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Through the lens of the adolescent : a survey of at-risk behaviors

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The University of San Francisco

THROUGH THE LENS OF THE ADOLESCENT:
A SURVEY OF AT-RISK BEHAVIORS

A Dissertation Presented
to
The Faculty of the School of Education
Department of Leadership Studies

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education

By

Sandra L. Ahmann
San Francisco
December 2007

This dissertation, written under the direction of the candidate's dissertation committee and approved by the members of the committee, has been presented to and accepted by the Faculty of the School of Education in partial fulfillment of the requirements for the degree of Doctor of Education. The content and research methodologies presented in this work represent the work of the candidate alone.

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November 29, 2007

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Dr. Betty Taylor

November 29, 2007

DEDICATION

This research project is dedicated to my mother, Elizabeth Smith, who provided a loving and nurturing environment that instilled values, integrity, and a strong work ethic. To my aunt, Frances Lindh, whose wisdom and guidance empowered me to set and achieve ambitious goals, and most notably, my sons, Jonathan and Drew, who have grown from boys to young men, while embracing my personal, professional, and educational aspirations. Their selfless commitment to family, unrelenting willingness to share my time and presence with my school endeavors, and their daily encouragement are not only inspirational, but also insurmountable.

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CHAPTER I

INTRODUCTION

Reality

Everyday People live their lives,
Each one so different from the next.

Today a girl will light her own birthday candles,
The girl down the street will light her last joint.

Yesterday a boy went to get shots for school,
On the other side of town his run away brother shot up heroin for the first time.

While a fourteen year old girl learns to shave her legs,
A girl a block over learns to make a noose.

A mother gives birth to her first child,
While another commits suicide leaving her child to cry.

A father leaves home to go to work for twelve hours,
Another father leaves home planning never to return.

Every day people live their lives,
Each one so different from the next.

Miranda (n.d.)

Americans are concerned, even alarmed, by the apparent increase in the numbers of youth who engage in at-risk behaviors - behaviors that compromise their health, endanger their lives, and limit their chances to achieve successful adult lives. Adolescence is a natural period of experimentation and risk taking, but some youth - whether poor, middle class, or rich - appear far more likely than others to adopt "risky life-styles" characterized by drug use, unprotected sexual behavior, dropping out of school, delinquency, and violence (National Research Council, 1993).

According to anthropologist Clifford Geertz (1973, p. 45), one of the most significant facts about human life is that "we all begin with the natural equipment to live a thousand kinds of life but end in having lived only one." What shapes the unfolding of the youth's

life? How do youths choose certain paths over others? What are the experiences that influence youth's choices?

Behavior and development are the outcome of an interaction between context and person, not of context alone (Capuzzi & Gross, 1996). The focus on context in this study does not mean that the personal characteristics of an individual are unimportant, nor does it deny awareness of the individual differences that can be observed in every setting. There are compelling reasons for the focus on context, on the role of settings (National Research Council, 1993). Over the past two decades the major settings of the youth's life have come under siege in many different ways. For more and more youth, the settings of their everyday lives fail to provide the resources, the supports, and the opportunities essential to healthy development and reasonable preparation for a productive transition to adulthood (Capuzzi & Gross, 1996).

While family histories may vary, youth who experience chaos, disruption, abandonment, and violence are often immature, ill prepared for independence and individuation. Lacking proper role models, they develop their own norms, based largely on their desires. This lack of structure, communication, and support can result in risk behaviors (National Research Council, 1993).

Youth depend on families, schools, neighborhoods, health systems, and employment and training opportunities, all of which are under severe stress. As the fault lines within these institutions widen, increasing numbers of youth are falling into the child welfare system, the juvenile justice system, and other even more problematic settings (Capuzzi & Gross, 1996). Through quantitative and qualitative research examining at-risk behavior(s) through the lens of the adolescent(s), this study attempted to improve

understanding of the forces weakening our youth, as a first step in developing a viable plan to strengthen them.

Statement of the Problem

Adolescence is a developmental period when experimentation with and adoption of new roles and behaviors occur. All persons, who either work with or live with youth, have become increasingly aware of the potential that exists for the development of at-risk behaviors during this time. Media coverage, educational reform, mental health programming, governmental mandates, and law enforcement reporting enhance this awareness. The question concerned citizens are attempting to answer is “Do we continue to deal from a crisis-management perspective with the problem behaviors of youth, or do we take a preventative approach to attempt to stop these problem behaviors from developing?” (Capuzzi & Gross, 1996).

Many challenges are encountered in attempting to understand the concepts and issues that surround the term *at-risk youth*. These challenges center upon definition, cause and effect, determining who is at risk, and include development and implementation of both prevention and crisis-management programs that impact the destructive behaviors that place youth at risk (Capuzzi & Gross, 1996). According to Conrath (1988), “Principals and teachers have known at-risk youth for a long time. They have recently been discovered by policy makers and budget sculptors...” (p. 36). Simple answers and agreed-upon definitions do not currently exist. The best we have at this time are experimental programs, a host of opinions, definitions, and population descriptors, and a high motivation to find workable solutions. The concepts that surround youth at risk and the most effective ways to deal with at-risk behaviors are complex, filled with frustration

for those who attempt to understand them, filled with despair for those who attempt to affect them, and often filled with tragedy for the youth so labeled (Capuzzi & Gross, 1996).

The vulnerability of youth provides a call to action for all persons involved with this population. Prior to taking such action, it is imperative to understand not only the demographics of this population, but also current definitions, at-risk behaviors, generic causal factors, and prevention and intervention approaches to dealing with youth at risk (Capuzzi & Gross, 1996).

This study was designed to examine adolescent at-risk behavior(s) through the lens of adolescent perspectives. Students enrolled in alternative education programs participated in a multi-methods approach to establish a baseline of knowledge as to their definition of at-risk behavior(s), the degree to which they participate in at-risk behavior(s), and their ideas as to how to effect positive change through prevention and intervention strategies.

Purpose of the Study

The purpose of this study was to define and identify behaviors and causal factors descriptive of youth at risk. In addition, the intention of this study was to investigate prevention and intervention efforts through the lens of adolescent perspectives. This research will serve as a foundation for understanding the parameters of the prevention-intervention paradigm.

Background and Need for the Study

Adolescence is a time when abstract thinking allows youth the ability to imagine experiences and perceptions of others, to consider and express diverse ideas and opinions,

and to decrease self-censoring. Feelings and observations of physical changes and maturation accompanied by the need for significant relationships with adults in family and schools contribute significantly to the development of self-concept. Early stages of adolescence begin with identity formation when attempts are made to belong to a group of peers (Gilligan, et al., 1990). A problem with self-esteem and confidence is inevitable when a sense of belonging and significance within a group through close relationships is obviated. A lack of opportunity to share personal concerns and experiences exacerbates a perception of peer rejection and alienation (Orenstein, 1994). Thus, youth are at risk for the development of a weak sense of identity and poor self-concept.

Jordon, Kaplan, Miller, Stiver, and Surrey (1991) elucidated that during adolescence, ideas and values are chosen with less rigidity, yet discrepancies between what people say and do are observed and questioned. Clarifying feelings and attitudes and gaining strength in their convictions even when they may differ from norms and expectations of others is vital to youths' healthy development.

Developmental theorists have explained early adolescence as the onset of developmental changes with an increasing need for autonomy, abstract cognitive activity, peer orientation and evaluation, self-focus and self-consciousness, salience of identity issues, and concern over peer relationships (Eccles et al., 1993). Early adolescence may be a particularly difficult developmental stage in and of itself due to the interaction between developmental changes, such as puberty and changes in one's social environment. With the transition from elementary to middle school, everything changes in a youth's life and surroundings become far less supportive and structured. In middle school, there exists a series of teachers and changing peer group. Curriculum is more

complex and extensive and standards much higher. Teachers seem more detached, more academic, as they emphasize subject matter and focus less on students. Therefore, youth tend to perceive them as less personal than elementary school (Weis & Fine, 1993).

School and family environments that fail to accommodate the transitional changes youth experience during early adolescence may perpetuate a developmental mismatch. Therefore, the fit between early adolescence and the classroom environment is often poor. Negative psychological effects may be associated with a mismatch between the needs of the developing youth and the opportunities afforded them by their social environments. Thus, the risk of negative motivational outcomes and possibly school failure increases (Eccles et al., 1993).

Additionally, there is evidence of gradual decline in academic motivation (attention in class, attendance, and self-perception) beginning at the onset of puberty and transition to middle school. The more physically mature youth reported the highest amounts of truancy and school misconduct after they made the transition to middle school. Likewise, early maturing youth reported increased engagement in sexual activity and delinquent behavior. Early onset of puberty in youth appears to generate new and accentuate prior behavior problems (Kimmel & Rudolph, 1998).

The research on the implications of early school departure reveals that dropouts have lower self-esteem and feelings of less control over their lives than other students (Oreinstein, 1994; Rumberger, 1987; Tidwell, 1988). School avoidance becomes a strong possibility for a youth who is experiencing poor grades, has little interest in coursework, and has poor learning habits. If a youth has little connection to school, is not involved in extra-curricular activities, and has no relationships or only poor relationships

with teachers and school-oriented peer groups, that youth hangs on the periphery with little reason to be connected to school. A problem with truancy may ensue.

In the United States, approximately 750,000 to 1.5 million youth run away, or are forced from their homes annually, becoming involved in life on the streets. A significant proportion of these youth do not return home (Ringwalt, et al., 1998; Robertson, 1992). This population of street-involved youth represents one of the most vulnerable populations in the United States. Compared with youth who reside in a home with parents or legal guardians, street-involved youth are at a significantly higher risk for psychological problems, including symptoms of depression, low self-esteem, suicidality, and self-injurious behavior. Moreover, many of these youth are not attending school and/or are involved in illegal underground economies, including drug dealing, survival sex, and other criminal activities (Jahiel, 1992; Unger, et al., 1997).

Robertson (1992) indicates that theories about the causes of youth homelessness have evolved over time and have been written about at length. In the early literature, published in the late 1930's and early 1940's, it was widely considered to be the result of grossly inadequate home environments. However, during the 1950's and 1960's, accountability was transferred from the family to the runaway who was often labeled "psychologically deviant," based solely on behavior. In the 1970's, the literature began to list multiple causal factors for runaway behavior – the youth, the family, or both, and centered on parental substance misuse, abuse of youths, or both. In the late 1970's the suitability of the term "runaway" came into question when it was revealed that many homeless youth had been thrown out of their family home. Roesler (2000) contributed to the literature by suggesting that, independent of a family's socioeconomic status, when

the emotional, psychological, and financial resources of the family and each individual within it are exhausted in attempts to address the problems with which the families are confronted, the youth find themselves on the street.

Brennan, Huizinga, and Elliott (1978) and others (Crystal, 1986; Roberts, 1982) found that street-involved youth experience a sense of failure, stigmatization by teachers, and scapegoating by peers within the school environment and report using drugs and experiencing isolation and detachment from parents, peers, teachers, and other adults prior to becoming homeless.

Statistics from the Office of Education and Research and Development and Improvement (Eccles et al., 1993) indicated that 30% of the United States' adolescents drop out of school before completing high school. Significant protective factors, which facilitate risk reduction in the development of youth with difficult life situations, include caring and supportive relationships with adults, high expectations, and meaningful participation in the community (Garmezy, 1985; Johnson, Roberts, & Worrell, 1999). Creating a focused present and preferred future will assist youth in perceiving their vision and what they want for themselves (Bertolino, 1999).

Theoretical Foundation

This study referred to Erik Erickson's life-span theory as its theoretical foundation. Erik Erikson (1950) was the first to offer a comprehensive perspective on life-span development from birth to death. His life-span theory of development described humans as active and adaptive in mastering their environment, parents, and significant others as exerting an important influence on the development of children, culture as a unique expression of humanness, and development as a lifelong process.

This study focused on an elaboration of the fourth and fifth stages of Erickson's (1950) theory, as they are most relevant when describing pre-pubertal and adolescent development. During the fourth stage of development, "Industry vs. Inferiority," a young person directs energy toward mastering knowledge and intellectual skills and strives toward feeling productive and competent. During late childhood and the onset of puberty, youth begin to learn that they can accomplish things they never would have thought possible. In the fifth stage of development, "Identity vs. Identity Confusion," adolescents seek to discover who they are, what they are all about, and where they are going in life. In this process of identity formation, the youth must integrate his or her basic drives, natural endowments, and establish an identity developed from social roles (Erikson, 1963).

Most empirical research into Erikson's theories stemmed around his views on adolescence and attempts to establish identity. His theoretical approach was studied and supported by James Marcia, a Canadian developmental psychologist. Marcia's work in the social psychology of development extended Erikson's. Erikson had suggested that the normative conflict occurring in adolescence is the opposition between identity and confusion (identity crisis). Marcia elaborated on Erikson's proposal by suggesting this stage consists neither of *identity resolution* nor *identity confusion* as Erikson claimed, but the extent to which one both has explored and committed to an identity in a variety of life domains including politics, occupation, religion, intimate relationships, friendships, and gender roles. His Theory of Identity achievement states that there are two distinct parts that form adolescent identity: a *crisis* and a *commitment*. He defined a crisis as a time of

upheaval where old values or choices are being reexamined. The outcome of a crisis leads to a commitment to a certain value or role (Marcia, 1966).

Marcia developed the Identity Status Interview, a method of semi-structured interview for identity research, and subsequently proposed four stages, or Identity Statuses, of psychological identity development:

- *Identity Diffusion*, the stage in which the young person is not currently going through a crisis and has not made a commitment.
- *Identity Foreclosure*, the stage in which the young person has made a commitment without having gone through a crisis.
- *Identity Moratorium*, the stage in which the young person is currently in a crisis but has not made a commitment.
- *Identity Achievement*, the stage in which the young person has gone through a crisis and has made a commitment to a certain value or role (Marcia, 1966).

