 30$, the null is rejected and the alternative hypothesis is true; self-concept has increased in adolescents at a 95% level of confidence, using a creative, behavioral and psycho-educational intervention approach, as measured by the TSCS-2.

The Post Intervention Self-Report Survey (Appendix D) measured the amount of positive effects and behavioral changes the group members felt they had at the conclusion of their program. It questioned as to whether subjects decreased or stopped drug use. Those who never used alcohol, tobacco, or drugs responded NA (not applicable) to those questions. These results (Table 4) show overall positive effects and behavioral changes for each group; with Performance Group 2 showing the highest increase of 35%, $M = 11.42$. Topics Group 3 increased with 10.63 mean points (33%), and Performance Group 1 showed a 32% increase ($M = 10.54$). The increases are very close for all three groups. When Group 1 and 2 are combined, the Performance Group shows a higher mean increase (10.98) than the Topics Group 3 (10.63), (Figure 7). These results are similar to both results cited for the TSCS-2 mean scores; suggesting that increases in positive behaviors and self-concept are related to developing one's talent through the creative, performing arts, as well
## Post Hoc Tests

### Multiple Comparisons between all Three Groups

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>(I) Resil Grp</th>
<th>(J) Resil Grp</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>95% Confidence Interval</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRETEST</strong></td>
<td>Tukey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSD</td>
<td></td>
<td>3.6286</td>
<td>14.947</td>
<td>.968</td>
<td>-33.4308</td>
<td>40.6880</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>25.0750</td>
<td>14.296</td>
<td>.204</td>
<td>-10.3700</td>
<td>60.5200</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>-3.6286</td>
<td>14.947</td>
<td>.968</td>
<td>-40.6880</td>
<td>33.4308</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>21.4464</td>
<td>16.900</td>
<td>.424</td>
<td>-20.4555</td>
<td>63.3483</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>-25.0750</td>
<td>14.296</td>
<td>.204</td>
<td>-60.5200</td>
<td>10.3700</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>-21.4464</td>
<td>16.900</td>
<td>.424</td>
<td>-63.3483</td>
<td>20.4555</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scheffe</td>
<td></td>
<td>3.6286</td>
<td>14.947</td>
<td>.971</td>
<td>-35.0841</td>
<td>42.3412</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>25.0750</td>
<td>14.296</td>
<td>.233</td>
<td>-11.9512</td>
<td>62.1012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>-3.6286</td>
<td>14.947</td>
<td>.971</td>
<td>-42.3412</td>
<td>35.0841</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>21.4464</td>
<td>16.900</td>
<td>.457</td>
<td>-22.3247</td>
<td>65.2176</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>-25.0750</td>
<td>14.296</td>
<td>.233</td>
<td>-62.1012</td>
<td>11.9512</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>-21.4464</td>
<td>16.900</td>
<td>.457</td>
<td>-65.2176</td>
<td>22.3247</td>
<td></td>
</tr>
<tr>
<td><strong>POSTTEST</strong></td>
<td>Tukey</td>
<td></td>
<td>-27.3048</td>
<td>15.688</td>
<td>.209</td>
<td>-66.2026</td>
<td>11.5931</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSD</td>
<td></td>
<td>14.0167</td>
<td>15.005</td>
<td>.624</td>
<td>-23.1867</td>
<td>51.2200</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>27.3048</td>
<td>15.688</td>
<td>.209</td>
<td>-11.5931</td>
<td>66.2026</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>41.3214</td>
<td>17.738</td>
<td>.651</td>
<td>-24.8464</td>
<td>52.8797</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>-14.0167</td>
<td>15.005</td>
<td>.624</td>
<td>-51.2200</td>
<td>23.1867</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>-41.3214</td>
<td>17.738</td>
<td>.651</td>
<td>-85.3020</td>
<td>2.6591</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>14.0167</td>
<td>15.005</td>
<td>.651</td>
<td>-24.8464</td>
<td>52.8797</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>27.3048</td>
<td>15.688</td>
<td>.238</td>
<td>-13.3283</td>
<td>67.9379</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>41.3214</td>
<td>17.738</td>
<td>.848</td>
<td>-4.6211</td>
<td>87.2640</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>-14.0167</td>
<td>15.005</td>
<td>.651</td>
<td>-52.8797</td>
<td>24.8464</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>-41.3214</td>
<td>17.738</td>
<td>.848</td>
<td>-87.2640</td>
<td>4.6211</td>
<td></td>
</tr>
<tr>
<td><strong>Change in Raw Score</strong></td>
<td>Tukey</td>
<td></td>
<td>-30.9333*</td>
<td>11.738</td>
<td>.036</td>
<td>-60.0375</td>
<td>-1.8291</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSD</td>
<td></td>
<td>11.738</td>
<td>11.227</td>
<td>.592</td>
<td>-38.8947</td>
<td>16.7780</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>11.738</td>
<td>11.227</td>
<td>.592</td>
<td>-13.0322</td>
<td>60.0375</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>19.8750</td>
<td>13.272</td>
<td>.308</td>
<td>-38.8947</td>
<td>52.7822</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>11.738</td>
<td>11.227</td>
<td>.308</td>
<td>-13.0322</td>
<td>60.0375</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>19.8750</td>
<td>13.272</td>
<td>.308</td>
<td>-52.7822</td>
<td>13.0322</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scheffe</td>
<td></td>
<td>-30.9333*</td>
<td>11.738</td>
<td>.046</td>
<td>-61.3359</td>
<td>-5.308</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>11.738</td>
<td>11.227</td>
<td>.341</td>
<td>-14.0136</td>
<td>18.0198</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>19.8750</td>
<td>13.272</td>
<td>.341</td>
<td>-14.0136</td>
<td>18.0198</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.00</td>
<td>11.738</td>
<td>11.227</td>
<td>.341</td>
<td>-54.2502</td>
<td>40.1365</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.00</td>
<td>-19.8750</td>
<td>13.272</td>
<td>.341</td>
<td>-54.2502</td>
<td>40.1365</td>
<td></td>
</tr>
</tbody>
</table>

* The mean difference is significant at the .05 level.

Table 3. Both the Tukey HSD and Scheffe Post Hoc Tests of the TSCS-2 Mean Raw scores show a significant Mean Difference for the Change (Increase) in scores Between Groups 1 & 2 (Method One – Performance Group) of .036 and .046, respectfully.
Table 4. Post-intervention Summary Self-Report. All three groups. Scores represent the number of "Yes" responses to each category.

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Dry</td>
<td>Hand Dry</td>
<td>Hand Dry</td>
</tr>
<tr>
<td>Total Dec</td>
<td>Total Dec</td>
<td>Total Dec</td>
</tr>
<tr>
<td>Score 1</td>
<td>Score 1</td>
<td>Score 1</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Figure 1: Left: Total Group Mean Positive Changes after Resiliency Counseling program.

Right: Total Mean Decrease in Substance Use after Resiliency Counseling program.

With Two Groups: Performance & Topics Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Mean Positive Effects of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>10.56</td>
</tr>
<tr>
<td>Group 2</td>
<td>10.66</td>
</tr>
<tr>
<td>Group 3</td>
<td>10.98</td>
</tr>
</tbody>
</table>

Total Mean Positive Effects of Program

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Mean Positive Effects of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>10.56</td>
</tr>
<tr>
<td>Group 2</td>
<td>10.66</td>
</tr>
<tr>
<td>Group 3</td>
<td>10.98</td>
</tr>
</tbody>
</table>

Post Intervention Self-Report Summary Charts

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Mean Decrease in Drug Use After Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>0.33</td>
</tr>
<tr>
<td>Group 2</td>
<td>0.57</td>
</tr>
<tr>
<td>Group 3</td>
<td>0.87</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Mean Decrease in Drug Use After Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>0.33</td>
</tr>
<tr>
<td>Group 2</td>
<td>0.57</td>
</tr>
<tr>
<td>Group 3</td>
<td>0.87</td>
</tr>
</tbody>
</table>
as counseling resiliency concepts and asset development using behavioral and psycho-educational methods.

The total self-reported mean decrease in drug use after the program, as measured by the Post Intervention Survey (Figure 7), showed Topics Group 3 as having the largest decrease (61%) in drug use (M = 1.38). Performance Group 2 had a 37% decrease (M = .857), and Performance Group 1 had a 2% decrease or .0533 per person. With Performance Group 1 and 2 combined, a .7 per person decrease resulted. This is about half of the drug use decrease as compared to Topics Group 3 of 1.38 per person decrease.

These results are not similar with the TSCS-2 increases in self-concept, but findings suggest that the decrease in drug use is directly related to the increase in post-intervention assets. The 40 Developmental Assets self-report, pre & post test summary mean scores (Figure 8), show a per/person asset increase of 3.3 in Group 1, 7.14 in Group 2, and a 9.75 increase in Group 3. When Group 1 and 2 are combined as the Performance Group, the mean per person asset increase is a score of M = 4.5. The Topics Group shows a per/person asset increase score of M = 9.75, concluding that the Topics Group showed a better overall mean assets increase from pre to post intervention (Figure 9), as well as the largest decrease in drug use (Figure 7). Findings suggest that as assets increase, a decrease in drug use can result. A comparison of all final mean scores and percentages of each assessment tool are displayed in Figure 10.
The 40 Developmental Assets, and the Post Intervention Survey.

Final Mean Scores in Percentages for the TCS-2.

Final Mean Scores in Percentages for the TCS-2.

Figure 10: An Overview of Percentages & Bar Graphs for the TCS-2. Developmental Assets & Post Intervention Survey Mean Score Increases.
Discussion

Research concludes it is clear that a resiliency, developmental assets approach to building self-concept was successful with Ventnor city teens, ages 12 through 16, as measured with the TSCS-2. The adolescents appear to have developed the necessary skills to make wise choices that control their behavior, impulses and decisions, as measured with the Post Intervention self-report survey. Subjects in all three groups reported improved academic performances, social competence, and an improved sense of physical attributes. TSCS-2 scores increased for self-definition, and feeling valued by friends and family. With N = 30, increased, positive self-concept scores had a statistical significance of $F(2, 27) = 3.479, p = .045$; with alpha level at .05.