Marcia distinguishes different forms of identity to substantiate that those people who form the most coherent self-concept in adolescence are those who are most able to make intimate attachments in early adulthood. This supports Eriksonian theory by suggesting that those best equipped to resolve the crisis of early adulthood are those who have most successfully resolved the crisis of adolescence (Marcia, 1966).

Erikson's Ego psychology stressed the role of the ego. According to Erikson, the environment in which a child lives is crucial to providing growth, adjustment, a source of self-awareness, and identity. Marcia (1966) states, "Ego identity, in its subjective aspect, is the awareness of the fact that there is a self-sameness and continuity to the Ego's synthesizing methods and a continuity of one's meaning for others."

Role confusion, as defined by Engler (2006), is “the inability to conceive of oneself as a productive member on one’s own society” (p. 158). Engler’s position was that this inability to conceive of oneself as a productive member is a great danger; it can occur during adolescence when looking for an occupation.

When the youth is unsuccessful at this task, identity diffusion may result that could lead to delinquency and even psychotic episodes (Erikson, 1980).

Adolescence is not an affliction but a normative crisis, i.e. a normal phase of increased conflict characterized by a seeming fluctuation in ego strength, and yet also by a high growth potential. Neurotic and psychotic crises are defined by a certain self-perpetuating propensity, by an increasing rate of defensive energy, and by a deepened psycho-social isolation (Erikson, 1980, p. 125).

Protinsky (1988) found that adolescents with delinquent behaviors had a less developed sense of ego identity than non-delinquent adolescents. He concluded that coping mechanisms derived through the resolution of Erickson’s crisis states of trust, initiative, and identity would determine the way in which adolescents integrate their experiences, relationships, and place in society to form an identity. The adolescent is one that suffers most from the inability to develop a functional, socially appropriate identity and intimate relationships. In order to support the emotionally disturbed adolescent to integrate their experiences and develop appropriate relationships, we must develop our own relationship with the individual adolescent and strive to understand what they are experiencing. One means of supporting the adolescent in the development of a socially appropriate identity and intimate relationships is through developing his or her ability to self-disclose.

Stokes (1987) postulated a causal sequence whereby self-disclosure builds ego identity, which in turn allows for the development of intimacy and prevents loneliness.

Self-disclosure can be a central aspect of the development and maintenance of close relationships (Prager, 1986). According to Doster and Nesbitt (1979):

Self-disclosure is regarded as both an intra-personal and interpersonal process through which the individual becomes known to and knows others, develops a sense of rootedness or identity in community and fellowship with others, achieves self-congruence, acquires positive feelings of worth and develops a moral and spiritual fullness (p. 178).

Stiles (1987) stated that the benefit of self-disclosure is related to the depth and extent of the disclosure, as well as the accompanying affect. He continues to identify the most lasting benefit of disclosure as the growth of self-awareness, self-acceptance, and self-understanding. One area where the benefit of self-disclosure has been identified is in the therapeutic process. Theoretical and empirical knowledge concerning the relationship of self-disclosure and the therapeutic process focuses on four different models (Doster & Nesbitt, 1979):

The fulfillment model is based on the assumption of a basic human drive toward self-actualization, or fulfillment of potential. This model identifies self-disclosure as a means of fulfilling one's personal and interpersonal potential. Through self-disclosure the individual attains and maintains congruence of self, derepression of the private self, and reintegration with the social community.

The interactional model presumes that all human behavior is interactional. The primary assumption about individuals in this model is that their mental illness symptoms serve as covert communications to avoid the risk of openness and intimacy, thus controlling the direction of interaction. Psychopathological behavior is viewed as disturbed communication.

The third model is the ambiguity reduction model. The focus of this model is that the individual's difficulties are due to either a limited knowledge about their role, or an inhibition interfering with behavior. Self-disclosure serves a central role in the reduction of ambiguity, as the individual discloses thoughts and feelings related to goals.

Social learning model is a fourth model. This theory suggests a relationship between self-disclosure and assertiveness skills training. Self-disclosure is seen as the product of the individual's social learning history. The socialization of behavior is seen as occurring as a function of the frequency and patterning of reinforcements in a person's interpersonal environment.

These models develop a theoretical hypothesis concerning the relationship between youth and the environmental factors that potentially will increase the conditions compatible with self-disclosure. What is needed, is a means of supporting youth in attending to their private thoughts and feelings and developing skills in self-disclosing.

Because the adolescent is the only person who can fully know his or her own field of experience, the best vantage point for facilitating change is from the adolescent's internal frame of reference – the constellation of associated experiences, perceptions, ideas, feelings, memories, and so forth, from which an experience gets its meaning (Stiles, 1987, p. 264).

By increasing the quantity and level of adolescent self-disclosure, there exists an opportunity for adolescents to be better understood and supported. In addition, self-disclosure may enhance the adolescent's ability to reach their personal potential, develop interpersonal skills, reduce inhibition and role ambiguity, and develop assertiveness.

Derlega and Grzelak (1979) noted five functions of self-disclosure: (1) self-expressions, (b) self-clarification, (c) social validation, (d) relationship development, and (e) social control. These functions may help serve the adolescent in his or her area of

need, such as communication, socialization, and identity formation. Through expression, self-disclosure may serve a cathartic function; a release of pent-up feelings resulting from the experience of inadequacy and the crisis of identity formation.

Self-clarification is an inherent aspect of the adolescent growth period. As the adolescent is attempting to identify a cohesive sense of self, the process of disclosure and preparation for disclosure can help the adolescent clarify their opinions and increase self-awareness and cognitive integration. The adolescent experiences social validation through disclosing to others and receiving, in turn, the disclosure of others. This process assists adolescents in being assured of their accepted place in a given environment. Adolescents look to ‘social reality’ to obtain feedback and ultimately to validate their self-concepts. Self-disclosure can be an important aspect of relationship development through the positive experiences involved with information exchange. The final function of self-disclosure is social control. Through appropriate use of self-disclosure an adolescent can assert influence on environmental factors. One’s self-presentation can control outcomes in social interactions (Gerlega & Grzelak, 1979).

Self-concept has been defined as the expression of the many representations of the self to the self (Jacobson, 1964) and viewed as a person’s self-perceptions in relation to aspects of life (Piers, 1964). The self-perception is formed through interpreting experiences in the environment (Shavelson & Bolus, 1982). Self-concept is learned (Phillips, 1982) and is changeable, fluid, and malleable (Jenkins, 1984).

According to Geertz (1973, pg. 5), humans are suspended in “webs of significance” that they themselves spin. They are so entangled with time, place, and circumstance that they are inseparable from these things. Thus, meaning exists for a person within a

particular historical and cultural context and is not merely a set of explicit rules operationally defined.

In Freire's (1973) theory of critical pedagogy and dialogical action theory, Freire stated:

In the theory of anti-dialogical action, conquest involves a Subject who conquers another person and transforms her or him into a 'thing.' In the dialogical theory of action, Subjects meet in cooperation in order to transform the world (p. 148).

Freire (1970) believed that for the learner to move from object to Subject he or she needed to be involved in dialogical action with the instructor. One of the major methodological principles of critical research is that the primary audience for the research "findings" is the participants themselves. Critical research seeks to develop new outcomes. Educational research seldom focuses on youth's own perceptions, particularly with underrepresented populations. Critical research is most effective when conducted by mutually supportive groups (Tripp, 1992).

In a 2003 study, Atwah declares "young people's involvement in research activities is a relatively new development in educational research" (p. 23). Atwah reasons that youth participation in research is based on three principles. The first principle is related to the idea that 'the different players involved in and affected by a problem should take responsibility in researching it and working towards a solution.' Second, youth involved in researching a social practice or a problem are in a better position to know the inside story. Thirdly, "student involvement contributes towards the role of research in empowering the researched community involved" (Atwah, 2003, p. 24).

The tendency to assist youth in successful transition into adulthood has tremendously shifted over the last decade. The youth development approach is being shaped by

resiliency research. The youth development approach encourages a “challenge mindset” that credits youth with the power to help him or her self (Wolin et al., 2002).

Research Questions

Currently, institutional responses, whether educational, medical, legal, or social services related, tend to take a reactive approach. In dealing with the effects of risky behavior(s), system responses rarely take a pro-active stance and examine the cause(s) of the behavior. When system responses label youth as the problem, ignoring the underlying social issues, they are more harmful than beneficial. Given the diversity of youth engaging in at risk behavior(s), it is clear that a one-size-fits-all approach to them will not be effective. The questions herein were designed to unveil the perceptions of at-risk youth as they pertain to family, school, and community.

The first three research questions addressed in this study were derived from the Adolescent Psychopathology Scale (APS; Reynolds, 1998a). The questions are as follows:

1. To what extent are adolescents in Sacramento County alternative education settings experiencing enhanced levels of at-risk behavior(s)?
2. What domains of youth risk behavior(s) present most prominent in males and females, grades seven through twelve, in alternative education settings in the Sacramento County area?
3. Are youth risk behaviors more prominent in middle school or high school?

Questions four through six were addressed through participatory research wherein participants engaged in one-to-one interviews. The questions addressed are as follows:

4. How do at-risk youth define “at-risk” behavior(s) in regard to their peer group?
5. What types of problems do at-risk youth report as most prevalent for adolescents today?
6. What tactics do at-risk youth perceive most effective in supporting adolescents and whom do they hold accountable for the support?

From these questions, the research sought to discover emerging patterns contributing to at-risk behavior demonstrated by youth. This, in turn, yields rich data to assist families, school personnel, and community leaders in developing comprehensive, flexible, and caring support systems that will provide safe venues for youth to connect to the world around them.

Definition of Terms

The following glossary of terms is provided to define terms specific to this research:

Adolescent: A young person who has undergone puberty but has not reached full maturity; a teenager.

Alternative Education: An education setting designed to serve at-risk students who, by nature of their unique emotional, social, or behavioral needs, require a highly structured, intervention-based academic program in an effort to access educational benefit.

Authenticity: Requires a point of departure; the willingness to shed what’s safe and predictable in order to embrace the new (Ban Breathnach, 1998).

Cohesion: The degree of commitment, help, and support family members provide for one another (Moos & Moos, 1981).

Conflict: The amount of openly expressed anger, aggression, and conflict among family members (Moos & Moos, 1981).

Control: The extent to which set rules and procedures are used (Moos & Moos, 1981).

Delinquency: The commission of an illegal act by a youth.

Dialogue: A desire to mutually interrogate the meaning of reality in order to transform it.

Family Structure: The social-environmental characteristics of all types of families that assess three underlying domains, or sets of dimensions: Relationship, Personal Growth, and System Maintenance (Moos & Moos, 1981).

High Risk/At Risk: Engaging in “high-risk behavior” is what leads youth to negative consequences and places them at risk for not maturing into responsible adults (Dryfoos, 1990). Dryfoos (1998) categorized levels of high-risk behavior. Youth are classified as *very high risk* when they have entered the juvenile justice system within the past year, carry guns and/or use illegal drugs, and are labeled delinquent and/or school failures. Youth at *high risk* are vulnerable to delinquent and antisocial behaviors, behind modal grade in school, and often truant. Youth considered at *moderate risk* are involved in one to two high-risk behaviors, display poor achievement in school, exhibit occasional truancy, feel depressed, drink or experiment with drugs, or have unprotected sex.

Independence: The extent to which youth are assertive, are self-sufficient, and make their own decisions (Moos & Moos, 1981).

Outcomes: The enduring changes that are achieved as a result of efforts undertaken (Horsch, 1997). Youth outcomes include individual knowledge, skills, abilities, and attitudes. System outcomes include new policies, practices, and capacities.

Resiliency: Having the ability to weather adverse psychological, social, or economic conditions (Taylor, Gilligan, & Sullivan, 1995).

Self: The representation of the psychological and physical totality of a person (Ellis & Davis, 1982).

Self-concept/Self-esteem: The self-concept is the expression of many representations of the self to the self (Jacobson, 1964). A person's self-perceptions in relation to aspects of life (Piers, 1964). How we think about ourselves (Purkey, 1988) or how we value ourselves (Branden, 1992). According to Block and Robins (1993), self-esteem is derived from the evaluation of the degree of congruence between the perceived self and the aspired self in an individual.

Self-disclosure: Statements that contain private facts or personal feelings or judgments.

Youth: Young people collectively as they experience life between childhood and maturity.

Delimitations and Limitations

Creswell (2003) identifies two parameters for a research study to establish boundaries, exceptions, reservations, and qualifications. Delimitations narrow the scope of the study. Limitations identify potential weaknesses of the study.

Delimitations

This study was confined to an identified population of students, grades seven through twelve, participating in county alternative education programs wherein demonstrated risk behavior has been established per program criteria. The alternative education programs serve students who have been expelled from various school districts that fall under the jurisdiction of the Sacramento County Office of Education. In addition, these programs provide an education alternative for at-risk students referred by the districts or the Probation Department. This study was delimited to a northern California community representing 16 school districts and included five alternative education sites. Inferences about generalizations to other school districts, grade levels, or geographic areas may not be applicable.

Limitations

There exist a number of limitations inherent to this study including the lack of a comparison group, limitations of retrospective studies, and selection bias of participants. The results in this study were dependent upon the willingness of the individual to participate in the study, the interpretation of the questionnaire by individual participants, and the accuracy of the participant's response(s). In addition, this study required positive written parental permission and some parents/guardians may have refused their student's participation in the study. Obtaining parent permission and returning the form to the program site presented an obstacle for some students' participation, thus limiting the extent of data for analysis. Distrust of the anonymity of the question responses may have resulted in some inaccurate responses, primarily under-reporting of risk behaviors, thereby leaving the potential for bias.

Several issues can affect external validity. Census populations for education programs in one county may not accurately represent the population in general. English speaking only subjects may not represent the cultural influences of the population in general. Unique characteristics of the community may affect generalizations to the population. Recognition of possible systematic underestimation of risk behaviors related to chaotic and dysfunctional home and family situations should be considered.

Additionally, lower response rates may have occurred due to the population of high risk irregularly attending students who generally have higher than average risk behaviors. Comparison between the results of this study and other studies of this nature is difficult and limited because of the variability of control groups, study designs, and relative newness of evaluation processes and existing measurements.

Educational Significance

From an educational perspective, there appears to be a great deal of consistency regarding the behaviors of youth who fall within the parameters of the at-risk population. According to Aksamit (1990), Cohen and de Bettencourt (1991), Fad (1980), Grossnickle (1986), and Hahn (1987), the following behaviors are red flags for those at risk: tardiness, absenteeism, poor grades, truancy, low math and reading scores, failing one or more grades, rebellious attitudes toward school authority, verbal and language deficiency, inability to tolerate structured activities; and dropping out of school. These behaviors, viewed either individually or in combination, aid in the identification process. However, this type of identification focuses on existing behaviors that need crisis management strategies to attempt to effect change. A different, more pro-active approach identifies

the causal factors that lead to these behaviors and suggests prevention programs that may keep these behaviors from developing.

Ekstrom, Goertz, Pollack, and Rock (1986) attempted to address these causal issues in their analysis of data from the U.S. Department of Education's High School and Beyond national sample of 30,000 high school sophomores and seniors. The researchers concentrated on the differences between the graduates and non-graduates. Their findings indicated that behavior problems and low grades were major determinants of dropping out of school. Other determinants included family circumstances with few educational supports and parents who lacked involvement in the ongoing process of their student's education. The findings also indicated that dropouts tended to have close friends whose attitudes and behaviors also indicated alienation from school.

In a study of a comprehensive high school in upper Manhattan, Fine (1986) concluded that the structural characteristics that may contribute to student dropout rates include: a school that has a disproportionate share of low-achieving students and insufficient resources to provide for this population; overcrowded classrooms; teachers who are predominately White, leading to poor communication with minority students and a lack of understanding; and teaching styles based more on control than conversation, authority than autonomy, and competition than collaboration.

Research by Barber and McClellan (1987) and Paulu (1987) addressed the dropout problem from the students' perspective and reported that the reasons students gave for leaving school included personal reasons such as family and academic problems, and pregnancy. Additional reasons that spoke directly to problems inherent in the educational structure included the absence of individual assistance, more challenging classes, smaller

classes, more consistent discipline, and more understanding, support, and communication with teachers, counselors, and administrators.

The impact of at-risk youth behavior expands beyond the youth themselves. Today, not only are nurturing, supporting environments denied to large numbers of youth, but in many instances, the environments in which they live have actually increased the dangers to them. Many young people survive and lead productive, contributing lives, but others do not; the odds against them are too great. High-risk settings do not just happen; they are the result policies and choices that cumulatively determine whether families will have adequate incomes, whether neighborhoods will be safe or dangerous, whether schools will be capable of teaching, and whether health care will be available (Handler, 1993).

This research was aimed at assisting the process of reappraisal. Results from this study assist in the establishment of a base of data about the actual risk-taking behaviors of students in alternative education settings in the Sacramento area. Participants were students who met alternative education program criteria by having demonstrated one or more risk behaviors, thus impeding their educational progress in a comprehensive education setting. This information will be used to support the modification and expansion of educational curricula aimed at high-risk youth. The data also assists in identifying specific risk behaviors and the degree to which those behaviors exist in this county's student population.

The information from the student survey provided an assessment of problems that youth are experiencing, baseline data about how youth feel about themselves, how youth feel about others, and how youth feel about the world around them. The survey probed recent feelings and behaviors in a six-month period. This information may provide

support for staff training as well as the need for change in emphasis of some educational program requirements.

While fiscal limitations are a reality, educational programming must be efficient and resourceful to effect change. With limited educational funding, the need for quantitative data and information is imperative in an effort to afford effective prevention and intervention programs. The parameters from which school districts operate have historically been unresponsive to the at-risk youth, driving drop out rates, violence, and unsuccessful transitions to responsible adulthood higher. The appropriate focus of strategies that target successful education programs is essential for the life-long health and well being of youth and society at large.

This study established baseline data in regard to at-risk youth participating in Sacramento County alternative education programs. Further, this study provides relevance to parents, educators, and community support personnel who are involved in the assessment, diagnosis, treatment, and implementation of educational and community programs on behalf of fostering positive youth development and success.

Summary

Youth are confronted by a number of influencing aspects in the cultural environment from which they emerge. The dramatic change in family structure that has occurred over the past century may also influence how youth view themselves. The environmental aspects of organization, cohesion, relationships, and personal growth may influence how youth develop coping strategies. The goal of this research was to elicit an understanding of youth participating in at-risk behaviors. This research is intended to inform policy development and implementation that may lead to institutional changes; to effect a

stronger emphasis on prevention efforts that support all youth in becoming healthy, creative, productive citizens with access to all of the benefits and privileges afforded to members.

Each school year tragic events stemming from at-risk behavior are played out at the local level. In addressing youth at risk, it is imperative to examine not only the youth and their families, but also the schools and communities within which they live. Chapter two reviews the literature relevant to adolescent development; risk behavior; systems issues as they pertain to the connection between youth and their families, neighborhoods, and schools; family structure; school environment; and community support.

Chapter three addresses the methodology used in this study and comprises the research design and methodology; population and sample; human subjects research approval; instrumentation; data collection procedures; and the profile of the researcher. Chapter four discusses the findings of the study through the presentation of the results of the analysis of data, to include tables and graphs. Chapter five delivers the summary; implications; discussions; recommendations; and final comments pertinent to this study.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The literature relevant to this study focused on the research about Adolescent Development, Risk Behavior, Systems Issues, Family Structure, School Environment, and Community Support. This review encompassed descriptors and causal factors of at-risk behaviors while enhancing progress toward effective prevention and intervention programming.

Adolescent Development

The developmental period from childhood through adolescence is characterized by rapid physical change, striving for independence, exploration and implementation of new behaviors, strengthening peer relationships, sexual awakening and experimentation, and seeking clarity relating to self and one's place in the larger society. Pressures exerted by family, school, peers, and society to conform or not conform to established standards contribute to the highly charged environment in which this developmental process takes place and the degree of vulnerability that exists within it for the individual (Capuzzi & Gross, 1996). Ingersol and Orr (1988) discussed G. Stanley Hall's 1904 view of adolescence as a phase of "storm and stress" and painted a graphic picture in which adolescence is simply the emerging period for behaviors that have been developing over a much longer period of time:

Still, for those who deal with adolescents in a therapeutic context, there remains a subgroup that does experience storm and stress, whose transition to adulthood is marked by turmoil and trial. Further, only a recluse could be unaware of the statistics that show an upsurge in adolescent suicide, pregnancy, and venereal disease, as well as continued patterns of drug and alcohol use and abuse, school dropouts, and delinquency. For some young

people, adolescence is an extended period of struggle; for others the transition is marked by alternating periods of struggle and quiescence. During periods of stress and turmoil, the latter group's ability to draw on effective adaptive coping behaviors is taxed. The resulting maladaptive behavior risks compromising physical, psychological, and social health. These young people are at risk (p. 1).

Risk Behavior

There has long been public concern with the prospects of youth at risk of adverse socioeconomic outcomes, but identifying these youths has been a problem for policy researchers and practitioners alike. California legislation directs state-funded employment-training programs to serve youth "who are considered to be at-risk of homelessness, crime, or welfare dependency, and who lack employment skills" (S.B. 2190, 1998). Youth have traditionally been classified as "at risk" according to demographic attributes and personal experiences believed to predict adverse outcomes (Michael, 2001). Levin (1993) defines youth at risk of adverse schooling outcomes as follows:

At-risk students are defined to be those who are unlikely to succeed in school as these institutions are currently constituted because they do not have the experiences in the home, family, and community on which school success is based (p.11).

Overwhelming statistics place the concepts and issues surrounding at-risk youth high on the priority lists of parents, educators, counselors, mental health workers, social workers, and community leaders. According to researchers Donmoyer and Kos (1993), Dryfoos (1990), McWhirter et al., (1993), and Schorr (1988): 700,000 students drop out of high school each year: 500,000 teenagers give birth each year, 24,000,000 live in poverty, 14,000,000 children are being raised by a single parent, 2,000,000 children suffer from some form of abuse each year, 3,000,000 students and teachers are victims of

crime each year, 500,000 robberies, burglaries, assaults, and rapes are committed in schools each year, and 7,000 teenagers commit suicide each year.

This study established a base of data about youth risk behaviors as perceived by identified at-risk youth themselves. This research builds upon current literature by providing a greater understanding of the descriptors and causal factor(s) of at-risk behavior(s) that can drive effective prevention and intervention strategies and supports.

Systems Issues

Early thinkers conceptualize the family system as a primary force in shaping children's social behavior. Aristotle asserted that in order to be virtuous, "we ought to have been brought up in a particular way from our very youth" (Aristotle, 1941, p. 954). Plato speculated that the foundation for raising good citizens must begin in the nursery. Twentieth century theorists ranging from the analytic to the behavioral seem to concur with the philosophical perspective of the early thinkers in citing the primacy of the family milieu as a socializing environment. These seminal thinkers have noted that the home environment sets the stage for children to associate differentially with peers who exhibit antisocial behavior (Cohen, 1955; Dishion, Patterson, Stoolmiller, & Skinner, 1991; Elliott, Huizing, & Ageton, 1985). Contemporary studies of the antecedents of adolescent delinquent behavior consistently have implicated the relevance of the family system (Lyon, Henggeler, & Hall, 1992; McCord, 1991; Singer, 1984).

From 1960 to present, family life in America has undergone widespread and profound changes regarding both the stability of marital structures and the proportional types of marital structures upholding the nation's families. These changes have had a

corresponding impact on the family environments in which the nation's children are being reared.

There are many reasons to believe that youth from non-intact families will experience more adverse outcomes than those from intact families. Parents provide myriad resources to youth; divorce leads to a diminution of these resources (McLanahan and Sandefur, 1994). Single parents may be less able to satisfy their youth's emotional needs or to provide the kind of guidance or supervision that youth require; youth may feel responsible for their parent's divorce or abandoned afterward. Such feelings and unmet needs may manifest themselves as developmental or behavioral problems.

Outside their families, the most immediate setting of adolescent lives is the neighborhood. Most of the social interactions of families and adolescents are imbedded in neighborhoods. They are a place for social interaction, a place for education and human service, and a place for preparing for and engaging in employment. Neighborhoods are a key setting for adolescent development (National Research Council, 1993).

During the 1970's the social composition of an increasing number of neighborhoods deteriorated: there was a 75 percent increase in the number of census tracts with concentrated poverty and a 331 percent increase in the number of "underclass" neighborhoods. An underclass neighborhood is characterized not only by concentrated poverty, but also by a high degree of social disorganization. By 1980 more than half of all neighborhoods classified as poor in 1970 had become underclass. Underclass and concentrated poverty neighborhoods are a very high-risk setting for adolescents (National Research Council, 1993).

High-poverty neighborhoods have much higher proportions of unmarried mothers, single-parent families, and unemployed young men. There are fewer good role models for adolescents and a far higher percentage of adults who are involved in illegal markets. As their economic and social systems break down, the poorest of neighborhoods seem increasingly unable to restrain criminal or deviant behaviors (National Research Council, 1993).

The formal institution that directly affects all adolescents is school. Schools are critically important because education is the means by which youth from economically or socially disadvantaged backgrounds can build the skills and credentials needed for successful adult roles in mainstream American life. Despite decades of public debate and reform, youth from low-income families and neighborhoods are at a much higher risk of educational failure than their more affluent counterparts (National Research Council, 1993). With little legal economic activity, few public and social services, limited recreational and youth development programs, and high levels of crime, adolescents lose hope (National Research Council, 1993).

Family Structure

The family environment is the primary setting wherein a child gains a basic perception of values, beliefs, attitudes toward others, and behavior patterns. Within the context of a family, a child first begins to organize a perceptual framework related to a sense of personal identity that is central to the child's meaning structure. This early framework is especially resistant to change (Eron, Banta, Walder, & Laulight, 1961; Fagot, 1978; Gold, 1986). Family interaction sets the emotional climate of a home

environment that serves as the schemata for expectations of, and responses to, the world outside.

The family system is a multidimensional phenomenon, containing functional or interactive processes by which the family shapes behavior. These interactions are a complex set of influences that affect each member differently, the manifestations of which can range from normal to deviant behavior.

A number of studies have demonstrated the significant relationship between perceived family environment and a youth's psychological functioning (Bell & Bell, 1982; Billings & Moos, 1983; Christopoulos et al., 1987; Faber, Feiner, & Primavera, 1985; Felner, Aber, Primavera, & Cauce, 1985; Jaffe, Wolfe, Wilson, & Zak, 1986). In general, perceptions of family cohesiveness, expressiveness, independence, and organization are positively related to a youth's adjustment, whereas perception of family conflict and control are negative predictors (Burt, Cohen, & Bjorck, 1988; Moos & Moos, 1981), regardless of whether the child or parents' family perceptions are measured (Burt, Cohen, & Bjorck, 1988).