These results are congruent with previous recent research (Benson, et al., 1999, Scales & Leffert, 1999, Eckstein, 1999, Arnett, 1999, Masten, 1999, et al., Felix-Ortiz & Newcomb, 1999, Search Institute, 1998, Jessor, et al., 1998, Gaoni, et al., 1998, Carvajal, et al., 1998), that proves youth with higher levels of self-concept, developmental assets, and personal resiliency factors are less likely to engage in risky behaviors and substance use. Results of this study showed that as developmental assets increased, risky problem behaviors decreased, and as self-concept increased, so did positive behaviors increase.

Results also suggest that incorporating a creative arts and performance aspect to a behavioral, psycho-educational program will bring stronger final results in enhancing self-concept and positive behaviors, and in lowering of high-risk behaviors, especially in teens mid-14 or older. Performance Group 2, (teens ages late-14, 15 and 16), showed the largest
increase in self-concept (52%) as well as in heightened positive behaviors (35%). These results are significant because these subjects are at a developmental stage of when higher risk-taking activity escalates (Arnett, 1999).

The low decrease in drug use score for Group 1 is presumably attributed to the age of these subjects (ages 12 to early-14), as many of them did not use or experiment with substances pre-intervention. The early adolescent age period of this group signifies the beginning of the most dramatic increase in exposure to substances, and introduces change in attitudes about risk-taking (Carvajal, et al., 1998). It is expected that this resiliency program will be an important influence for substance and risk refusal skills for each subjects’ future. Teens who were older, ages late-14, 15 and 16 (groups 2 and 3), were more likely to report having experimented with alcohol, tobacco, drugs and risky behaviors pre-intervention, resulting in higher decreases in substance use scores at post-intervention.

Problems existed with the older teens and attrition rate; as adolescents get older they are harder to keep involved in a community program. Competition with school sports, activities, and after-school jobs take precedence for adolescent time and interests once teens reach age 15. Once a teen is driving, at age 16 or 17, the attrition rate gets even higher for these types of programs. Dropouts from the group became minimal after three sessions into the program, which leads this researcher to believe that once involved, the teens truly enjoyed the personal benefits, friendships, and activities of VTV.

Findings suggest trying to reach adolescents with a similar community program between 6th and 10th grades, or by the ages of 12 to 15. Research proves that youth who engage in problem behavior are more likely to do this by early adolescence (Arnett, 1999), and delaying or stopping onset is related to the amount of resiliency factors within the teen
(Masten, et al., 1999). Prior to age 15, 46% of Ludwig & Pittman’s research sample (1999) became sexually active and 27% were using substances. These significant few years are the most critical time to teach resiliency and self-concept skills, values, morals, and assets for a teen’s future success and ability to resist negative, risky behaviors. If the family and school do not teach traditional, internalized values, the community must get involved to teach youth these qualities (Search Institute, 1998, Garnier & Stein, 1998). Once these social controls and traditions break down, teens will start engaging in risky behaviors; resulting in communities filled with adolescent violence and delinquency.

The Topics Group 3, age late-13 to 15, reported the most dramatic change in decreasing substance use (61%) and acquired the largest addition of assets (49%). Those that volunteered for the Topics Group felt, in their opinion, they did not have performing arts talent, and were not involved with after-school activities, sports, lessons or clubs. These findings suggest that asset and resiliency development is even more important for those adolescents who do not have a sense of their own talent or worth, or are reluctant to join other school groups. When subjects from Topics Group set new personal goals prior to graduation, each felt inspired to be a part of a school club, to take lessons in a creative activity, or engage in a sport such as karate or dance. It is suspected that participation in this type of activity will increase self-concept and positive behaviors.

It is possible, that the Performance Group, having a total of 18 girls and 4 boys, showed a better self-concept score due to gender. As noted in the literature review, girls self-concept and sense of worth are derived through physical appearance, wearing fashionable clothes, having social skills and by participating in extracurricular activities (Eckstein, 1999). These attributes were all a part of the image, modeling, hair, make-up,
and wardrobe instruction for this group. This instructional aspect alone could have made a critical difference in the higher self-concept scores. Future research needs to include more boys in a Performance Group learning these particular skills to confirm these findings.

Total membership number within each group could have had an impact on the success scores of each individual group. Performance Group 1 had the most members, 15; Group 2 had 7, and Group 3 had 8 members. Having twice the members as the other two groups suggests a detrimental impact that created lower scores in the TSCS-2, the Post Intervention survey, and in increased assets for Group One. This result highly suggests keeping each Group membership to ten or fewer members for quality, personal attention and optimum final results.

This positive, fun, problem-solving, creative approach to reducing high-risk behavior by providing a caring, warm, supportive, and trustful environment through open-communication is reinforced through the literature (Vaughn & Long, 1999), who report that a negative lecturing or rigid classroom approach does not work. This study’s approach, includes the sensation-seeking element of the performing arts that the study entitled “Jump Start” (Harrington & Donohew, 1997) reported they were lacking. However, both programs taught social and personal enhancement, life-skills and resiliency techniques which proved to be effective in helping minority, sensation-seeking adolescents.

The results of this study can only lead one to believe in the importance of youth involvement with the creative arts, humanities, and life skills. Participation in these activities enhances an adolescent’s self-concept, self-esteem, academic performance, and provides various ways of positive expression, as reported by Weitz (1996). Using these and other alternative activities such as special events, community service, job training and
counseling as mentioned in this study, with already established school or community prevention programs will only help to improve desired results (Yuen & Pardeck, 1998). Further empirical research is needed in proving the positive results of such new, alternative activities that promote a sense of self-mastery, pride, and personal gain.

A program such as VTV also brings together a group of adolescents who did not know each other before the program. This helps those teens who could be considered as “quietly disturbed,” depressed, or lonely (Forman & Kalafat, 1998), or who lacked nurturing or parental attention within the home. In VTV, adolescents were able to create new friendships in a positive environment that offers support and validation through peer activities, adult mentors, and personal growth.

This researcher found the community to be very supportive in working with this program. As there was no advertising budget, the community involvement was imperative for food and door prize donations, networking, as well as for free window, radio, TV, and newspaper advertising. The initial support and attendance of parents was less than expected, however, there was a large parental audience for graduation. Many parents offered to get involved with future VTV programs after seeing the wonderful results within their own children. Parental support is essential for keeping a community program growing and funded.

Future VTV activities could include field trips to view creative art museums, cultural events, and musical, dance, and theatrical programs. Because this particular community center was located on the beach, outdoor beach parties, dances, performances, and fund-raisers would be planned for summer VTV activities.
Limitations

Some limitations were mentioned in the discussion section, such as unequal group numbers, gender, and age for this sample. Sample size as a whole (N = 30) was too small for a thorough examination of certain hypothesis and issues discussed within the literature. These factors resulted in a limit of statistical power in the detection of differences within and across groups, by age, gender, and race. Despite these limitations, as with prior research, findings suggest that assets, self-concept, resiliency, life-skills, and traditional, moral values are all important to youth that are exposed to risk situations despite their age, race, SES, or gender. The VTV program was implemented within one small city; future studies would need to assess the degree to which these findings generalize across other populations in other American cities and towns, as well as in other countries.

This study addressed just a small portion of time within these adolescent’s lives. Preceding conditions existed with each subject prior to intervention that was not equal. The following factors could be considered as extraneous variables that may have caused random fluctuations in performance on the measures and final results: a) subject’s initial differences such as IQ, b) personality traits and stage of development, c) parental relationship, d) home environment, and e) other community resources available to the subject. Within-group variability factors include: SES, severity of high-risk personality at onset, ethnic and culture differences, degree of presence of other problems such as substance abuse, depression, and variation of interest in the study, are all to be considered.

The psychometric measures used were also limited to one statistically valid and reliable assessment, the TSCS-2, with the other data based on adolescents self-report of feelings, behaviors, and drug usage. As in any self-report, subjects could bias responses to
create a “halo” effect to appear more morally or sociably correct. Results of the increases in personal positive behaviors and developmental assets, as well as the results in decreases in drug use, were all from self-report measures. It is always best to use multiple, well-established, psychometric measures. Using multiple assessments with adolescents creates other problems, however, such as lack of cooperation in taking “tests” outside of school, which would tend to create an excessive attrition rate.

Internal validity could be threatened by demand characteristics of the experimental situation that could include such extraneous cues as adolescent rumors about the study, the differences in various treatment methods, and verbal explanations during recruitment. It is recommended that a counseling director who enjoys, takes part in, and understands the benefits of the creative arts due to prior experience instruct this program. A bias for this appreciation in the director, however, may be a personal demand characteristic that caused unintentional expectancy effects for the Performance Group to show a better self-concept score. Director/counselor competence and approach could cause differential effects and an experimental bias in treatment that may account for the results; thus, external validity for similar results across populations could be threatened. Although general concepts would be the same in a duplicate study, exact intervention materials would change as new facts and information develop over time.

Advantages of this Study

Overall, findings of this study are consistent with previous research, and despite noted limitations, results expand on prior recent research in adolescent self-concept and resiliency in several ways:
1) Positive factors associated with behavior and personal growth was emphasized in this study, unlike many previous risk and substance prevention programs that focused primarily on negative behaviors or risk factors.

2) Research suggests a decrease in the subject’s choice to engage in substances and risky behaviors after participating in the intervention program.

3) Developmental assets, individual self-concept, and confidence increased, as the subjects experienced the personal growth process and feeling successful for completing the program.