Bowen (1978) and Minuchin (1974) described the interactional patterns and dynamics found within the family. In their studies, they defined the existence of a systematic and predictable relationship process that connects the functioning of families across generations. The process was referred to as the multigenerational emotional process or multigenerational transmission process (Kerr & Bowen, 1988) and incorporates patterns of emotions, feelings, attitudes, values, and beliefs that are transmitted or played out from one generation to another. Thus, families of origin

provide the blueprint for characteristic patterns of adaptation observed from generation to generation.

Bowen (1971, 1978) further suggests that through interactional patterns, the family system can demonstrate varying degrees of tolerance for autonomy and intimacy. This tolerance for autonomy has been defined as the system's level of differentiation (Allison & Sabatelli, 1988; Anderson and Sabatelli, 1990; Bowen, 1978). Patterns of differentiation found within well-differentiated families allow individuals to maintain both a sense of ongoing emotional support, involvement, and personal relationship as well as a sense of autonomy, uniqueness, and freedom of personal expression. Family members in a well-differentiated system can speak for themselves, take personal responsibility for age-appropriate tasks, be sensitive to the needs of others, and communicate and respect one another.

The poorly differentiated family demonstrates a pattern of low tolerance for individuality and intimacy. This low tolerance creates boundaries that are unhealthy, stifling autonomy, expression, and independence (Bowen, 1978). Parental control and authority are either absent or restrictive and severe to include rejection, neglect, or abusive behavior (Bowen, 1978; Minuchin, 1974). The poorly differentiated family is dominated by conflict and tension. Members of these families are often preoccupied with themselves, displaying an absence of empathy, regard, and respect; therefore, the psychological adjustment for family members is poor (Bowen, 1971; 1978).

Numerous studies have been found to support the view that a negatively perceived family environment substantially impacts adolescent functioning. A study by Sabatelli and Anderson (1991) examined the relationship between family dynamics, peer support,

and psychological adjustment of adolescent males and females. Peer support was found to be unrelated to adolescents' reported psychological adjustment. Results indicated that the least adjusted respondents were those who reported experiencing less warmth, concern, respect, and empathy within the parent-child relationship system. Additionally, the level of differentiation reported in regard to the marital subsystem and reported levels of adolescent depression lend support to the results of similar studies that have consistently found a significant relationship between the marital subsystem and adolescent psychological adjustment (Bell & Bell, 1982).

Burt, Cohen, and Bjorck (1988) tested the main and stress-moderating effects of perceived family environment on adolescent depression, anxiety, and self-esteem. The Family Environment Scale and the State-Trait Anxiety Inventory were administered to 312 adolescents. Analysis demonstrated that the families perceived as cohesive, organized, and expressive were related to adolescents' positive psychological functioning. Adolescents who reported conflict-ridden and controlling family environments reported less self-esteem and more feelings of depression and anxiety.

Pierret (1997) offers an overview of the range of living situations experienced by youth in the United States; overall only about half (51 percent) have lived their whole lives in in-tact families; when the figures are broken down by race, that problem is slightly higher for whites (58 percent) and dramatically lower for blacks (22 percent). Pierret divides the samples into eight distinct subgroups on the basis of family-structure history. The data collected offers a breakdown of the amount of time the youths spent living in various family arrangements, reminding us that the current description of family arrangement often does not reflect the full experience.

Pierret's work emphasizes how valuable an extensive interview with a parent can be when it comes to eliciting information about family structure history. His study examined five "potentially troubling behaviors" (Pierret, 1997) – smoking cigarettes, drinking alcohol, smoking marijuana, engaging in sexual activity, and getting arrested. In his reduced-form estimates of these behaviors, Pierret finds a strong and consistent relation with family structure: in comparison with living in an intact family, "all the family structure variables except having been adopted significantly predict a lower grade-point average and a greater probability of problem behaviors" (Pierret, 1997).

It has been found that self-concept of youth is lower in families of divorce (Parish & Parish, 1983). In their study, Parish and Parish (1983) contend that low self-concept is based on the youth's perception of family concept, specifically, whether the youth perceived the family to be happy or not happy, intact or not.

The functional or interactional influence of the family system as a socializing environment is primary during childhood. As a child moves toward adolescence, peers and other social contacts outside the family become important frames of reference for behavior, yet the influence of the family remains foremost. Stone and Church (1957) imply that adolescence is a cultural invention and the puberty rites of many cultures serve as the transition from childhood to adulthood. As cultures become more complicated and complex there becomes an interlude of apprenticeship separating the young and the adult, which has continued to widen in modern times. During this period of time, the individual is no longer a child but still appears immature. Stone and Church (1957) continue by stating that the immaturity of youth may be largely a product of the way they are treated.

World War II studies reflected the separation issues that families experienced and studies focusing on the father absent home rose dramatically after 1945 (Landis, 1960). Many of these studies examined the relationship between the father absent situation and subsequent aberrant behavior, school performance, and juvenile delinquency (Landis, 1960). Prior to the 1970's, these studies encountered variations in sample compositions, research methods and instruments, and data analysis and conclusions (Flestock, 1984), resulting in inconclusive results and frequent contradiction. The single-parent family was viewed as deviant and often pathological.

More recently, single-parent studies have concentrated on the environment and what is healthy and what is not (Morawetz & Walker, 1984). Both the custodial and absent parent is studied, the youth's and parent's perceptions are considered, the process of divorce and not just the aftermath is examined, and the importance of transition are researched (Amato, 1986; Bell & Avery, 1985; Cooper, Holman & Braithwaite, 1983).

Conclusions from the early studies on single-parent families suggested that the single female head of household family produced impairment to the youth's psychological and social development (Bandurs & Walters, 1963; Erikson, 1968). According to Wilkinson (1974) this viewpoint may be based on various cultural and ideological beliefs rather than on scientific evidence. Through research, Defrain and Eirick (1982) and Kurdeck and Bliss (1983) dispelled the idea that it is necessary to have two parents to effectively raise children.

A family systems approach takes into account the complete process of transition so that equilibrium can emerge (Minuchin, 1974; Napier & Whitaker, 1978). Any family structure creates a balanced interactive system and divorce can change that balance. The

function of the family is to revitalize support, nurturance, and regulation of the new family (Minuchin, 1974).

Many of the more recent studies used the systems approach to examining the family structure and family environment (Bell & Avery, 1985; Cooper, Holman & Braithwaite, 1983; Etaugh & Malstrom, 1981). Any system (Buckley, 1967) is made of sets containing different parts with two things in common: the parts are interdependent and interconnecting with mutual causality, each affecting the other, and each part is related to the other in a stable manner over time. The family is viewed as an open system having wholeness, relationship, and equifinality.

The family relationship system is comprised of a series of interlocking triangles (Bowen, 1971). As an emotional network that lends stability to the system, it adjusts itself by practicing feedback (Whitaker, 1975): negative feedback returns the family system to equilibrium by correcting any deviation from the system; positive feedback changes the system by not allowing it to return to its former state.

Bowen (1978) began work on the family system dating back to the 1950's. He developed a theory of family systems based on eight concepts (Bowen, 1978; Kerr, 1981). The concepts are as follows:

1. The triangle system.
2. Differentiation of self (measures the amount of fusion between people).
3. The nuclear family emotional system (how any given generation patterns itself).
4. Family protection process (how members of a family select member to be patient).

5. Emotional cut-off (the extent to which a family member relates to a member of the family of origin).
6. Multigenerational transmission (how pathology is passed from one generation to another).
7. Sibling position (this determines one's existential view of the world).
8. Societal regression (patterns found in a family occur in a similar fashion in society) (Kerr, 1981, pp. 241-252).

The single family is now seen as another distinct form of family structure as opposed to an older view wherein the single-parent situation was considered a fractured replica of the two-parent family unit (Rice & Rice, 1986; Sager, Brown, Crohn, Engel, Rodstein, & Walters, 1983). Moos and Moos (1981) explore the interpersonal relationships among families, the personal growth of those members, and the organizational structure of the family in a healthy family environment. They identified the following variables of family functioning: cohesion, expressiveness, conflict, independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, and organization and control.

Reinhart's (1977) study of 30 one-parent, female head of household families having one or more adolescents, found that the one-parent family emphasized independence, intellectual and recreational activities, and encouraged the open expression of feelings; the two-parent family was more organized, controlling, religiously oriented, and family members were more cohesive and supportive of one another. Additionally, the group of single parent mothers and adolescents shared higher parallel interactions, indicating the ability to express differences. Reinhart concluded that the single parent family could

provide a family environment that is conducive to personal growth of family members and should not always be associated with the negative stereotype of the “broken home”.

Dancy and Handal (1980) conducted a study to determine whether family environment is influenced more by marital status or by conflict. In their study, sixty black lower middle class adolescents from single and intact families were administered the Family Environment Scale and a separate questionnaire measuring conflict. Perceived family climate was more significantly correlated to the perception of family conflict than family structure. Results indicated that in families where conflict was high, cohesion, intellectual-cultural orientation, and organization was low. Herzog and Sudia (1973) supported these conclusions when they contended that environment was influenced more by conflict than marital status.

Despite the growing body of research and interest in the single-parent family, it is not known whether the differences in social experiences between the nuclear family and single-parent family are temporary responses to recent marital disruption or permanent characteristics of the single-parent situation. Research by McLanahan (1983) provided longitudinal and comparative information on stress-related experiences of the two-parent family, headed by the male, and the single-parent family, headed by the female. Three types of stress were examined: chronic stress, occurrence of major life events, and the absence of social and psychological resources. Results indicated that social conditions of the two family forms were quite different with the single-parent household experiencing the chronic stress of low income and low levels of social support. The single-parent households experienced 31% more major life events than the two-parent households and were less likely to have positive self-images.

Family structure has been used to stereotype people to organize their perceptions of adults and children. Married persons were generally evaluated more positively than single persons (Etaugh & Kasley, 1981), and widowed persons were more positively evaluated than divorced persons (Etaugh & Malstrom, 1981). Educators perceived children from intact homes as exhibiting more positive behaviors than children from single-parent homes (Fuller, 1982; Levine, 1982).

Early analysis of the National Surveys of Children had established that marital disruption and conflict were associated with psychological problems in children (Zill, 1978). Peterson and Zill (1986) further indicated that the child who maintains a positive relationship with one or both parents may ameliorate negative outcomes of marital disruption. Within the intact families, the relationship between the parent and child suffered as the level of marital conflict rose.

Furstenberg (1983) conducted a follow-up study of the Peterson and Zill research. Using the same sample, Furstenberg concentrated on the households that had experienced a change in the marital situations of the parents. In addition, a randomly selected sub-sample of children living in stable, low conflict families was drawn from the initial sample. The major findings of the study found that marital disruption affectively destroyed the ongoing relationship between children and the biological parent living outside the home. Contact with the absent parent normally related to a social, rather than instrumental change. Residential parents disproportionately assumed the responsibility of caring for the child.

Research by Kurdek and Sinclair (1988) investigated the adjustment of young adolescents in three types of family structures: two-parent nuclear, stepfather, and

mother custody. Adjustment in each family structure was related to low family conflict, to high relationship and personal growth dimensions, to high social friends, to frequent use of outside support coping strategies, and to infrequent use of negative externalizing strategies. Inter-parent conflict was negatively related to adjustment in two-parent nuclear families. Kurdek and Sinclair found that adolescents' self-reports of their goal directedness, severity of psychological problems, and school problems were unrelated to family structure. A link was found between family conflict and maladjustment across family structure indicating that generalized conflict, not just inter-parent conflict, is related to dysfunction.

Research indicates that a single-parent family structure can be healthy, productive, and create a cohesive and organized family unit. Ross and Sawhill (1975) found that the quality of family functioning is based on the ability of the single parent to cope with stress, change, and reorganization. The ability to cope with single parenting was examined by Berman and Turk (1981). This study probed coping strategies and their relationship to stress following divorce. The study determined that healthy post divorce adjustment was positively related to involvement in social activities and development of autonomy. Additionally, the study found that only inter-personal and familial problems had a major effect on the state of mood.

Parish, Dostal, and Parish (1981) examined adolescents' and parents' self-evaluation as to their family structure and happiness within that structure. Their findings supported the conclusions of earlier studies by Nye (1976) wherein Nye stated that children in divorced families tend to be better adjusted than children in unhappy, intact families.

According to Nye, happiness is not a function of family structure but a perception of what that family structure provides.

A study by Raschke and Raschke (1979) collected data about self-concept, family structure, and family conflict. Self reports for family structure and the Piers Harris Children's Self-Concept Scale were given. No significant differences in self-concept scores were found among intact, remarried, or single-parent families. High conflict in any of the family structure units correlated with low self-concept. A similar study by Cooper, Holman, and Braithwaite (1983) was conducted using the Piers Harris Children's Self-Concept Scale and the Coppersmith Self-Esteem Inventory. Findings concluded that perceived closeness of family members was more significant than family structure.

Rosenberg (1979) found that parents ranked higher than peers in interpersonal significance throughout adolescence. Although many studies have emphasized family structural variables such as intact versus single-parent homes, researchers consistently have noted that family function or interactional style and emotional atmosphere are more direct indicators of the family system's role in delinquency (Cernkovich & Giordano, 1987; Glueck & Glueck, 1962; Hetherington, Stouwie, & Ridberg, 1971; Patterson & Dishion, 1985; Rosen, 1985). Harmonious, yet physically broken homes are far less detrimental to the development of mental health than are physically intact but psychologically broken homes.

Studies reporting on the emotional climate of the family have demonstrated a link between family violence during childhood and later delinquency (Alfaro, 1978; Ewing, 1990). Whether a violent interaction is witnessed or experienced as a parent-to-young-child, parent-to-adolescent, or sibling-to-sibling conflict, a child reared under conditions

of punishment and violence learns to regard the environment with fear and distrust. Anticipating pain and frustration, the adolescent generalizes from the negative experiences within the home and tends to regard the outside world as an extension of the dysfunctional pattern of family life. Adolescents may defer to delinquent behavior against society as a means for completing a cycle of violence that began as unwarranted aggressive behavior toward them as children (Greco, 1994).

In a study of youth residing in treatment facilities, Rhoades and Parker (cited in Guarino, 1985) found that youth who reported a greater degree of delinquency also reported having been more frequently and severely abused. Researchers have also indicated that the most violent youth were likely to have been reared in violent and physically abusive homes (Lewis, Moy, et al., 1985; Lewis, Pincus, et al., 1988). Exposure to violence between parental figures creates intense anxiety in a child (Sinclair, 1985), undermining the development of self-concept (Rosenbaum & O'Leary, 1981). Research has validated these clinical assumptions through findings that children exposed to such violence display disturbances in their adaptive functioning (Christopoulos et al., 1987; Jaffe et al., 1986) that can often manifest as significant behavioral and social problems within the child.

In a national probability survey, Elliott, Huizing, and Ageton (1985) found that difficulties within the family environment predicted youth selection of delinquent peers. Fagan and Wexler (1987) concluded that association with deviant peers was the strongest predictor of violent criminal activity. Similarly, Klein and Maxson (1989) suggested that juvenile offenders who are gang members have higher rates of more visible, chaotic, and violent criminal activity – homicides, assaults, robberies, shooting into inhabited

dwellings, rapes, and felony child endangerment – than juvenile offenders who are not gang members. Fagan (1990) reported that self-reported delinquency and substance use was far greater for gang youths than non-gang youths in 12 categories of behavior ranging from alcohol use to felony assault.

Once exclusive in ethnicity, gangs are recruiting members across all racial, ethnic, socioeconomic, and religious lines (O'Donnell, 1985). Although gangs were traditionally viewed as primarily consisting of minority youths, Harrington-Luker (1990) addressed a national trend for affluent white youngsters to be attracted to gangs. In his article on the developing trends in contemporary gangs, Stover (1986) reported:

Many middle-class suburbs around the U.S. are reporting gang problems with an unusual twist. In metropolitan Detroit and Los Angeles, police report arresting teenagers from so-called “affluent gangs” composed of kids from middle-class suburban homes who engage in vandalism, robbery, and drug dealing, reportedly because they are bored or alienated from their families and friends (p. 20).

Much of the research conducted with at-risk youth portrays them as victims (Hagan and McCarthy, 1997; Jahiel, 1992; Lundy, 1995; Whitbeck and Hoyt, 1999), while some of the research has begun to view at-risk youth as agents (Ruddick, 1996; Wagner, 1997). While bad things happen to youth, including poverty, homelessness, abuse, through no fault of their own, and in some ways that even the best efforts cannot prevent, it is important to observe the ways in which they remain active, the ways in which they confront the issues, and to notice the longing they display for full activity even in the most acute misery (Nussbaum, 2001).

Building on the relation of family structure to youth outcomes, Pierret returns to the issue of causation and attempts to go behind the strong ordinary least squares (OLS) effects to explore why these correlations with family structure are so strong. He suggests

several mechanisms. One is the *instability* introduced into youths' lives by family-structure changes. A second is the *conflict* that prevails in most disrupted families. A third is unobserved *economic and social* factors that accompany divorce. Some of these mechanisms can be measured directly, some can be instrumented, but the resulting analyses prove unsatisfactory. Pierret concludes by suggesting strategies for further analyses and additional survey rounds (Michael, 2001).

Prevention is a major part of the services to be provided for the at-risk youth and those individuals associated with the at-risk youth. Handlon and Palmo (1986) defined prevention as an early intervention "...in the sequence of stages of the development of a problem" (p. 347). Prevention interventions are aimed at normally functioning individuals and groups with the goal of stopping maladjustments before they occur.

Goodyear (1976) presented three levels of prevention in relation to at-risk youth. The levels include primary, secondary, and tertiary. Primary prevention is aimed at the development of programs and presentations for the general population. Secondary prevention involves specific interventions such as crisis counseling, marriage counseling, or family counseling for the at-risk youth and family. Tertiary prevention attempts to rehabilitate the individual who suffers chronic, severe problems. While Primary interventions tend to be difficult to define, design, and implement, they should be reserved for marketing ventures wherein the emphasis is on selling the need for preventative measures (Capuzzi, 1996).

When the at-risk youth is identified, a great deal of attention is given directly to the youth without commensurate attention to the entire family. Without the involvement of the family, problems arise. One problem is that assessing the level of risk for the

adolescent without understanding his or her position or role within the family unit is impossible. How the youth begins to feel “out of place” within the family (Conger & Conger, 1994; Cummings, et al., 1994; Dinkmeyer & Sperry, 1987) influences how the youth feels out of place in the world at large. The problems expressed by the at-risk youth are often a direct result of difficulties experienced either overtly or covertly by the family unit (Cumsille & Epstein, 1994).

A second problem is that there is often an assumption that the at-risk youth is the identified problem in the family, but in actuality, the at-risk youth is representative of the family (Perkins & Berkowitz, 1991; Rutter, 1994; White, Taylor and Moss, 1992) and symbolizes the severity of the difficulties within the family unit. The greater the difficulties demonstrated by the youth, the greater the number of issues that need attention within the family. Any comprehensive attempt to intervene on behalf of at-risk youth should take into consideration the health and well being of the family as a whole.

School Environment

The origin of the term *at-risk* as it applies to education and youth has appeared frequently in educational literature, federal reports, and legislative mandates from individual states. A review of the known definitions reveals not only a lack of clarity and consensus but also that the term is explained most often from an educational perspective and indicates youth at risk of dropping out of the educational system. The characteristics of at-risk youth presented in these definitions include the risk factors of tardiness, poor grades, low math and readings scores, and failing one or more grades (Kushman & Kinney, 1988; McWhirter et al., 1993; Slavin, Karweit & Madden, 1989).

The Montana State Board of Education adopted a more comprehensive listing of characteristics in April 1988. The definition (reported by Minga, 1988) is as follows:

...at-risk youths are children who are not likely to finish high school or who are apt to graduate considerably below potential. At-risk factors include chemical dependency, teenage pregnancy, poverty, disaffection with school and society, high-mobility families, emotional and physical abuse, physical and emotional disabilities that do not qualify students for special education but nevertheless impede their progress (p.14).

The demand for schools to be number one has led to an obsession with increased rigor, revised assessment, and altered authority structures (Greene, 1995). Today's youth are among the most highly regulated groups in the United States. Normal behavior is defined in terms of conformity, and compassion for them has been replaced by zero tolerance policies that can translate into punishment for youth, rather than a committed investment in their psychological, economic, and social well being.

Comprehensive public high schools are the most common form of secondary-level schools and are among the least successful public institutions in the United States (Weis & Fine, 1993). According to Weis and Fine (1993) resulting low achievement, high attrition rates, and educational failures contribute to less than half of urban minority children earning high school diplomas. Poor students tend to be placed in schools and classrooms with less experienced teachers, fewer resources, and a less rigorous curriculum that place them at risk for academic failure (Kozol, 1991).

Minority students are more likely to attend school with a high level of poverty while the climate in high poverty schools tends to be less conducive to learning than low poverty schools (Kozol, 1991). High poverty schools have less human and financial resources and there appears to be a higher incidence of disruptions and truancy that leads

to an inconsistent learning environment (Kozol, 1991). Students from schools in low-income minority neighborhoods often graduate without the skills, grades, course requirements, or test results required for college admission (Lynn & McGear, 1990).

In the 1920's and 1930's, immigration created a rippling effect that impacted education. Rising racial tensions created battlegrounds in the schools (Lazerson, 1987). During the 1940's and 1950's the federal government forced many Native Americans off reservations and relocated them in public schools. The use of schools as instruments of forced assimilation led to serious depression and suicide among Native American youth. Policymakers recognized that "social engineering" had its limitations (Prucha, 1973).

The role of education as a socializing agency came to a head when forced integration was initiated in the nation's public schools (Glickstein, 1975). The forced integration heightened racial tensions, impeding the learning environment for many youth.

In 1965, President Johnson launched the "War on Poverty"; allocating federal monies to meet the needs of educationally deprived students, specifically through compensatory programs for the poor. As schools became more ethnically diverse, educators, researchers, and sociologists developed new approaches and models of multicultural education, formulating a foundation based on social justice, discrepancies, and equal opportunity (Banks, 1989). Those issues including tracking, school funding discrepancies, discriminatory hiring practices, culturally oppressive teaching practices, and standardized testing were confronted.

Based on the Elementary and Secondary Education Act, Title I funding provides an allocation to schools with a high concentration of low-income children. Studies indicate that students from racial and ethnic minority backgrounds and low-income families are

more at risk for poor school outcomes (Moore et al., 1997). Studies have linked the educational disadvantage of minority students to a combination of out-of-school factors that include family characteristics such as poverty and parents' education (Grissmer, Kirby, Berends, & Williamson, 1994).

School systems often compound the problems that students from low-income families and poor neighborhoods bring to their doors. As the number of students who need compensatory attention increases, school systems that serve this population struggle to provide not only education, but also health and social services. Schools will not succeed without adequate resources and major innovations in their approaches to both education and involvement with the communities they serve (National Research Council, 1993).

From the structured setting of schools comes the completely unstructured transition to work. About one-half of high school graduates in the United States do not go to college, and of those students that do, less than half obtain four-year degrees. While 75 percent of high school graduates will not finish college, little commitment is made to helping these students prepare for and find work. The result is that most high school students have poor information about the occupational choices open to them or what is required to prepare for a field of work or the proper training. Without appropriate support, these students flounder in the labor market, jobless or working jobs with low wages and little opportunity for advancement (National Research Council, 1993).

There exist numerous federal, state, and locally supported programs, but they do not tend to target adolescents. With few structural links among the various programs, vocational education and employment training have moved away from their immediate

constituencies. Vocational education is isolated from the academic curriculum; employment and training programs have moved away from serving youth who are out of the labor market. Vocational education programs do not offer a sequenced series of courses throughout high school that would build an integrated academic and applied knowledge base related to the learning and skills required in specific occupational sectors. Because they lack support and direction, large numbers of high school graduates, and even higher proportions of high school dropouts, do not acquire the academic and technical skills needed to obtain well paying jobs as adults. The failure of the school-to-work transition “system” to adequately respond to the needs of a majority of youth contributes to labor market inactivity, thus at-risk survival behaviors ensue (National Research Council, 1993).

When youth are not actively engaged in a school program, at-risk behaviors intervene their daily activities. The National Center on Addiction and Substance Abuse (CASA) at Columbia University (2005) has been surveying the attitudes of youth for 10 years. The CASA back to school survey probes substance-abuse risk and identifies factors that increase or diminish the likelihood that youths will smoke, drink, or use illegal drugs. CASA seeks to identify the most effective means of helping youths avoid substance abuse and to uncover for parents markers that affect the risk that their youth may abuse substances.

One thousand youths, ages 12 to 17 (503 boys, 497 girls), participated in the CASA survey. According to CASA, the most troubling discovery from the survey is the extent to which the nation’s schools are awash in illegal and prescription drugs. Since 2002, the proportion of middle school students who say there are drugs in their schools is up by 47

percent, and the proportion of high school students attending schools with drugs is up by 41 percent (National Center on Addiction and Substance Abuse, 2005).

Youths who attend schools where drugs are used, kept, or sold are three times more likely to have tried marijuana, three times more likely to get drunk in a typical month, and twice as likely to have tried alcohol, compared to youth who attend drug-free schools. The practical meaning to these statistics is that 62 percent of high school students, 10.6 million, and 28 percent of middle school students, 2.4 million, will go to schools where drugs are used, kept, or sold. These youths are the most likely to be left behind (National Center on Addiction and Substance Abuse, 2005).

Many parents accept drug-infected schools as an inevitable part of their student's lives. In a parent survey regarding student drug usage, 48 percent of responding parents said that drugs are used, kept, or sold on the grounds of their student's school and 56 percent of these parents believe that the goal of making their student's school drug free is unrealistic (National Center on Addiction and Substance Abuse, 2005).

Another finding from the CASA survey indicated that the number of youth reporting that their peers use illegal drugs increased. The percentage of youth who know a friend or classmate who has abused prescription drugs jumped 86 percent; the percentage of youth who know a friend or classmate who has used Ecstasy is up 28 percent; and the percentage of youth who know a friend or classmate who has used illegal drugs such as acid, cocaine, or heroin is up 20 percent. For youth, the prevalence of substances throughout their lives, in their schools and among their friends, continues to be cited as their top concern (National Council on Addiction and Substance Abuse, 2005).

There have been a multitude of historical challenges related to establishing effective health education programs. The problems of evaluating effectiveness have included the widely varying nature and inconsistency of instructional exposure time; year to year developmental focus; teacher in-service preparation; specificity and generalization of the curricular content; instructional resources; and administrative, parental, and school board support. While secondary health classes usually refer to family life education with the intent to focus on sexual activity and teenage pregnancy, the mechanisms for evaluating the outcomes are broad and difficult to interpret. School districts and even the schools within a given district vary in their ability to provide consistent, curriculum based programs. The need for school-based health education is warranted by the number of youth leaving school due to health-related illness, disease, and pregnancy, some of which may be prevented if the students were provided a comprehensive health program (Ingell, 1995).