4) The resiliency approach to treating high-risk behaviors by increasing self-concept and developmental assets is extremely timely; it is important research in today’s age of violence within the schools and amongst adolescents.

5) New ground is broken with the use of alternative interventions such as the developing of a personal talent through the use of creative performing arts, and addressing image for self-concept and asset building. Having an intensified career-counseling lesson that involved role-play of job interviews, creating a resume, and providing practical solutions to many job search questions, all helped teens realistically and confidently plan for a successful future.

6) Providing teens with a choice about the structure of their counseling education (choice of Topics), as well as giving them a choice of three groups in which they could be involved (including Social Group); created feelings of self-empowerment, decision-making, and the ability to meet a commitment to graduate. When each group chose the community activity they wanted to do to help a needy cause; this created a sense of responsibility, feelings of worth, and
importance, because they were able to make a difference in the lives of those less fortunate.

7) The intervention groups meet weekly, providing consistent counseling education over the intervention period. The intervention groups were actively involved in the Friday night Social group, enabling the subjects two times a week for fun, positive, and social peer, adult, and counselor interaction. This created a cohesion and friendship amongst all the groups within VTV. Social night was an important part of the success and enjoyment of this program for the subjects, as was the current music that played and free food that was always provided.

8) The relaxed, out-of-school environment enabled the subjects to open their minds to learning new information without the standard, lecturing and teaching approach. The conversational method encouraged peer discussion and many questions for the counselor that subjects said they could never ask in school.

9) The success of the first VTV program has inspired other teens to want to be involved in the VTV counseling intervention groups, and encouraged more parental and local government support for future programs.

10) Expenses for this type of community program takes moderate funding. All procedures were done within the city community center, which was rented for $1 for this study. The business community donated all media advertising, and most of the food costs. There are some expenses incurred in the purchasing and the computer scoring the TSCS-2 test results and in the necessary, various office supplies for program preparation.
Recommendations for Future Research

The literature review of recent research suggests that more information and empirical testing is definitely needed in the areas of alternative counseling approaches to substance prevention and high risk behaviors. Longitudinal testing of the effects of protective developmental assets, self-concept, life-skills, and resiliency factors as they relate to behavioral problems in adolescents deserves further attention. How these concepts relate to various adolescent stages of development, with both genders, and within various SES and environments will be important for future research. Larger samples with equal race, gender, and age representation, from 12 to 19, are needed to test alternative methods.

A fully, standardized Lesson and Training Manual with instructional methods and materials for the counselors and adult mentor volunteers is important for consistency of results, and for generalization to other cultures and population samples. A standardized Resiliency and Assets program for all community youth organizations, teen drug and alcohol rehab centers, and juvenile correction institutions, as well as programs for parents and community leaders must also become a part of this effective intervention.

The most recent literature on resiliency is promising as multiple, new alternative strategies including developmental assets, life skills, and creative, interactive behavioral techniques are found to be successful in decreasing devastating risks for adolescents. National, state, and local governments must look towards effective, community efforts in helping our youth, as schools cannot be the only providers of prevention education programs. Business and community leaders, residents, and parents must want to become actively involved in helping our young people today to be successful in life by being a mentor who could build self-concept, developmental assets, and resiliency in our youth.
References


Search Institute. (1997). An asset checklist. The Search Institute, Minneapolis, MN.

Search Institute. (1997). The 40 developmental assets. The Search Institute, Minneapolis, MN.

Search Institute. (1997). The asset approach, giving kids what they need to succeed. The Search Institute, Minneapolis, MN.


APPENDIX

Chapter 1: Introduction 1 - 4

A. Program Purpose & Overview A1 - A3

Chapter 2: Literature Review 5 - 40

B. The 40 Developmental Asset Approach: The Search Institute 21
C. The 40 Developmental Assets Self Report 40
D. The Post Intervention Summary Self Report 40

Chapter 3: Method 41 - 62

E. Legal Disclaimer: Parent Permission slip to join VTV 43
F. Contract of Understanding with Ventnor City Hall 48

G. Adult Radio Copy 48
   G.1: Teen Radio Copy 48

H. Newspaper Article on the VTV Program: The Current Newspaper 49

I. VTV Opening Night: Parent’s Meeting, window flier 49
   I.1: Opening Night Agenda 49
   I.2: Agenda, pg. 2 49
   I.3: Resiliency Coaching Handout 49
   I.4: Resiliency handout, pg. 2 49

J. VTV Opening Night: Teen Party, window flier 49
   J.1: Teen Party Agenda 49
   J.2: School flier announcing program 49
K. Membership Form 50
L. VTV Membership Choices Sheet 50
M. Topics of Concern Vote Sheet 50
N. September 3rd Social Night Agenda: Topic – Conflict Management 50
O. September 10th Social Night Agenda: “Purpose for a positive future” 50
P. Group Rules Form 50
Q. Confidentiality Form 51
R. VTV Graduation Certificate 52
S. VTV Honors Graduation Certificate 52
T. Community Halloween Flier: Make A Difference Day Project 58
Program Purpose & Overview

It can only be hypothesized that a resiliency, developmental assets approach to building self-concept will be successful in helping the Ventnor, NJ area adolescents develop the skills to make wise moral decisions which control one's behavior and impulses, improve academic performance, improve social competence, provides satisfaction with their physical attributes, offers a positive sense of self-definition and sense of adequacy, and instills feelings of value as a family member; as measured by the Tennessee Self-Concept Scales: Second Edition (TSCS:2) (Fitts & Warren, 1996).

Through a combination of creative, behavioral and psycho-educational intervention meetings for one-hour a week over a 12-week period, as well as a minimum of three hours of peer social time per week within a healthy setting, it is assumed the teens will develop a sense of self-esteem, pride, a sense of purpose and accomplishment. By being a part of the Creative Arts Performance Troupe, and having weekly group counseling that includes 12 pre-planned, educational lessons; it is postulated that Group 1 and 2 members will show a greater degree of behavioral change and a higher amount of assets than will Group 3, with pre and posttest assessments. Group 3 will have 12-weekly, group counseling meetings discussing a “Topic of Concern” that their group will vote on to discuss. They are also suspected to show increased self-concept, developmental assets and positive behavioral changes when concluding their program than at induction, as all three groups are a part of a caring, community peer-social membership created to raise self-concept and developmental
assets while inspiring other positive changes within youth. Upon meeting all program requirements, the members of all three groups will graduate to become Elite Members of "Ventnor Teen Vision" (VTV), who will then learn to be peer mentors to other youth in their community.

The VTV Project will inspire adolescents to express their ideas, fears, feelings, opinions, and concerns within a safe, drug and alcohol-free environment; as well as offer a wide-range of programs that address the concerns of today's youth. Through a team approach, a caring counselor graduate-student director and adult mentor-volunteers will inspire goal-setting, involve teens in recreational and community activities, provide individual and group counseling that addresses risky behaviors, and schedule regular weekly meetings and social activities. The youth will have a "home away from home" where they will always feel wanted, valued, cared for, and be part of a peer and community group where their input is important and encouraged.

It is the ultimate goal of this research to show that the VTV's approach to increasing adolescent's self-concept and the 40 protective developmental assets will be significant enough to be considered for funding similar community programs throughout the country, as statistically measured by the TSCS-2 and by considering the pre and post 40 Developmental Assets Self-Report (Search Institute, 1997), and a Post-Intervention survey developed specifically for this study by its director.

Although the two self-report surveys are not considered empirical assessment tools for this study, research has concluded (Brown, 1999, Farrell & White, 1998, Latimer, Winters & Stinchfield, 1997) that although multiple methods should be used to test the
validity of a self-report, adolescents tend to be truthful in reporting rates of positive and negative problem behaviors such as smoking, drug & alcohol use and risky sexual behaviors; and is an accurate way to measure adolescent behaviors.

Teens today need programs available such as VTV that inspires them, their families, schools, neighborhoods, business and other community leaders and organizations to be involved. This creative, behavioral and psycho-educational approach to self-esteem building in youth will ultimately provide a safer community for all residents and inspire positive teen role models for the young children who are so influenced by older siblings and the teens within their community today.
## 40 Developmental Assets

Search Institute has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ASSET NAME AND DEFINITION</th>
</tr>
</thead>
</table>
| **Support**                   | 1. Family support—Family life provides high levels of love and support.  
2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).  
3. Other adult relationships—Young person receives support from three or more nonparent adults.  
4. Caring neighborhood—Young person experiences caring neighbors.  
5. Caring school climate—School provides a caring, encouraging environment.  
6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school.                                                                                                                                 |
| **Empowerment**               | 7. Community values youth—Young person perceives that adults in the community value youth.  
8. Youth as resources—Young people are given useful roles in the community.  
9. Service to others—Young person serves in the community one hour or more per week.  
10. Safety—Young person feels safe at home, at school, and in the neighborhood.                                                                                                                                 |
| **Boundaries & Expectations** | 11. Family boundaries—Family has clear rules and consequences and monitors the young person’s whereabouts.  
12. School boundaries—School provides clear rules and consequences.  
13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people’s behavior.  
14. Adult role models—Parent(s) and other adults model positive, responsible behavior.  
15. Positive peer influence—Young person’s best friends model responsible behavior.  
16. High expectations—Both parent(s) and teachers encourage the young person to do well.                                                                                                                                 |
| **Constructive Use of Time**  | 17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.  
18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.  
19. Religious community—Young person spends one or more hours per week in activities in a religious institution.  
20. Time at home—Young person is out with friends “with nothing special to do” two or fewer nights per week.                                                                                                                                 |
| **Commitment to Learning**    | 21. Achievement motivation—Young person is motivated to do well in school.  
22. School engagement—Young person is actively engaged in learning.  
23. Homework—Young person reports doing at least one hour of homework every school day.  
24. Bonding to school—Young person cares about her or his school.  
25. Reading for pleasure—Young person reads for pleasure three or more hours per week.                                                                                                                                 |
| **Positive Values**           | 26. Caring—Young person places high value on helping other people.  
27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty.  
28. Integrity—Young person acts on convictions and stands up for her or his beliefs.  
29. Honesty—Young person “tells the truth even when it is not easy.”  
30. Responsibility—Young person accepts and takes personal responsibility.  
31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.                                                                                                                                 |
| **Social Competencies**       | 32. Planning and decision making—Young person knows how to plan ahead and make choices.  
33. Interpersonal competence—Young person has empathy, sensitivity, and friendship skills.  
34. Cultural competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.  
35. Resistance skills—Young person can resist negative peer pressure and dangerous situations.  
36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.                                                                                                                                 |
| **Positive Identity**         | 37. Personal power—Young person feels he or she has control over “things that happen to me.”  
38. Self-esteem—Young person reports having a high self-esteem.  
39. Sense of purpose—Young person reports that “my life has a purpose.”  
40. Positive view of personal future—Young person is optimistic about her or his personal future.                                                                                                                                 |
An Asset Checklist

Many people find it helpful to use a simple checklist to reflect on the assets young people experience. This checklist simplifies the asset list to help prompt conversation in families, organizations, and communities. **NOTE:** This checklist is not intended nor appropriate as a scientific or accurate measurement of developmental assets.