In a review of twenty-five selected reports about school-based health promotion, the Harvard School Health Education Project identified common themes that emerge from various disciplines. These themes suggest that education and health are interrelated; the greatest threats are the “social morbidities”; a more integrated approach is needed; health promotion and education efforts should be centered in the school; and prevention efforts are cost-effective (Ingell, 1995).

According to Ingell (1995):

Research findings are making increasingly clear the association between the constellation of risk taking behaviors in adolescents. These are usually well protected by peer selection that supports the behavior, health jeopardizing practices, frequent social deviance, school absenteeism, school failure and drop-out status. The social and economic costs of inaction are too high and still escalating (p. 23).

From the 1950's, at-risk youth behaviors have been divided into three stages. During the first stage dating back to the 1950's and 1960's, student problems at school were seen as disorders (Rubel, 1977). From the 1960's into the 1970's, national attention focused on student unrest as disruptions to the educational process (Trump & Hunt, 1969). From the 1970's to present, the focus has been on crime and violence on school campuses throughout the nation and concern has centered on the safety of students and staff in urban, suburban, and rural schools (Saulter, 1995).

Initially, student problems at school were viewed as disorders. The disorders were commonly defined as violations of school rules, rather than crimes (Rubel, 1977). Disorders were considered pranks and were left to teachers and school administrators for remediation. During the 1950's and 1960's those students unable to conform to school rules and resistant to transforming their behavior were removed from the school setting and released to the community. During this time, school principals had latitude in suspending and expelling students and the results were acceptable to educators and the public (Rubel, 1977).

Popular culture in the 1950's and 1960's depicted a picture of vivid juvenile delinquency. While the mass media proclaimed that youth misbehavior and crime were critical social problems, the facts in 1960 indicated that the number of juveniles arrested was just 17 percent of total arrests. In that total 513 were arrested for murder; 7,678 for assault; 10,155 for robbery; and 1,763 for drug related offenses (Saulter, 1995). The early perception of youth culture at that time provides a baseline for evaluating more current levels of youth crime and violence and its impact on education.

The only study of student disorders done at the national level during this time frame was a study conducted by the National Education Association. The study surveyed teachers regarding their views on student behavior. Results reported that 95 percent of the responding teachers described their students as well or reasonably well behaved and that student behavior was not as bad as what was being presented in the mass media (National Education Association, 1956). Following on the heels of this study were indicators that behavior problems in secondary schools were becoming more serious. In 1958, New York City Schools reported students smuggling weapons and other contraband into classrooms. This behavior was thought to be an attempt by the students to test their limits and see what they could get away with (Subcommittee to Investigate Juvenile Delinquency, 1959).

The 1960's and 1970's witnessed a transitional time from the student disorders of the 1950's to a rise in crime and violence from the 1970's to present. Disruptions were appearing on secondary school campuses that interrupted the normal operation of schools and the education of students. The disruptions were highly publicized and stimulated the desire for more in-depth research (Nicoll, 1996).

Juvenile crime erupted in the 1970's as confirmed by youth arrests. In 1970 1,346 juveniles were arrested for murder; 29, 289 for robbery; 20,756 for assault; and 77,756 for drug related offenses. At this time, youth arrests represented 26 percent of total arrests. As a result of this upswing, The United States Congress mandated that the Department of Health, Education, and Welfare conduct a study to determine the nature and extent of crime and violence in schools on a national level. The study in 1974 was directed to discover how schools were preventing crime and violence and to assess the

effectiveness of their crime prevention practices (Violent Schools – Safe Schools, 1978). Results of the study indicated that secondary schools were more likely than elementary schools to have a serious problem with crime. Crimes that were highlighted included personal attacks, theft, and vandalism. The study reported that current students committed most crimes at school and the perpetrators and victims were usually about the same age and sex.

Youth violence and gang-related activities are serious problems within elementary, middle, and senior high schools (Klein & Maxson, 1989; Miller, 1975; Stover, 1986). Teachers, non-gang students, and rival gang members have been the victims of serious attacks – shootings, stabbings, and beatings – occurring within the school environment. Gang members are staking claim to entire schools or particular areas of schools and extorting protection fees from other students. The California Council on Criminal Justice (1986) concluded:

Studies support the findings that many modern gangs are extending their areas of control into schools. One apparent fact from current research is that students who are gang-involved play a disproportionate role in acts of violence, threats, and extortions on public school campuses (p.12).

In addition, youth who drop out of school, the numbers of whom have been known to exceed 50 percent in some inner-city schools (Stover, 1986), are providing gangs with a pool of readily accessible novices. An integral relationship exists between the number of youth leaving school and the process of gang formation. Due to the notably deleterious psychological, physical, and economic effects that delinquent behavior has on victims, victims' families, and society, as well as on delinquent youth themselves, a better understanding of youth risk behaviors is needed to ascertain the causal factors, identify appropriate intervention strategies, and implement effective prevention programs.

For increasing numbers of youth, the second formal institution in their lives is the juvenile justice system or the criminal justice system. These systems assume major roles in the lives of many youths, especially those youth identified as a racial or ethnic minority and the inner-city poor. Economic and residential stratification in the United States concentrates crime, particularly violent crime, in low-income, urban neighborhoods. Young black males have a disproportionately high risk of encountering the juvenile and criminal justice systems, both as victims and as violators. Young black males who experience negative education and employment problems have a high probability of being arrested, imprisoned, or criminally victimized (National Research Council, 1993).

Because such a large proportion of low-income, minority adolescent males are involved in criminal activities, the treatment they receive at the hands of the justice system is vitally important in determining whether or not these youth can be brought back into the mainstream. Both the juvenile and adult criminal justice systems are generally failing in their efforts to rehabilitate youth offenders. The high rates of youth arrests and imprisonment, specifically related to minority youth, are often perceived with suspicion, hostility, distrust, and despair therefore, ghetto youth who come into conflict with the justice system have self-concepts, attitudes, and interests that aggravate negative outcomes. For juveniles, the most effective treatment programs are implemented outside of public facilities, custodial institutions, and the juvenile justice system. They also incorporate non-punitive behavior and skill-orientation, multi-part treatments that offer alternatives to the more socially and fiscally costly options in the juvenile justice system. (National Research Council, 1993).

The causes for youth crime and violence and the impact on schools are complex (Reaching the Goal: Goal 6, 1993). Economic deprivation, neglect, and abuse are contributors to the phenomenon (Jones, 1994). The disintegration of the family, the depiction of violence in the media and in popular music, and the easy access to guns combine to promote more prevalent and lethal school environments (National School Board Association, 1994). Ethic and cultural ignorance among students, lack of respect, low self-esteem, and school personnel unprepared to assist at-risk youth contribute to youth violence at school (Stop the Violence, 1993).

At-risk youth and relevance to school crime and violence speak to a problem so complex that schools and communities need to follow a model that unifies family, school, community, youth services, public agencies, and the private sector to reduce risk factors and increase protective factors ((Nicoll, 1996). A sense of community needs to be created with parental and neighborhood ties that afford care and consideration to each student (Hill & Hill, 1994). The Task Force on School Violence (1993), states that schools should utilize peer mediation programs to keep peace on campus. Ceperly and Simon (1994) referred to conflict resolution programs as demonstrating positive results by involving students in the violence prevention process. Early intervention to prevent violence in the home, community, or school, brings forth a more successful outcome (Saulter, 1994).

Systems theory is the concept that things cannot be fully understood in isolation. Parts of any process interact in a multitude of ways and the whole must be considered when attempting to understand the behavior of the parts (Von Bertalanffy, 1968). When events happen at school, they involve more than just individual decisions and actions.

These events may be determined more by socio-cultural systems than by single causes. Therefore, schools that would like to do more than simply react to daily problems should create networks that knit together efforts to support and nurture the various aspects of the youths' lives.

Solutions to the problem of school crime and violence expand beyond the boundaries of the school campus and the school day, encompassing the community (Scheree, 1978). Schools need to create a clear safe school plan, form partnerships with allies in the community, and take action (Preventing and Coping with School Violence, 1994). Ascher (1994) brought forth the concept of rooting the school in the community. Forming partnerships and sharing information with other agencies is a vital step in prevention of school crime and violence (Safe Texas Schools, 1994).

Community Support

Most of the social interactions of youth and families are embedded within neighborhood settings. A "neighborhood" can be defined spatially, as a geographic area, and functionally, as a set of social networks. As spatial units, neighborhoods provide opportunities for processes to take place in relatively intimate, personal settings and situations. They are a place for social interaction, a place for education and human service, and a place for preparing for and engaging in employment. A "community" may differ from a neighborhood in size or characterization. In addition, a "community" may have a political orientation. It is difficult to distinguish between social and political interactions; thus, the terms neighborhood and community are often used interchangeably (National Research Center, 1993).

A neighborhood is a key setting for youth development. Methodologically, it is difficult to identify causal relationships between complex social settings and individual behavioral outcomes. In evaluating the youths' social settings, it is necessary to realize that most results are open to more than one explanation (Jencks & Mayer, 1990; Reiss & Roth, 1993).

Most research examines metropolitan neighborhoods, with little attention to the unique characteristics and problems of rural areas. Available research is generally focused on poor neighborhoods, leaving little comparative data from affluent areas. Another weakness of the literature is that most of the research has centered on the structural features of neighborhoods, not on community-level interactions or processes. Theoretical bias toward consensual theories of community, rather than theories of a community-as-a-resource, has led researchers to look for internal sources of disorganization rather than external sources.

Household poverty and segregation by class and race are fundamental elements of metropolitan areas. Poor neighborhoods are also racially and ethnically stratified (Farley, 1990). There are important differences between adults in poor neighborhoods and those in more affluent areas. Ricketts and Mincy (1990) state that the social compositions of neighborhoods have deteriorated and term those neighborhoods as "underclass". They define "underclass" neighborhoods as census tracts with high values for each of four indicators: working-age males not attached to the work force, households headed by a woman with children, households receiving welfare, and dropouts among the school-age population.

The growth in crack and cocaine markets since the early 1980's placed additional stress on poor neighborhoods. Highly visible, lucrative, and violent drug markets accelerated the departure of stable families and undermined the authority of long-term community leaders. According to Reiss & Roth, (1993):

The operation of drug markets and the violence associated with them has weakened inhibitions against violence in all neighborhood contexts. The large amounts of money that can be made in the drug trade act as a magnet to draw children and adolescents into criminal activity. Adolescents who are not involved as participants in drug markets are still influenced by their presence; some are victims of drug-related violence, while many more are unable to engage in normal neighborhood activities because of the dangers associated with drug markets (p. 68).

The vast majority of students attend neighborhood schools and because school funding is directly related to family and neighborhood wealth, public schools tend to be stratified by class, race, and ethnicity. Approximately 90 percent of all students attend public schools and less than 5 percent of those students attend schools with adequate bussing programs. Thereby, student bodies reflect the composition of the neighborhood (Mayer, 1991).

Metropolitan areas in the Northeast and Midwest experienced an economic downturn in the 1970's. The greatest deterioration in the metropolitan neighborhoods, as measured by increased concentration of poverty, was in the Northeast, followed by the Midwest. The number of underclass neighborhoods grew fastest in the Northeast (Jargowsky & Bane, 1990; Ricketts & Mincy, 1990). On a regional level it would be expected that the greatest increase in social problems would be in the Northeast, followed by the Midwest. Mayer (1991) analyzed regional trends from 1970 to 1980. The Northeast had the smallest decrease in public assistance recipients and teenage births, the smallest increase

in workforce participation rates, and the biggest increases in single-parent families and poverty rates.

Once a neighborhood begins to lose its economic base, youth become socially isolated, losing the kind of networks and self or group identifications that support customary behavior and prevent deviant behavior (Wilson, 1987; Fernandez & Harris, 1990; Harrell & Peterson, 1992). Social institutions including schools, the social welfare system, and the criminal justice system, tend to anticipate and facilitate shame and hopelessness (Williams & Kornblum, 1985). In addition, parents lose hope and have fears for the well being of their children (National Commission on Children, 1991).

As their economic and social systems break down, poor neighborhoods seem increasingly unable to restrain criminal or deviant behavior (Wilson, 1987; Anderson, 1991; Reiss & Roth, 1993). Wilson (1987) and Rainwater (1987) declare the following:

These disorganized areas are vulnerable to the processes that “hollow out” urban neighborhoods: fires in abandoned buildings, housing deterioration, fires in occupied buildings, housing abandonment, reduction of fire services, and accelerating outmigration by stable members of the community, leaving behind an isolated subgroup of residents who are unable or unwilling to move into accepted adult roles (p. 71).

Economically poor neighborhoods differ from more affluent neighborhoods in terms of diminished private economic activity, the types of public and social services available, limited recreational and youth development programs, and higher levels of crime (Littell & Wynn, 1989). Neighborhood effects work through the social milieu or settings in which youth live and act and can be considered as responses to a lack of legitimate economic opportunity (National Research Council, 1993). Taylor (1991) reports that black males in poor neighborhoods tend to relinquish their belief in the possibility of conventional achievement and mobility in mainstream society. Perceived lack of

opportunity and the weight of discrimination lead to diminished academic performance (Farrel, 1990).

Controlling for family education, income, and other variables, a 10-year study of urban adolescent males determined that the higher the mean family income in a neighborhood (defined by ZIP code), the greater the number of years of school completed. Additionally, the data suggests that black males stay in school longer if they have white neighbors, but drop out sooner if they are racially segregated (Datcher, 1982). In a later study, Corcoran, et al., (1987) replicated these findings for young women.

According to Brooks-Gunn et al., (1993) dropout rates were lowest in the census tracts with a high percentage of adult workers in professional or managerial jobs and highest in neighborhoods in which fewer than 10 percent of workers were in “high status” occupations. Controlling for family background estimated that on average, a teenage girl’s chance of dropping out of high school increases from 10.8 percent to 14.9 percent when the proportion of families in her ZIP code with incomes over 230,000 decreases by one standard deviation.