1. I receive high levels of love and support from family members.
2. I can go to my parent(s) or guardian(s) for advice and support and have frequent, in-depth conversations with them.
3. I know some nonparent adults I can go to for advice and support.
4. My neighbors encourage and support me.
5. My school provides a caring, encouraging environment.
6. My parent(s) or guardian(s) help me succeed in school.
7. I feel valued by adults in my community.
8. I am given useful rules in my community.
9. I serve in the community one hour or more each week.
10. I feel safe at home, at school, and in the neighborhood.
11. My family sets standards for appropriate conduct and monitors my whereabouts.
12. My school has clear rules and consequences for behavior.
13. Neighbors take responsibility for monitoring my behavior.
14. Parent(s) and other adults model positive, responsible behavior.
15. My best friends model responsible behavior.
16. My parent(s)/guardian(s) and teachers encourage me to do well.
17. I spend three hours or more each week in lessons or practice in music, theater, or other arts.
18. I spend three hours or more each week in school or community sports, clubs, or organizations.
19. I spend one hour or more each week in religious services or participating in spiritual activities.
20. I go out with friends "with nothing special to do" two or fewer nights each week.
21. I want to do well in school.
22. I am actively engaged in learning.
23. I do an hour or more of homework each school day.
24. I care about my school.
25. I read for pleasure three or more hours each week.
26. I believe it is really important to help other people.
27. I want to help promote equality and reduce world poverty and hunger.
28. I can stand up for what I believe.
29. I tell the truth even when it's not easy.
30. I can accept and take personal responsibility.
31. I believe it is important not to be sexually active or to use alcohol or other drugs.
32. I am good at planning ahead and making decisions.
33. I am good at making and keeping friends.
34. I know and am comfortable with people of different cultural/racial/ethnic backgrounds.
35. I can resist negative peer pressure and dangerous situations.
36. I try to resolve conflict nonviolently.
37. I believe I have control over many things that happen to me.
38. I feel good about myself.
39. I believe my life has a purpose.
40. I am optimistic about my future.
VENTNOR TEEN VISION
POST INTERVENTION SURVEY

Group ____________ I am: Male_____ Female_____ Age/Grade__________

Please check the column which best applies with an "X".

The Group Sessions or Seminars that I have been attending at this Center has had a
Positive Impact upon my:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>SOMETIMES</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to find positive ways to deal with problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate &amp; express feelings in a positive way</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of self-worth, esteem &amp; confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to help friends who need assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with other adolescents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with members of my family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to help family members who need assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to cope with anger and stressful situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Created a more positive attitude towards school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall school work and grades improved</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School attendance has improved</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to improve and change my behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to stay out of trouble and make wiser choices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved my physical health and well-being</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As a Result of participation in this Program: (Please circle the choice of “Decrease” or “Stop” where marked by a *).

I have greater awareness of tobacco, alcohol & drug related problems     
*I have chosen to decrease or stop my cigarette smoking or nicotine use     
*I have chosen to decrease or stop my use of alcohol     
*I have chosen to decrease or stop my use of marijuana     
*I have chosen to decrease or stop my use of cocaine and harder drugs     
I have a greater awareness of community resources for help     

D
LEGAL DISCLAIMER

I, ________________________, fully understand that my participation in the Ventnor Teen Vision Project & Riana Beatty's Master's Thesis Program entitled "Resiliency Counseling for Behavioral Change" is solely on a Volunteer basis. I am not being paid to participate, nor am I paying for any education, counseling, training materials or handouts, special guest speakers, or any other information or materials that I acquire while being a volunteer participant in the Resiliency Thesis Program.

I understand that Riana Beatty is a MA Student at Rowan University, and is not operating this project as a Certified or Licensed Professional Counselor; as a paid employee, nor as an employee of Ventnor City Hall. She is strictly a Volunteer, providing a free, Counselor-in-training (Group & Individual) and Educational Service to myself as part of her Master's Thesis Program. I hold harmless Riana Milne-Beatty, her family, and Riana, Inc. Choice Counseling & Consulting Services; all Staff Advisors and Instructors for Riana Beatty from the Psychology Department at Rowan University and Rowan University itself; all Ventnor Teen Vision Project Volunteers, and all members of Ventnor City Hall and their families; and agree that this Volunteer Project is done for the good of the Teens in the Ventnor community. Therefore, I will not, nor my parents/guardian enter into any lawsuits, personal or corporate, against any or all parties aforementioned.

My Parent/Guardian understands this is not a Babysitting Service, and only I am accountable to my whereabouts & presence during the program. I also understand that I may withdrawal from either the Ventnor Teen Vision Project or the Thesis Resiliency program at anytime, with written notice. I also understand that if Riana Beatty or any of the program Volunteers make referrals or recommendations to me for Professional Counseling, Job interviews, Treatment Centers, Medical Centers or to any other professional person or facility; it is solely my choice as to whether I explore these referrals, and agree to pay their standard fees. All Ventnor Teen Vision Project Volunteers are held harmless to my opinion or satisfaction with any referral source I use.

I sign below freely. If I am under the legal age of 18, a parent or Guardian signs along with me.

__________________________  Date  ________________________  Witness/Ventnor Teen Vision
Teen Volunteer/Member  Parent/Guardian

E

2 South Dorset Avenue  Ventnor City, NJ  08406-2832
Phone: 609-822-4933  Remote: 609-412-1343  Fax: 609-822-4933  Email: RIANA4933@aol.com
This Contract of Agreement between Terriana (Riana) Milne-Beatty & the Officials at Ventnor City Hall (signed by Dr. William Thomas, City Administrator) confirms the following understanding:

1) The Community Service Program “Ventnor Teen Vision” was proposed & created by Riana Beatty and is run under the Corporation of Riana, Inc & Choice Counseling & Consulting Services.

2) Riana Beatty has obtained her own Professional Liability Insurance to be a Counselor-in-training (Student) for her Volunteer position as Director of this program; and to conduct Individual & Group Counseling and Education for her Resiliency Thesis Program.

3) Any funds collected in behalf of Ventnor Teen Vision Project or the Thesis Program, “Resiliency Counseling for Behavioral Change in Adolescents” will be directed to the resources, supplies, and other expenses as Riana deems necessary. She will have full control over this fund; with accounting verified by Paul Maccagnano, Ventnor Finance Commissioner. Any initial Donations will go to expenses already incurred on her behalf for this project; as proved by receipts.

4) All supplies, training materials, videos, handout materials, books, tapes, or other materials bought or acquired by Riana for the purpose of either project remains her property.

5) All Seminar/Educational notes, handouts, assessment tools, tapes or books, or Project Forms either acquired or written by Riana may not be copied or used for any purposes without her written approval.

6) All research materials used and acquired for both programs are the sole ownership of Riana Beatty.

7) It is understood that research and test batteries results and project findings will be typed and submitted for various publications; other than just for Riana Beatty’s Master’s Thesis Paper.

8) Should Riana Beatty find it necessary to resign as Project Director, all research materials, notes, tests, handouts, and supplies bought, written, or acquired by her since the Project onset will belong to her; and will be removed by her from the Ventnor Teen Center.

Terriana (Riana) Milne-Beatty       Date       Dr. William Thomas       Witness

F

2 South Dorset Avenue   Ventnor City, NJ   08406-2832
Phone: 609-822-4933   Remote: 609-412-1343   Fax: 609-822-4933   Email: RIANA4933@aol.com
ADULT RADIO PSA: "VENTNOR TEEN VISION" PROGRAM
RELEASE DATE: 8/1/99
Contact: Riana Beatty (609) 822-4933

***A Full Press Release on this Project is enclosed to explain details & benefits of this program. Please Use Upbeat, Jazz type Music when producing this spot. THANK YOU!

:30 Spot
The Ventnor Teen Vision Program announces an Information Night for "Creating a Community Coalition for Visionary Youth;" on Friday, August 20th at 6:30 p.m. Concerned parents of Teens in grades 6-12, Adult Mentors, Community-Business & Religious Leaders should attend. Donations of Time, Food, or Services that benefit teens are needed. This FREE program is a Community effort to provide Ventnor Youth with a Positive Vision for Their Future; through the use of Resiliency & Life Skills training to build Developmental Assets. Open House for Teens is Friday, August 27th from 6:30-9:30. To RSVP for Parent or Teen Night; call Riana Beatty at 822-4933.