There is evidence that early pregnancy and childbearing increases in poor neighborhoods. Researchers have found that many young women in poverty recognize the risks of early parenthood, but make this choice because it provides proof that they are attractive and successful. It also provides adult status more immediately than hoping for a job that is far from reach. Some teenage mothers lack the strong and sustained relationships with adults that are necessary to resolve identity issues. In essence, babies fulfill the caring attachments of which the teen mother is void (Anderson, 1990; Musick, 1991). Where race and ethnic background are a constant, births to unmarried adolescents

are more likely to occur in poor neighborhoods than more affluent ones (Jencks & Mayer, 1990). In families headed by females, there is an increased likelihood of pregnancy for all teenage girls (Brooks-Gunn et al., 1993).

Poor neighborhoods tend to influence adolescent employment prospects. While employers are less likely to hire young people from these neighborhoods, adolescents often believe it is more profitable to enter underground or illegitimate job markets, such as drug dealing or gambling (Williams, 1989; Reiss & Roth, 1993). Due to adolescent unemployment, peer influences offer significant barriers to gainful employment. Several studies show that growing up in an urban neighborhood that has a high rate of welfare dependency reduces a youth's chance of finding well-paid jobs (Jencks & Mayer, 1990). Analysis shows that, in the 50 largest cities in the United States, the higher the poverty rate of a census tract, the more likely teenage males are to be idle (i.e., not in school, employed, or in the military) (Massey, 1991).

There exists a large body of research on neighborhoods, crime, and victimization though few studies focus specifically on adolescents (Reiss & Roth, 1993). Age, however, is one of the strongest individual-level correlates of offending; arrests for violent crimes peak around age 18 and decline gradually thereafter (Visher & Roth, 1986). Offending and victimization are highest in urban neighborhoods with concentrated poverty (Reiss & Roth, 1993; Smith & Jaroura, 1988). Population density is often found to have a higher correlation to violent crime, independent of neighborhood composition (Smith & Jaroura, 1988; Sampson & Lauritsen, 1991).

A study by Sampson (1983) found that rates of crime victimization were two to three times higher in high-density neighborhoods, regardless of compositional factors such as

age, race, and gender. Other studies have confirmed that the percentage of multiple-unit dwellings and renter-occupied housing are major predictors of crime (Roneck, 1981; Scheurman & Kotrin, 1986). Studies suggest that a mix of neighborhood characteristics contribute to criminal offending. A study by Taylor and Covington (1988) found that neighborhoods with increasing concentrations of poor persons experienced an increased rate of violence. A less expected outcome of the study revealed an increased level of violence in gentrifying neighborhoods, neighborhoods with an increasing proportion of affluent persons. The authors concluded that violence is associated with neighborhood transition; however, the underlying mechanisms are different. In increasingly poor neighborhoods, violence appears to be related to an increased level of deprivation; in gentrifying neighborhoods, violence may be related to increased social disorganization.

Studies confirm that stratified neighborhoods independently contribute to dropping out of school, teenage parenthood, violent crime, and victimization (National Research Council, 1993). Some youth do prosper in disadvantaged settings, youth who were sheltered from the influence of street life by parents and community institutions or were able to establish important relationships with other neighborhood adults (Williams & Kornblum, 1985). However, in many cases, youth become overwhelmed and defined by the worst aspects of their neighborhood settings.

After school programs, scout groups, community service activities, religious youth groups, and other community based activities have long been thought to play a key role in the lives of youth. Many of the major institutions, or settings, in which youth grow up are unable to provide the guidance and support needed for positive development. Policies that might change high-risk settings have been neglected and existing policies often

diminish the viability of families and neighborhoods. Primary institutions that serve youth, including health organizations, schools, employment, training, are crucial and must initiate collaboration among them (National Research Council, 1993).

Even when categorical systems are effective, some youth continue to experience problems that transcend the response capacities of primary institutions. For these youth and their families, specialized service programs may fill the gaps or compensate for failures in other life settings (Schorr et al., 1991).

Numerous examples of locally designed and operated programs exist through which communities can address the needs of their youth. Many local efforts aim at supporting the family and strengthening the community. The purpose of the endeavors is to empower parents and community residents to increase their abilities to nurture the youth. Examples of “good practice” exhibit a number of characteristics: services for youth are comprehensive; programs transcend categorical labels; organizations and their funding sources bring together a coherent array of services by which to serve young people. Whether program services are offered at a specific site or through interagency collaboration, the goal is to provide services that ensure the emotional, recreational, academic, and vocational needs of youth are addressed. Comprehensiveness also assures that the program(s) provide youth from high-risk settings with the developmental opportunities that are often lacking (National Research Council, 1993).

Summary

Researchers have consistently noted that family function or interactional style and emotional atmosphere are direct indicators of the family system’s role in adolescent psychological adjustment (Anderson & Stabatelli, 1991; Bell & Bell, 1982; Burt, Cohen,

& Bjorck, 1988; Kurdek & Sinclair, 1988) and delinquency (Cernkovich & Giordano, 1987; Glueck & Glueck, 1962; Moos and Moos, 1986; Rosen, 1985).

Within the family system there exists an established set of functional and predictable life-patterns that are the basis for interaction among family members. The interactional patterns regulate the family members' behavior through repetition, and establish how, when, and to whom the family members are to relate. According to Grotevant & Cooper, (1986), children generally thrive developmentally when their family environment offers warm relationships in which individuals are permitted to express their opinions and assert their individuality and in which parents expect age appropriate behavior and set and enforce reasonable rules and standards. In his summary statement from his work on the effects of parental discipline, Becker (1964) suggests:

The importance of warmth and permissiveness in facilitating the growth of sociable, independent children has found repeated support. The debilitating effects of parental hostility in many forms is certainly apparent (p. 203).

While schools play a vital role in the socialization of youth, the entire life of the youth from family to neighborhood to community needs to be considered as a whole when addressing at-risk behaviors. It is common to view problems as a series of events with singular causes. No one blueprint can be used for every youth, family, school, or community. In a systems approach, the family and the school need to reach out to other individuals, organizations, and agencies in the community that impact the youths' lives and form partnerships in an effort to meet the needs of at-risk youth.

This study builds upon and will contribute to existing literature in the field of at-risk youth. A study of this nature is particularly significant at this time as the Sacramento County Office of Education guides emphasis to closing the achievement gap for all students. Under the federal legislation, No Child Left Behind, school districts are distinctly interested in the covenant of information that can elicit programmatic changes and foster positive student outcomes. Through the data collection and data analysis in this study, conclusions and recommendations concerning a population of identified at-

risk youth enrolled in Sacramento County schools will serve to endorse insight and dialogue that may lead to the establishment of renewed processes and objectives.

CHAPTER III

METHODOLOGY

Restatement of the Problem

Adolescence is a developmental period when experimentation with and adoption of new roles and behaviors occur. All persons, who either work with or live with youth, have become increasingly aware of the potential that exists for the development of at-risk behaviors during this time. Many challenges are encountered in attempting to understand the concepts and issues that surround the term *at-risk youth*. These challenges center upon clarification of at-risk descriptors and causal factors. Additionally, these challenges include the development and implementation of both prevention and crisis-management programs that impact the destructive behaviors that place youth at risk (Capuzzi & Gross, 1996). Simple answers and agreed-upon definitions do not currently exist. The best we have at this time are experimental programs, a host of opinions, definitions, and population descriptors, and a high motivation to find workable solutions (Capuzzi & Gross, 1996).

This study explored adolescent at-risk behavior(s) through the administration of a survey designed to measure adolescent psychopathology and psychosocial problems, complimented by one-to-one interviews. Participants were students enrolled in alternative education programs who have been identified as demonstrating at-risk behavior(s) per program criteria.

Research Design and Methodology

This study employed a multi-methods approach to the research. The multi-methods approach involves collecting and analyzing both quantitative and qualitative data in a

single study. The concept of mixing different methods originated in 1959, when Campbell and Fiske used multiple methods to study validity of psychological traits. They encouraged others to employ their “multi-method matrix” to examine multiple approaches to data collection in a study. This prompted others to mix methods, and soon approaches associated with field methods to include observations and interviews (qualitative data) were combined with traditional survey methods (quantitative data) (S.D. Sieber, 1973). In recognizing that all methods have limitations, researchers felt that the biases inherent in any single method could neutralize or cancel the biases of other methods. Triangulating data sources – a means for seeking convergence across qualitative and quantitative methods – were born (Jick, 1979).

The multi-methods approach is one in which the researcher tends to base knowledge claims on pragmatic grounds. It uses strategies of inquiry that involve collecting data either simultaneously or sequentially. The researcher bases the inquiry on the assumption that collecting diverse types of data best provides an understanding of a research problem. According to Greene, Caracelli, & Graham (1989), the results from one method can help develop or inform the other method. Alternately, one method can be nested within another method to provide insight into different levels or units of analysis (Tashakkori & Teddlie, 1998). The multi-method study begins with a broad survey in an effort to generalize results to a population and then focuses, in a second phase, on qualitative, open-ended interviews to collect detailed views from participants (Creswell, 2003).

This research included a descriptive cross-sectional design using the self-administered survey method. A cross-sectional design provides a portrait of things as

they are at a single point in time. With this design, the collection of data mirrors a “snapshot” of a group of people or organization. Survey data can be used to describe the status of things, show change, and make comparisons. The survey’s design refers to the way in which the “environment” is controlled or organized. The environment refers to the number and characteristics of respondents and how often and when they will be surveyed. The environmental variables over which surveyors have the most control are: when the survey is to be given; how often; the sample size; and the number of groups to be included (Fink, 2006). This design promoted the acquisition of data in a timely manner and assured that environmental factors were less of a variable.

This study surveyed 75 male and 48 female secondary school students, grades 7–12, enrolled in five alternative education school settings in or around Sacramento, California. Participating schools exist either exclusively, or in partnership, with the Sacramento County Office of Education (SCOE). Research probed the types of problems that adolescents may encounter. Participants responded to statements that describe how they feel about themselves, others, and the world around them.

According to Geertz (1973) and Bateson (1994) human beings live in the presence of multiple, complex conceptual visions that are intricately interwoven. Therefore in order to understand the meaning that people attach to their lives, one must study the context within which social events, behaviors, institutions, and processes occur. Participatory research included confidential one-to-one interviews with two male and three female students, grades 7-12, who were randomly selected from the general survey population. Participation in both the survey and the interview process was completely voluntary.

Population and Sample

Convenience sampling was used. A convenience sample is a sample that is obtained because people who are willing to complete the survey are also available when the survey is administered (Fink, 2006). This study utilized convenience sampling in an effort to secure data in a timely manner and it took into consideration the characteristics of the population to include high absenteeism rates. The survey was administered to male and female secondary school students of diverse ethnicities, grades 7-12, at five alternative education sites. These sites represent four of the 16 school districts that operate under the direction of the Sacramento County Office of Education (SCOE). Total county student enrollment is 238,233 with alternative education student enrollment totaling 18,953 (K-8=6,059; 9-12=12,894). Programs within the alternative education umbrella include Continuation (2,605); Community/Experience-Based (253); Opportunity (362); Magnet (6,187); Pregnant/Parenting (205); Independent Study/Not Adult (8,209); Other (1,132). At the close of the 2006 - 2007 school year, the Sacramento County Office of Education documented 777 Expulsions, 53,423 Suspensions, and 86,152 Truancies. The dropout rates documented that same year, by grade, were 121 (7th), 142 (8th), 312 (9th), 481 (10th) 588, (11th), and 1,034 (12th).

Approximately 250 secondary school students were enrolled in the five alternative education programs at the time of this study. This enrollment reflected students participating in the site-based academic programs and excluded those students served through Independent Study Programs (ISP). The programs that participated in this survey are currently implementing character-based education per program-identified objectives. One hundred twenty-three 7-12th grade students, 75 male and 48 female,

participated in the study. Responses were based on a participant's personal experiences. Participants were encouraged, at the onset of survey administration, to respond to each question.

Participatory research subjects included two male and three female students, grades 7-12, randomly chosen from the general survey population. Confidential interviews were approximately 20-30 minutes each. Each participant in the interview process was asked the three following questions:

- 1) What is your definition of "at-risk" behavior(s) as it relates to adolescents?
- 2) What types of problems do you think adolescents are experiencing today?
- 3) What is the best way to support adolescents and where should the support come from? (Appendix A).

Interview responses were recorded. Upon completion of the in-person interviews, the data was reviewed and compared in an effort to find commonalities and differences. The themes that presented themselves through participatory research are shared in the results section of this study.

Human Subjects Research Approval

The researcher complied with the University of San Francisco and the Institutional Review Board for the Protection of Human Subjects' (IRBPHS) (2007) guidelines for the protection of human subjects and with the ethical standards of the American Psychological Association with regard to research on human subjects. The IRBPHS requires that the researcher provide the following components for committee review: 1) *Background and Rationale*; 2) *Description of Sample*; 3) *Recruitment Procedure*; 4) *Subject Consent Process*; 5) *Procedures*; 6) *Potential Risk to Subjects*; 7) *Minimization of*

Potential Risk; 8) *Potential Risk to Subjects*; 9) *Costs to Subjects*; 10) *Reimbursement/Compensation to Subjects*; and 11) *Confidentiality of Records*. All required components were provided and approved prior to conducting this study (Appendix B).