:60 Spot
The Ventnor Teen Vision Program announces an Adult Information Night for those interested in becoming a part of the “Ventnor Community Coalition for Visionary Youth;” on Friday, August 20th at 6:30 p.m. Concerned parents of Teens in grades 6-12, Adult Mentors, Community-Business & Religious Leaders should all attend. Donations of Time, Food, or Services that benefit teens are needed. This FREE program is a Community effort to provide Ventnor Youth with a Positive Vision for their Future; and is based on the research done on Resiliency & Life Skills training to build the 40 Developmental Assets teens need to succeed. Open House & Teen Social is the following Friday, August 27th, from 6:30-9:30 p.m.; with the Teen Vision Program held every Friday through December. Both the Information Meeting & Teen Vision Program Open House is held at the Ventnor Community Center on Newport Avenue. To RSVP for either Program, call Riana Beatty, the Ventnor Teen Vision Director, at 822-4933. Space is limited, call today; 822-4933.
VENTNOR TEEN VISION PROGRAM

RELEASE DATE: 8/1/99; please run through 8/20/99; as much as possible.
Contact: Riana Beatty (609) 822-6606

***A Full Press Release on this Project is enclosed to explain details & benefits of this program.
(Please use popular, High-energy, Dance-type Music when producing spots) THANK YOU!

:30 Spot
Ventnor Teens, you asked for it, you got it! Ventnor Teen Vision is your chance to make a
difference in your life, your community, your world! Teens in 6-12th grade can be a part of this exciting
program that explores important Teen issues like self-esteem & image, job training, stress management &
more. Learn the Skills Teens need to succeed! This FUN program is looking for Cool kids like you to be
involved! It includes Dances & parties, a Modeling Troupe, Life Skills, Group discussions and more! Open
House for Teens is Friday, August 27th, 6:30-9:30 p.m. at the Ventnor Teen Center. Bring your favorite CD
& a friend! It’s FREE! Call Riana Today to RSVP at 822-4933, that’s 822-4933!

:60 Spot
Ventnor Teens, you asked for it, you got it! The Ventnor Teen Vision Project is your chance to make a
difference in your life, your community, and your world! Feel important and own a sense of pride
by helping yourself through helping others! Ventnor Teens in grades 6-12, can now be a part of this
exciting, FREE program that explores important Teen issues like self-esteem & image, job searching,
stress management, communication skills & more. Learn the 40 Developmental Assets that Research shows
Teens need to succeed! This FREE & Fun program is looking for Cool Kids like you to get involved! It
includes Dances & parties, Modeling & Performance Troupe, Community service, Group Discussions,
Seminars, and a Job Board. This Program provides Teens with a Vision for a Successful Future!
Information Night for Parents & Adult Volunteers is Friday, August 20th at 6:30 p.m. at the Ventnor Teen
Center, Newport Avenue & the Beach. Teen-Only Open House is Friday, August 27th, 6:30-9:30 Bring a
Favorite CD & a Friend! For details and to RSVP, call Riana, the Ventnor Teen Vision Director, at 822-
4933. Space is limited, call Riana today at 822-4933.

G.1

2 South Dorset Avenue  Ventnor City, NJ  08406-2832
Phone: 609-822-4933  Remote: 609-412-1343  Fax: 609-822-4933  Email: RIANA4933@aol.com
Ventnor ‘Teen Vision’ program offers a brighter future

By KATHY HUNT
Staff Writer

One Ventnor resident is hoping to give local teens an opportunity to “help themselves by helping others.” This is the theme of a new teen-counseling project called the Ventnor Teen Vision program.

Riana Beatty, a master’s degree student in applied clinical psychology and counseling at Rowan University, is developing her master’s thesis while helping meet the needs of teens in her Ventnor community. The Ventnor Teen Vision program is a response to requests from parents, residents, business owners and teens to address the concerns of teen violence, stress, anger and “having a lack of vision for their future,” according to a press release.

The program will be held from 6:30 to 9:30 p.m. every Friday night for teens in grades 6 to 12. Teens are asked to bring a favorite CD and a friend.

“Many communities are developing similar programs for teens in recent years, particularly in the wake of such incidents as school shootings, states Beatty. The Ventnor project is based on the Minneapolis-based Search Institute’s ‘Healthy Communities – Healthy Youth’ initiative. The efforts provide training, resource and vision for positive youth development, according to Beatty.

Children need to develop certain social assets, something today’s youth is not acquiring, she states. She quotes research that claims only 3 percent of teens who acquire most of the necessary social assets delve into problem alcohol use, while 53 percent of young people who have 40 percent or less of the required assets have drinking problems.

“I have often heard ‘yes, there are problems, but what could one person do?’ or ‘people are looking to place blame on one entity for our teens’ problems,’” says Beatty, who hopes many individuals and organizations will become involved in the new program.

“It does take the collective efforts of an entire community to help our young people succeed in life.”

The Teen Vision program will consist of group discussions and education on what Beatty defines as “life skills most pertinent to today’s teens,” such as job interviews, building self-confidence, creating resumes and cover letters, and how to dress for an interview.

Special group and educational meetings will also be held at 6:30 p.m. Wednesday and Thursday nights at the Ventnor Community Center behind the library at Newport Avenue and the beach.

The agenda for the 3-hour meetings will include group discussion, teaching of life skills and free social time. Teens can join as a social-only member, a social-group discussion member, or as a social-card member. The last category will receive training in resiliency, life skills and job training.

Incentives will be offered for joining – dances, parties, social time, pool and volleyball tournaments, field trips, creative writing and art sharing, and guest speakers.

Beatty’s background includes owning and directing a three-time national award winning model and talent agency and school in Pennsylvania and New York City. She has experience in the modeling and entertainment industry. Her counseling experience comes from time as an assistant substance awareness counselor at the Atlantic City High School, a counselor/technician at the Lighthouse Rehabilitation Center in Mays Landing, and domestic violence counseling. She was recently accepted into the Alpha Lambda organization at Rowan University for excellence in service to graduate and professional school students through outstanding scholarship and leadership.

Ventnor City Administrator William Thomas said Beatty’s contributions to the youth programs in Ventnor are welcome.

The Community Center offers youth programs, but are only not offered until November, said Thomas.

“Riana offered to do her brand of teen counseling until November and if things work well, she’ll try to dovetail her efforts with what’s going on in the programs,” said Thomas.

The Teen Vision Program will not actually offer counseling from an authority figure, but a venue where teens are able to discuss their problems with each other and with adults.

“If one kid gets a job or has a positive experience, then we’re one up,” said Thomas. “I hope it’s nothing but a success.”

A preliminary information night will be held at the Community Center at 6:30 p.m. Aug. 20. The session will provide information for parents, teens, neighbors, and anyone interested in becoming a volunteer.

A teen social and open house will be held from 6:30 to 9:30 p.m. Aug. 27. Those interested in attending the information center, or for more information about the Ventnor Teen Vision program, may call Beatty at 822-4933.
VENTNOR TEEN VISION PROGRAM  
"TEENS HELPING THEMSELVES BY HELPING OTHERS"

FRI 8/20: 6:30 p.m.  INFORMATION NIGHT
"Creating a Community Coalition for Visionary Youth"

WHO SHOULD ATTEND?
- Concerned Parents of Teens in grades 6-12
- Peer Leaders
- Adult Mentors
- Concerned Neighbors & Volunteers
- Community, Business & Religious Leaders
- Anyone wishing to Donate Time, Food, Services or Items to benefit the Teens

FRI 8/27: 6:30-9:30 p.m.  TEEN SOCIAL & OPEN HOUSE!
Bring your Favorite CD & a Friend! Discover the many Free Activities offered & sign up to be a Ventnor Teen Vision Member! For Grades 6-12.

ACTIVITIES INCLUDE:
- DJ Dance Parties
- Modeling & Dance Troupe
- Group Open Discussion
- Pool, Volleyball & Ping Pong Tournaments
- Job Training & Postings for Teens
- Resiliency/Life Skills Training for Developmental Assets
- Community Service, Field Trips & Much More!

MEMBERSHIP IS FREE TO ALL VENTNOR TEENS GRADES 6-12!
TO RSVP for either night, call Riana Beatty at (609) 822-4933
Meetings are held at the Ventnor Community Center behind the Library, Newport Ave.
VENTNOR TEEN VISION
PARENT/VOLUNTEER INFORMATION NIGHT
Friday, 8/20/99

MEETING AGENDA
Supplies: Boom Box & CD’s
Red Poster
Flip Chart
3 Blue File Folders: Forms, Tests & Handouts
Volunteer List Clip Board
Video
Business Cards
pens
Books from Search Institute
VTV Notebooks
Cell Phone – call for Pizza
Cups & Ice Tea/Soda
Calendar

Welcome Table
For Parents who attend:
Membership Forms
Legal Disclaimer to read & sign
Membership Choices
For Volunteers who attend:
Volunteer Forms
Membership Choices
For All in attendance:
Assets & Resiliency packet

Presentation Order
• Welcome, Thank you & Introduction

• Survey audience: Parents, Govt. Leaders, School leaders, Religious leaders, Business Leaders & Volunteers (Hopefully at the end they will all be Volunteers!)

• Briefly explain 40 Developmental Assets – use handouts

• Explain what Resiliency is – on Handout

• Explain VTV Program:
  1. Membership Choices
  2. Pass Assets Card & Graduation Certificate
  3. Group Topics Choices
  4. Social Membership & pass around List of Activities
  5. Pass around Assessments: For assessing area Teens needs & for future Funding of Program
  6. Explain limit of Teens & parents may sign up tonight, or drop at my home

I.1
• Explain Donations needed & Volunteer Program

• Volunteers for Group 1, 2 & C time, services
  1. Pass Sign-up board (Food, sodas, T-shirts, hats, Gift certificates, Prize Packages, Money & Time)
  2. Ask for In-school volunteers, ways to recruit Teens by next Fri, help with postage, copies, and printing, DJ for Dances, field trip ideas, etc.
  3. Pass in completed Volunteer forms & meet with me & each other briefly afterwards

Volunteer Meeting

• Sign-up on Call & Date List
• Introductions & brief background & why wanting to volunteer
• Special services or talent they can offer
• Calls they can make to get Donations of all types
• Help in getting Teens to Open House on 8/27
• Volunteers for next Friday: Discuss clothing
• Volunteers for Group 1 & 2 meetings
• Volunteers for Performance Troupe: Special talent to train
• Discuss Halloween Haunted House & Dance for Teens
• Discuss Field Trip ideas – Any connections?
This method of teaching/counseling, which the Ventnor Teen Vision Members who Volunteer to be a part of the special counseling sessions will receive, encourages changes in negative behavior by building on positive individual traits (Developmental Assets); which in turn builds Resiliency Factors.

**Resilience:** An ability to recover from or adjust easily to misfortune or change. (Merriam Webster’s Collegiate Dictionary, 1996.)

**Resiliency Factors:** Individual personality traits that enable a person to recover quickly from disappointments and defeats, to turn losses into learning experiences, and to cope with life events, adversities, and settings that are normally thought of as inducing hopelessness or failure. (Louis, 1998; Turner, Norman & Zunz, 1995).

**Research shows:** the more Developmental Assets & Resiliency Factors a young person has, the less likely they are to engage in negative or risky behaviors to cope or recover from losses, disappointment, change, or defeats; and the more likely they are to be happy & successful.

**There are 5 Major life spheres or risk domains that affect youth:**
- Individual
- Family
- School
- Peer Group
- Community

**Individual-based risk factors identified as placing youth at risk for Alcohol, Tobacco & Drug (ATOD) use:**
- Inadequate Life Skills
- Lack of Self control, assertiveness & peer-refusal skills
- Low Self-esteem & Self-confidence
- Emotional & Psychological problems in one or all of the above domains
- School failure & lack of bonding at school
- Rejection of commonly held values & religion
- Early antisocial behavior: such as lying, stealing, and aggression; often combined with shyness or hyperactivity
- Favorable attitudes toward ATOD reinforced by peers, family or societal use
The use of alcohol, tobacco & other drugs (ATOD) by young people is often linked with the following social problems that frequently affect the same young people:

- High rates of school failure or dropout
- Teen pregnancy & young single parenthood; babies born with addictions or FAS
- Adolescent depression, self-inflicted violence, including suicide
- Preadolescent & adolescent gang activity & neighborhood crime/violence
- Domestic & child abuse, neglect, abandonment, runaway & homeless youth
- Increasing incidence of AIDS among young adults, due to sexual activity or drug use
- Widespread teen unemployment, especially among minority youth

The aim of Ventnor Teen Vision Resiliency Coaching is to decrease the risk factors & enhance the factors that protect & bolster the Resilience of our young people. This Coaching includes the following strategies:

- **Social & Life Skills Training**: communication, problem solving, decision making, control of anger & aggression, understanding of feelings & emotions, skills necessary to acquire a job.
- **Alternative Activities**: that encourages fun, bonding, creativity, self-confidence & expression.
- **Individual or Group Therapy or Counseling**: Volunteer adult Mentors & teams encourage communication & feedback from individuals & peers for learning and growth encouragement. Assessments are made before & after Program to assess group needs & Learning affects.
- **Mentoring Programs**: Community Volunteers, Religious leaders, College students, Teens who graduate from Group A become Teen Mentors to new Youth in program to provide positive role models, advisement & friendship.
- **Family Skills Training**: teaching responsibility, loyalty, trust & communication with parents, siblings and other adults.
- **Parent Training Skills**: teaching the Developmental assets so parents may use these at home; also skills such as appropriate disciplinary tactics, understanding of risk factors, stress management, and teaching independence & responsibility within the family.
- **Educational Planning**: encouragement of higher learning, goal setting for a career path, taking pride in school work & achievements, learning that “Knowledge is Power!”
- **Positive Peer Group**: The Performance Troupe is a special Group that chooses to engage in community events through a creative outlet such as music, dance, acting or modeling. This interaction of teen volunteers encourages group decisions, support, encouragement & pride.
- **Peer Resistance Training**: use of role play to “say no” and teach personal empowerment to avoid relationship abuse, the use of ATOD’s, sexual pressure; which increases personal self-control, confidence & respect.
- **Communication Skills**: speaking before a group, manners in speech, breaking vocal habits, job interview skills, respect in communicating with others, the art of listening.
- **Community Service**: Teens learn to “Help themselves by helping others” in feeling the satisfaction in helping others in need or less fortunate than themselves. Opportunities to make positive contributions to their community and establishing a sense of pride & membership within their neighborhood.
VENTNOR TEEN VISION

*GRAND OPENING*

TEEN PARTY!

FRIDAY, AUG. 27th

- FREE HOT DOGS, PIZZA, SODA & CANDY!
- BRING FRIENDS & MUSIC!

- FOR: TEENS in 6-12th Grade
- TIME: 6:30-9:30 pm. DROP IN & HANGOUT!
- PLACE: VENTNOR TEEN CENTER
  Newport Ave & the Beach
  • SIGN UP TO BE A VTV MEMBER!
  FREE TEEN SOCIALS EVERY FRIDAY & MORE!
  MEMBERSHIP IS FREE!

Sponsored by Ventnor Teen Vision. For Info call Riana Beatty at 822-4933

2 South Dorset Avenue  Ventnor City, NJ  08406-2832
Phone: 609-822-4933  Remote: 609-412-1343  Fax: 609-822-4933  Email: RIANA4933@aol.com
TEEN OPEN HOUSE: Fri, 8/27/99

Agenda

Donations for Teen Open House/Thank you cards written for:
- 12 Pizzas - Ventnor VFW
- Hot Dogs & Rolls - Custards Last Stand & Annettes Restaurant
- Sub Tray: Sack O' Subs of Ventnor
- Sodas - Father Sullivan at St James Church
- Candy Assortment: Jagiesky's Candies
- Balloon Decorations & Food/Door Prize Tickets: Party Poopers of Egg Harbor Twp
- Door Prizes: Two $5 Movie Packs from West Coast Video

Post Sign Thanking all Sponsors. Room to be set up as following:
1. One table is set up with forms, Information books, pens
2. Music Boom Box with a selection of Dance CD's set up on another table; Music to play entire time
3. 3 Sony Play Stations with monitors set up
4. Pool table ready with balls/sticks
5. An assortment of games are supplied, one placed at each table; includes: Trivial Pursuit, Scrabble, Rummikube, Checkers, Chess, Adverteasing, Book of Questions
6. TV in room not allowed to be watched, this is a Social event.
7. Ten Volunteers plus Riana is present. Riana, Maria & Kendra help teens with info, Marty-Martin & Amy in the kitchen with food, George at the Entrance Door & with sign-in sheets, Billy with Food Tickets, Doug amongst tables, Wallace by Boom Box & Back door, the Mayor to oversee the room.

ORDER OF EVENTS

The two goals of tonight's Open House is to greet the Teens, make them feel welcome, give them plenty of free food, play music & games, and hope they have a good first experience with Ventnor Teen Vision. The second goal is to get teens the membership info & ask them to sign up for a group they are interested in being a member of, and make sure all teens have a permission slip to bring to next Fri Social.

- Teens sign in Name, address, phone, Time arrived (and time they leave)
- Fill out membership forms; take completed forms to volunteers to get food/Door Prize ticket
- Volunteers ask each Teen which membership group they want to sign up for (A, B or C)
- Volunteers bring forms to Riana, who signs them into the Roster book. Teens can choose to join either Group 1 & 2 (Performance Group), Group 3 (Topic), or C (Social-only) groups. Groups divided by age 1 (12-14), 2 (late 14+); 3 (age 13-16), 18 spaces per group. Group C has unlimited space, members must be a Ventnor resident.
- After groups are filled, those desiring to be in a filled group may go on that Group's wait-list.
- Food will be served from 7:30 until 9 pm; teens line up to present food tickets
- Riana does Welcome announcement at 8 pm. Discusses brief rules, membership opportunities, importance of Parents Permission slip/needed by next weeks meeting (Total time: 5 minutes)
- Door Prizes awarded at 9 pm. Ask Teens to clean up their areas, push in chairs, etc.
- Teens to sign out by 9:25 pm; volunteers can leave by 9:30

*****TOTAL TEENS THAT SIGNED IN; 78! A SUCCESSFUL OPENING NIGHT!
WHO CARES ABOUT YOU? We Do!
VENTNOR TEEN VISION

- TEEN SOCIAL NIGHT EVERY FRIDAY 6:30 – 9:30 p.m.!
  Drop in & Hang Out: Bring Friends & Music FREE FOOD!
  Where: Ventnor Teen Center- Newport Ave. & The Beach

- ADULT MENTORS AVAILABLE WHO LISTEN & CARE!
  Every Fri 6:30-9:30 pm (started 8/27)!
  Every Wed & Thurs 6:30-9:30 pm (starting 9/15)

- FREE GROUP COUNSELING on Topics YOU Choose (starts 9/16)

- FREE LIFE SKILLS, ASSETS & RESILIENCY Training (starts 9/15)
  Topics Include: Job Interview & Resume Coaching, Confidence, Self Esteem, Goal Setting, Stress & Anger Management, Friends, Personal Empowerment & Success

- PERFORMANCE TROUPE & other CREATIVE GROUPS
  Looking for those who want to be Models, Dancers, Singers & Actors to perform throughout the area! Writers & Artists: WE WANT YOU TOO!

- COMMUNITY SERVICE PROJECTS & GUEST SPEAKERS
  Teens Helping Others by Helping Themselves!

MEMBERSHIP IS FREE!
Space is Limited in the Special Groups
Call Riana Beatty at 822-4933 or Sign-up Friday Night!
**Name** ____________________________ **Age** ______ **Grade** ______

**Address** ____________________________ **City** ______ **State** ______ **Zip** ______

**Home Phone** ____________________________ **Parent work/cell ph** ______ **x-** ______

**Parent/Guardian Name(s)** _____________________________________________________________

**Emergency Contact Name** ____________________________________________________________ **Phone** ______

**2nd Contact Name** _______________________________________________________________ **Phone #** ______

**Insurance Information:**

<table>
<thead>
<tr>
<th>Company</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

**Policy #** ______ **Group #** ______

**Insured Name & Relation to you** _________________________________________________________

**School you attend** ____________________________ **Homeroom** ____________________________

**Last year’s Final grades were mostly:** (circle 1-2 choices) **A** **B** **C** **D** **F**

**Last year’s School Activities included:**

<table>
<thead>
<tr>
<th>Sports:</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clubs:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Drama or Performing Arts:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Educational Groups:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Community Groups:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Other:</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

**Job’s I have held & Pay rate:** _________________________________________________________

**My Ideal Job at this age would be:** ___________________________________________________

**Future Goals Include:** ______________________________________________________________

**My Ideal Career by age 25-30 would be:** _____________________________________________

**The Adult I am closest with is** ____________________________ **. He/she is age** ________

**The reason I admire them is because** __________________________________________________

Thank You!

K

2 South Dorset Avenue Ventnor City, NJ 08406-2832

Phone: 609-822-4933 Remote: 609-412-1343 Fax: 609-822-4933 Email: RIANA4933@aol.com
GROUP 1 & 2: Performance Group  
Starts Wed 9/15! The Performance Group meets on Wednesdays, and will consist of two groups.
Group 1 is for Jrs (age 12-14) and will meet from 6:30-7:30 pm and Group 2 is for Srs. (age late-14 +) who will meet from 8-9 pm. Arrive 15 minutes early; you will need a 3-ring Notebook, pen & paper.

This Group is limited to 18 members each, and will be taught the 40 Developmental Assets & Resiliency Coaching techniques as proven by research to be the key ingredients for a successful future. There will be 12 meetings, the 1st for Introductions & Overview, the 2nd, 10th & 11th for Assessments, the 12th will be for Graduation rehearsal and conclusions. There are 9 planned lessons. Topics include Job skills: how to interview, write resumes, proper wardrobe sales & PR skills; which enables this group to be posted for jobs that are called to the center. Other topics are image, self-esteem, communication, empowerment, goal setting, mental & physical wellness, holistic & spiritual healing, meditation & more. These members also have the opportunity to be a part of the Performance Troupe, which will consist of models, actors, dancers & singers; who will perform for Community activities and Benefits. Those in the Performance Troupe will have other meetings for practice & rehearsals. **Sign up with Registration & parent-signed Legal Disclaimer forms.**

GROUP 3: Topics Group  
Starts Thurs 9/16! Topic Discussion Group meets Thursdays from 6:30-7:30 pm. Each are asked to arrive 15 minutes early as group must start on time. Topics discussed are voted on by each Group’s members (see Topics Sheet). After a total of 12 meetings (the 1st for Introductions & overview, the 2nd, 11th & 12th for Assessments); the Group will hold a Certificate Graduation. Members may not miss more than two sessions. **Groups are limited to 18 members each.** Group 3 members may sign-up for Group 1 & 2 at any time, but can only after receiving their Certificates from Group 3’s program. Members in this Group are full Social members as well. **Sign up with Topics Sheet, Registration & parent-signed Legal Disclaimer forms.**

Upon receiving Certificates of Completion & graduating from either Special Assets program, members will receive a “Values Card”; which will identify them as Peer Leaders for Ventnor Teen Vision. They will become Junior Counselors & mentors to current or new members, and help our staff with new ideas and event planning. Card members receive 20% off all sale items & fees for events and socials. Members cannot miss more than 2 meetings to receive their Certificate & Values Card. These members are also full social members. **Sign up with Registration & parent-signed Legal Disclaimer forms.**

Social Group  
Starts Fri 8/27! Every Friday, 6:30-9:30 pm is **Social Teen Night.** Every VTV member is a Social member. However, you are a Social-only member if you are not also in either Group 1 & 2 or 3. At anytime you may sign-up to join those groups; but if their session has started, you will be put on a wait-list for when a new Group session begins. Social members are invited to attend the Teen Center anytime on Fridays from 6:30 to 9:30 pm, for Open Social Time. You are encouraged to bring a friend, CD’s, snacks, games, and any other activities you’d like to share. Pool & ping-pong tables are open for play. Counselor-volunteers are available for individual talk time to discuss any of your concerns. Informal group discussion will be available. You are invited to attend all Social & community events, dances, and any other Teen Center activity. Social membership is limited to area residency. **Sign up with Registration & parent-signed Legal Disclaimer forms.**
TOPICS FOR GROUP DISCUSSION

YOUR CHOICE COUNTS! Please rate topics from 1 to 10 (#1 being your first choice). You may suggest additional Topics on the back of this sheet. The top 10 choices tallied from your age group will be the Topics of your Weekly Group Discussion.

Group 3 (Discussion Group) Starts: Thurs. 9/16 Please arrive 15 minutes before start time!
(ages 13-19) 6:30 – 7:30 pm

This Group is limited to 18 Teens. Those who hand in this sheet, Legal Disclaimer & Registration form will be accepted first. There are a total of 12 sessions; 1st for Overview & Introductions, 2nd, 11th & 12th sessions for assessments, Conclusions & Graduation practice. There will be 9 Topic Discussion lessons. Certificates of Completion will be awarded at completion, however if you miss more than 2 meetings, you will not receive a Graduation Certificate. A wait-list is available for a second series of Groups if you are not able to get in the first round.

**TOPIC CHOICES** (Choose what you feel is the most important 10 Topics for Discussion)

<table>
<thead>
<tr>
<th>Topic Choices</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence in relationships, the home &amp; in school</td>
<td></td>
</tr>
<tr>
<td>Anxiety, Fear &amp; Stress</td>
<td></td>
</tr>
<tr>
<td>Depression, Hopelessness &amp; Suicidal Thoughts</td>
<td></td>
</tr>
<tr>
<td>Nutrition, Well being, Eating Disorders</td>
<td></td>
</tr>
<tr>
<td>Holistic Healing for Mental &amp; Physical health</td>
<td></td>
</tr>
<tr>
<td>Anger &amp; Conflict Management</td>
<td></td>
</tr>
<tr>
<td>Communication skills with friends &amp; family</td>
<td></td>
</tr>
<tr>
<td>Image &amp; Self pride</td>
<td></td>
</tr>
<tr>
<td>Self-esteem &amp; Confidence</td>
<td></td>
</tr>
<tr>
<td>Spirituality for Hope &amp; Happiness</td>
<td></td>
</tr>
<tr>
<td>Moral Values</td>
<td></td>
</tr>
<tr>
<td>Attitudes &amp; Behaviors</td>
<td></td>
</tr>
<tr>
<td>Responsibility &amp; Independence</td>
<td></td>
</tr>
<tr>
<td>Are you an Addict? How to tell</td>
<td></td>
</tr>
<tr>
<td>Are you or someone you know an Alcoholic?</td>
<td></td>
</tr>
<tr>
<td>Gambling: Losing money is no game!</td>
<td></td>
</tr>
<tr>
<td>&quot;Designer &amp; Street Drugs: Updates &amp; Facts</td>
<td></td>
</tr>
<tr>
<td>Smoking &amp; Chewing tobacco: Facts, How to Quit</td>
<td></td>
</tr>
<tr>
<td>Ethnic Identity &amp; Pride, sharing cultures</td>
<td></td>
</tr>
<tr>
<td>Decision-making skills</td>
<td></td>
</tr>
<tr>
<td>Empowerment &amp; Peer pressure</td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse &amp; Control</td>
<td></td>
</tr>
<tr>
<td>Positive Peer influence</td>
<td></td>
</tr>
<tr>
<td>Handling Grief &amp; Death</td>
<td></td>
</tr>
<tr>
<td>Motivation to Achieve</td>
<td></td>
</tr>
<tr>
<td>Integrity &amp; Honesty, Respect</td>
<td></td>
</tr>
<tr>
<td>Restraint &amp; High Risk behaviors</td>
<td></td>
</tr>
<tr>
<td>Job Planning &amp; Goals for the Future</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Competence</td>
<td></td>
</tr>
<tr>
<td>Community Resources for Help</td>
<td></td>
</tr>
<tr>
<td>Getting Along with Parents</td>
<td></td>
</tr>
<tr>
<td>Values that build character &amp; respect</td>
<td></td>
</tr>
<tr>
<td>Trust &amp; Loyalty</td>
<td></td>
</tr>
<tr>
<td>How to say “No” and Mean it!</td>
<td></td>
</tr>
<tr>
<td>Surviving Break-ups &amp; Losses</td>
<td></td>
</tr>
<tr>
<td>Sex &amp; Love – The Differences</td>
<td></td>
</tr>
<tr>
<td>Using Creative talent for Healing/growth</td>
<td></td>
</tr>
<tr>
<td>Job Interview Skills, Resumes, Wardrobe</td>
<td></td>
</tr>
</tbody>
</table>

M

2 South Dorset Avenue Ventnor City, NJ 08406-2832
Phone: 609-822-4933 Remote: 609-412-1343 Fax: 609-822-4933 Email: RIANA4933@aol.com
VENTNOR TEEN VISION
AGENDA for Friday 9/3/99

Donations/Sponsors
Hot Dogs & Rolls, Sodas: Mayor Tim Kreischer
Sodas: St James Church
3 Large Pizza’s: All Natural Pizza

Sign-In Procedure
1. Have Permission Slips ready to hand to George (Called Legal Disclaimer)
2. Find name under Group signed w/last week (Performance Groups 1 or 2, Topics or Social Group)
3. Confirm all information about you; correct any mistakes
4. Sign IN-TIME next to name, sign OUT-TIME at end of name line
5. If you weren’t here last week, sign under GROUP C (Social Group). Ask George for Membership Papers & Fill them out.
6. Get Food Ticket from Billy. Food will be served after 7:15 meeting

Meeting-given by Riana at 7:15
1. Apologize for not meeting everyone personally; background on self, Intro Volunteers
2. Bell, Meeting time 7:15 each week, sign-up volunteers for Groups 1 or 2
3. Parent Permission slips, Membership forms to be filled out
4. Food served after formal meeting, Informal Groups w/me & Volunteers after
5. Purpose of VTV w/Story of “Martha from Ventnor” & WOND Radio
6. It took Guts to come on 1st night; tonight’s challenge: to meet each other!
7. Top 10 activities voted on; Top 10 Topics – Be sure to Vote!
8. Tonight’s Topic: Conflict Management

KEY POINTS TO REMEMBER when in a Conflict Situation
• Stop & think BEFORE speaking
• Put yourself in the other person’s shoes (consider their feelings)
• Remember: Everyone is entitled to their opinion
• Use self-empowerment to maintain self-control. If you are in control, you WIN!
• Don’t use YOU Statements of blame, Use I Statements to explain how you feel.
• If you can see their point of view, say so; and state “Let’s find a compromise”
• Offer suggestions that may work for both parties
• Don’t STEP DOWN to a lower level and start physically fighting or cursing out; maintain your dignity and self-pride; show respect
• If the conflict cannot be settled at that time, ask an adult to help find a compromise, or ask the person to discuss the problem at another time, when you both are calmer & thought about a workable solution
• ROLE – PLAY (1) 2 Girls, one seems to be flirting w/the others’ boyfriend
    (2) 2 Guys; one wants a chance to play pool, the other keeps “Winning his turn”
    (3) Parent & Teen; teen wants to stay at a party past midnight curfew
• Q & A about what they observed

CONCLUDE MEETING: Reminders:
1) On Friday’s ALWAYS Come & Leave from SIDE Entrance; on Wed & Thurs use Ramp Entrance
2) Clean-up starts at 9 PM; 2 volunteers to wipe down tables. Rides should pick up by 9:15 pm
3) We OPEN at 6:30, NOT EARLIER, and CLOSE at 9:30 SHARP!
4) Permission slips MUST be in next Friday 9/10, or you CANNOT come in! Bring Parent if necc.
AGENDA for Friday, 9/10/99

Donations
Ventnor City: Hot Dogs & Rolls, Sodas
St James Church: 1 Case of Soda

Volunteers Meeting: 6 pm
- Explain Assessments: Assets Checklist, Tobacco Use Survey, TSCS-2, Search Profiles Inventory
- Testing Schedule
- Confirm Volunteer Placements: 1 or 2 Group Counselor's Assistants, Friday Night Staff
- Schedule Volunteers for month of Sept/Oct
- Halloween Community Party & Teen Dance Party: Ideas, Food, Donations, Door Prizes
- Any suggestions, concerns, questions regarding Assets & Resiliency Concept

Tonight's Sign-In Procedure
1. Have Permission Slips ready to hand to George
2. Find Group Clip Board. Sign-In time by your name, Out-time at end of Line
3. New members sign-up under Group C, give them Membership papers, encour Grps 1 & 2
4. Maria: Give ALL MEMBERS Asset CheckList & Tobacco Survey to fill out
5. When members bring them back to Riana, she gives them a Food ticket

7:15 Formal Group Meeting: All volunteers & members take part
Tonight's Topic: Having a Sense of Purpose in Life (Asset 39) & a Positive view of the Future (Asset #40)

Counseling Technique: A Spiritual Guided Meditation to Music
- All members take a chair & sit in large circle, next to someone they do not know.
- Tell each other your name, age & grade
- Riana explains Spirituality, this Counseling Concept & purpose: Stress reduction, motivation
- (George stays by door to block new kids from coming in until over) Turns out lights when instructed.
- Riana starts music, lights candle & does improv; calm speaking to music on topics
- After conclusion, George turns on lights, stops music, and Riana asks for feedback regarding exercise
- She then explains Assessment Process/nxt wk, the importance of data to get funding
- Reminds kids of Groups 1 & 2 starting next week, T-shirts next week, announce Informal Grp

8 pm Food is ready to be served. Everyone must present a ticket. If they don't have a ticket, see Riana
8:20 pm Informal Group: Question Cards. (Members choose to participate in this group)
Blindly choose a question to answer briefly, then meditate on question tonight before bed.
Questions go along with tonights Assets taught. Staff encouraged to play!

Final Announcements
1. Sign-up for T-shirts, bring money next week (15 Med, 15 Lrg). Shirts will be here!
2. Encourage friends to come for Assessment Night, STARTS AT & 7pm, bring 2 - #2 Pencils
3. Need more 15+ to get in Grps 1 & 2; call me to sign up by Wed/Thrs
4. Groups 1 & 2 enter at ramp Wed & Thrs, every Friday enter at side door.
5. Groups 1 & 2 start 6:30 & 8 pm sharp, come 10 minutes early, have rides pick up by 7:45 & 9:15 pm by ramp. Remember to SIGN OUT!
**Ventnor Teen Vision Program**

**GROUP RULES**

**KEEP GROUP SAFE!**
- Obey Confidentiality: What is said here stays here
- No Rescuing group members
- No threatening behavior or language
- Do not place blame
- One person speaks at a time, no interruptions
- Speak with “I” messages
- You may not leave group until the Group Leader concludes session

**TIME RULES**
- Group will always start on time, and end on time
- If you are late, join quietly, without offering excuses or interrupting
- Once a group is established, you need Director’s permission to join
  - This ensures group cohesiveness and trust of its members
- If you need to switch your group’s meeting time, see a staff member
- Please sign up for all Group and Seminar times to reserve a space
  - Your signature is your word; if you sign up, we expect to see you!
- If you have any personal concerns as a result of, or after group, set up a personal appointment for individual counseling

**RESPECT RULES!**
- Respect yourself, each other, your Group Leader, your Teen Center!
- No swearing or yelling
- Please call to let us know if you cannot make group that day/ evening
- No smoking in the Center or during Groups or Seminars
- Not hats or sunglasses can be worn during group
- Wear clothing that shows self-respect; no bear feet or swimsuits
- Beepers and Cell phones must be turned off during all groups

By signing below; you admit to understanding these rules and agree to follow them. If there are any violations, a warning will be issued and an individual meeting set with the Center’s Director. A second violation is reason for dismissal from the Teen Center.

[Signature]

[Date]

[Counselor/Witness]

P
VENTNOR TEEN VISION  
CONFIDENTIALITY FORM

Date: ___________________________________  Activity: ___________________________________

To: All Group and Individual Counseling Participants

Many topics will be discussed, including but not limited to: tobacco, drug and alcohol use, violence, school adjustment problems, depression, anger management, family dynamics, sexual harassment, social insecurities, neglect, assertiveness and resiliency and developmental skills.

We are glad that you are here to participate, and it is important that you understand the rules of the Ventnor Teen Vision program before you speak to one of our Counselors or attend your first group session or Seminar.

Rule 1: What you tell us or write on your surveys is confidential! This means we will not tell anyone what you individually share with us; not your teachers, parents, school principals, guidance counselors or the police. Notes will be kept to discuss with the Program Director, Assistant Counselors, and Adult Mentors; as necessary.

Rule 2: There are some exceptions to Rule 1:
- If your Counselor believes you are going to harm yourself or someone else.
- If your Counselor believes you are being abused or neglected, we must report it to DYFS (Division of Family Services of the State of NJ).
- If you consent in writing that we may share Progress notes or tapes of sessions or seminars.
- If there is a medical emergency, we will have to divulge progress notes; for your safety.

We are obligated by Federal Law to break your confidentiality under the above situations. This law was designed to protect you—to ensure your safety and well-being and that of others. In such cases we would only inform those individuals needed to intervene on your behalf in order for you to obtain the necessary assistance.

Your signature below indicates that you understand these rules.

________________________________________  ____________________________  ____________________________  ____________________________
Signature of Participant  Date  Age/Grade  Phone Number

________________________________________  ____________________________  ____________________________  ____________________________
Home Address  Parent’s Name(s)  Witness

Q
and is officially certified as a Ventnor Teen Vision Elite Member
from the Resiliency 40 Developmental Assets Counseling-Education Program
has graduated with Honor & Pride

A VENTNOR TEEN

This certificate that

VENTNOR TEEN VISION

CHOICE COUNSELING & CONSULTING SERVICES
RIANA, INC.
This certificate that

VENTNOR TEEN VISION

Choice Consulting & Counseling Services
RianA, INC.
VENTNOR TEEN VISION
COMMUNITY HALLOWEEN PARTY!

FOOD & PRIZES!

GAMES! PINYATA, PIN THE NOSE ON THE PUMPKIN, MUSICAL CHAIRS, BOB FOR APPLES, FACE PAINTING, and MUCH MORE!

Donations are Welcome
*Any Proceeds will go to the Ventnor Teen Vision Program & AC Mission *

Sponsored by: The VENTNOR TEEN VISION Members
(MAKE A DIFFERENCE DAY!)

WHEN
TIME: 2 – 5 pm
PLACE: Ventnor Community Building, Newport Ave, behind Library
FOR: Ventnor Children Grades K-5th (Ages 5 – 11) & their Parents

by the VENTNOR TEEN VISION Performance Troupe!

Questions? Call Riana Beatty at 822-4933