Instrumentation

The survey chosen for this research was the Adolescent Psychopathology Scale-Short Form (APS-SF). The APS-SF is a multidimensional measure of psychopathology and personality characteristics designed for use with adolescents, ages 12 to 19 years. The 115 items on the APS-SF are derived the Adolescent Psychopathology Scale (APS; Reynolds, 1998a), a 346-item measure of adolescent psychopathology and psychosocial problems. The items on the APS-SF directly evaluate specific symptoms of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV*: American Psychiatric Association, 1994) clinical and personality disorders, to include other psychological problems and behaviors that interfere with successful psychosocial adaptation and personal competence. The APS-SF is composed of 12 clinical scales and 2 validity scales. The clinical scales include Conduct Disorder (CND), Major Depression (DEP), Posttraumatic Stress Disorder (PTS), Eating Disturbance (EAT), Academic Problems (ADP), Self-Concept (SCP), Oppositional Defiant Disorder (OPD), Generalized Anxiety Abuse Disorder (GAD), Substance Abuse Disorder (SUB), Suicide (SUI), Anger/Violence Proneness (AVP), and Interpersonal Problems (IPP). The APS-SF Validity scales include Defensiveness (DEF) and Consistency Response (CNR).

The APS-SF was designed to be a brief, reliable, and valid measure for school settings. The APS-SF lends itself to group settings and research investigations. In the

study and classification of psychopathology in children and adolescents, a useful phenomenological distinction has been made between disorders that are internalizing and those that are externalizing (Achenbach & McConaughy, 1992; Reynolds, 1992b). Internalizing and externalizing disorders can have symptom overlap and the internalizing-externalizing distinction is primarily oriented to the overt symptom expression of the disorder and not the underlying psychological processes or etiologies. Table 1 provides the content domains characteristic of externalized and internalized clinical scales.

Table 1

Overview of APS-SF Clinical Scales

Externalizing	Internalizing
Conduct Disorder	Generalizing Anxiety Disorder
Oppositional Defiant Disorder	Posttraumatic Stress Disorder
Substance Abuse	Major Depression
Anger/ Violence Proneness	Eating Disturbance
Academic Problems	Suicide
	Self-Concept
	Interpersonal Problems

The APS-SF has two validity indicators: the Defensiveness (*DEF*) and Consistency (*CNR*) scales. *DEF* consists of six items that are keyed in a direction that reflects a highly unlikely or overly positive action or response. For example, a response of *True* to Item 12 (“I always admitted when I made a mistake.”) or Item 21 (“I never got upset with my parents.”) is highly unlikely. The *DEF* scale also includes components of social desirability, such as Item 24 (“I always did the right thing.”). Overall, *DEF* assesses the respondent’s openness and willingness to give honest answers. The *CNR* consists of 14 item pairs that either are opposite in content so that similar answers indicate inconsistent responding, or have similar content so that different answers on the two items represent

inconsistent responding. For example, opposite responses to Item 39 (“I felt very angry.”) and Item 51 (“I felt mad or angry with nearly everyone.”) are inconsistent responses. *CNR* measures the respondent’s understanding of item content and serves as a screen for random responding or inattention (Psychological Assessments Resources, Inc. 2000).

The reliability of a test refers to the consistency of the measurement provided by the test. The reliability of the APS-SF was ascertained in a number of different studies that examined both internal consistency and test-retest reliability. Both clinical and school field studies were conducted. Further detail regarding the APS-SF reliability studies can be found in the APS-SF Professional Manual (Reynolds, 2000). PAR requires that the person using the Test Materials be qualified in accordance with *Standards for Educational and Psychological Testing*. The researcher is a California credentialed School Psychologist and utilized the published version in its entirety without modifications, therefore meeting PAR requirements (PAR, 2005). Authorization of this questionnaire was granted the researcher by PAR for the purpose of graduate research (Appendix C).

In addition, confidential in-person interviews were conducted to bring forth additional information that was not captured through quantitative analysis. The interviews were instrumented by the researcher and addressed three questions. The interviews included two male and three female students, grades 7-12, that were randomly selected from the general sampling population.

Data Collection Procedures

This study included a cross-sectional survey. The survey was used for data

collection with the intent of generalizing from a sample to a population (Babbie, 1990). First, the researcher obtained permission to conduct the research study from the designated Sacramento County Office of Education administration (Appendix D). Second, the researcher delivered a presentation to the prospective participants to clarify the purpose and procedures of the study (Appendix E). Third, per California Education Code, state guidelines, recommended county office of education administrative procedures, respect for individual family values, and the sensitive nature of the survey, written positive informed and parental permission was required for student participation in this study. The researcher disseminated the introductory letter and informed consent and parental consent forms to the prospective participants (Appendixes F and G). The consent forms indicated the time commitment involved, that participation in the study was voluntary, and that the participant could withdraw from the study at any time without consequence of influence as to their status in their identified education program. Wherein the parent gave consent, the minor participant was able to decline consent, however, all minors with parental consent provided the researcher with signed informed consent and participated in the study.

Approximately 250 parent consent forms and informed consent forms were provided the five alternative secondary schools. A total of 233 consent forms (parent and informed) were distributed to potential participants due to absenteeism. The APS-SF required a third grade reading level and took approximately 20-30 minutes to administer. Survey instrument reliability was enhanced by a standard set of instructions reviewed by the researcher, acting as the designated proctor (Appendix H). The researcher administered the survey in individual classes or small group settings (15 or less). The

survey consisted of four pages, including the demographic data inquiry. Participants were encouraged to answer all questions and were told that the data was for research purposes only and their identity would remain anonymous. Completed survey responses were placed in a sealed envelope by the researcher, hand carried, and secured in a locking cabinet.

The researcher conducted five in-person interviews. Participants for the interviews were randomly chosen from the general research population and included two male and three female students. The interviews were conducted in a confidential setting familiar to the participant. Interviews consisted of three questions and did not exceed 30 minutes. Completed interview tapes and responses were placed in a sealed envelope by the researcher, hand carried, and secured in a locking cabinet.

The researcher returned for a meeting at each site to debrief with participants following data collection. In addition, follow-up meetings occurred for interview participants to review tapes and answer questions or concerns. Participant's parents and adult participants were given the opportunity to contact the researcher, dissertation chairperson, or the IRBPHS for questions or concerns.

The survey and interview process was conducted within a four-week period of time in Fall 2007. The researcher was the only individual with access to the data collected from the study. No identifying information was used in the data analysis or for the publication and all data was destroyed according to American Psychological Association (APA) guidelines. Letters of gratitude were extended to the Sacramento County Office of Education and participating county representatives (Appendix I).

Approach to Data Analysis

In an attempt to understand current definitions, generic causal factors, and effective prevention and intervention strategies as they relate to at-risk behavior(s), the research questions addressed in this study were as follows:

1. To what extent are adolescents in Sacramento County alternative education settings experiencing enhanced levels of at-risk behavior(s)?
2. What domains of youth risk behavior(s) present most prominent in males and females, grades seven through twelve, in alternative education settings in the Sacramento County area?
3. Are youth risk behaviors more prominent in middle school or high school?
4. How do at-risk youth define “at-risk” behavior(s) in regard to their peer group?
5. What types of problems do at-risk youths report as most prevalent for adolescents today?
6. What tactics do at-risk youth perceive most effective in supporting adolescents and whom do they hold accountable for the support?

The first three research questions were addressed through the implementation of the APS-SF Adolescent Questionnaire. A survey design provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population. From sample results, the researcher generalizes or makes claims about the population (Creswell, 2003). The APS-SF contains 115 survey items, each with a two, three, or five point Likert scale. The data type from all items is ordinal or interval.

The APS-SF was scored using the APS-SF Scoring Program. APS-SF responses were entered into the APS-SF Scoring Program. The researcher selected the appropriate

normative comparison group. The data was exported to a Statistical Package for the Social Sciences (SPSS) and the program calculated the frequencies and histograms. A *t* Test was used to look for correlations. The raw scores were converted to *T* scores for each scale. Data was further demonstrated in tables and graphs represented in the results section.

Research questions four, five, and six were pursued through participatory research consisting of five confidential in-person interviews with two male and three female students, grades 7-12, randomly selected from the general survey population. According to Creswell (2003), qualitative research takes place in the natural setting to enable the researcher to develop a level of detail about the individual or place and to be highly involved in the actual experiences of the participant. Additionally, qualitative research uses multiple methods that are interactive and humanistic. This method of data collection involves active participation by participants and sensitivity to participants in the study. Qualitative researchers look for involvement of their participants in data collection and seek to build rapport and credibility with the individuals in the study (Creswell, 2003).

Qualitative research is fundamentally interpretive wherein the researcher interprets the data to include developing a description of an individual or setting, analyzing data for themes or categories, and finally making an interpretation or drawing conclusions about its meaning personally and theoretically (Wolcott, 1994). Each participant in this study responded to the three questions presented by the researcher. Responses were noted and recorded. Pseudo names were used in the reporting of responses in the results section of this study to assure participant confidentiality.

Profile of Researcher

The researcher is a native Californian. Having demonstrated an interest in childhood development early in life, she spent summers working as a teacher's assistant, volunteering in the children's theatre, and acting as camp counselor.

Upon high school graduation, the researcher attended California State University, Chico, majoring in psychology, with an emphasis on child psychology. Additionally, she minored in child development and recreation administration. While in Chico, the researcher volunteered in many capacities with numerous organizations including the Children's Home Society, Rape Crisis Center, Twenty-Thirty Club, and Individuals with Disabilities Community Outreach. While obtaining her Bachelor's degree, she participated in a university exchange program that provided exposure to multi-cultural experiences.

The researcher continued work on behalf of children in both the public and private sectors. After returning to the education system to acquire a Master's degree in School Psychology, the researcher was presented the opportunity to work with the state's most at-risk population in the California Youth Authority. During that time, she began to explore in depth the familial, social, and bureaucratic settings and systems that envelope youth.

The researcher continued her studies at the University of San Francisco and received preliminary and professional administrative credentials. The researcher accepted an administrative position with a local school district with the hope of facilitating change by adopting and implementing pro-active prevention and intervention strategies for youth at-risk of educational failure and social misalignment. Through this doctoral research, it is

the researcher's goal to bring forth not only a better understanding of the causal factors that exacerbate at-risk behavior, but to lead others in a united approach to promote positive outcomes for youth, regardless of the obstacles they encounter along the way.

CHAPTER IV

FINDINGS

Overview

This chapter presents the results of the analysis of data obtained from the Adolescent Psychopathology Scale – Short Form (APS-SF). One hundred twenty-three 7-12th grade students, 75 male and 48 female, enrolled in five alternative education programs in Sacramento County participated in this study. Of the total participants, two male and three female students were interviewed in confidential one-to-one interviews by the researcher. The findings were reported in response to six previously defined research questions.

In Research Question One, APS-SF score summary means and standard deviations were calculated for the twelve clinical scales and two validity scales. Scores were converted from raw scores to *T*-Scores. Descriptions of clinical severity levels of psychopathology associated with the APS-SF *T*-Scores were identified.

In Research Question Two, a comparison of group means and multiple independent *t* tests were conducted for male and female students, and in Research Question Three, multiple independent *t* tests were conducted to compare the APS-SF scales for 7th – 8th and 9th – 12th grade students.

Research Questions Four, Five, and Six probed the definition of at-risk behavior, adolescent problems, and effective support systems through one-on-one interviews with at-risk youth identified per program criteria. The interview data was compared and contrasted and revealed in the results section of this study. Pseudo names were used to assure participant confidentiality.

Results

Research Question One: *To what extent are the adolescents in Sacramento County alternative education settings experiencing enhanced levels of at-risk behavior(s)?*

The following descriptions of the APS-SF clinical scales provide the content of the scales and the response format and time period associated with symptom evaluation:

- Conduct Disorder (*CND*) includes 15 items that evaluate a wide constellation of antisocial behaviors, including stealing, fighting, lying, cruelty to animals, use of a weapon in a fight, destruction of property, fire-setting, non-compliance with rules, trouble with police or school authorities. Symptoms are assessed as to presence or absence during the past six months.
- Oppositional Defiant Disorder (*OPD*) consists of nine items that evaluate hostility, negative-contrary behavior, and defiant behavior. Specific items assess loss of temper, arguing with adults, anger, oppositional behavior, disregard for rules, and negativistic behavior. Symptoms are assessed as to frequency during the past six months.
- Substance Abuse Disorder (*SUB*) consists of nine items, each specific to a substance (e.g., alcohol, amphetamines, cannabis, cocaine, hallucinogens, and inhalants). Two items that assess use of beer and hard liquor evaluate alcohol. Substances are evaluated as to the frequency of use over the past six months.
- Anger/Violence (*API*) consists of 14 items that deal with generalized anger and violence against others. Item content assesses loss of temper, excessive anger, being easily angered, lack of control over one's anger and behavior, causing physical harm to others, using a weapon in a fight, causing physical

harm to others, destruction of property, and physical retribution. Symptoms are assessed as to presence or absence and frequency across a number of time intervals.

- Academic Problems (*ADP*) evaluates a range of problems associated with academic difficulties in school. Five of the nine *ADP* include symptoms of inattention, distractibility in the classroom, impulsivity, hyperactivity, and trouble concentrating. Additional items include behaviors that would get one into trouble in school, measured by frequency of occurrence during the past six months.
- Generalized Anxiety Disorder (*GAD*) consists of 11 items that evaluate feelings of excessive anxiety and worry. *GAD* items assess symptoms of restlessness, fatigue, difficulty concentrating, irritability, body aches, dizziness, and difficulty falling asleep. Symptoms are assessed as to frequency of occurrence during the past six months.
- Posttraumatic Stress Disorder (*PTS*) assesses 11 items that evaluate the experience of a negative or traumatic event. Specific symptoms include feelings of depression and sadness, recurrent recollections of the traumatic event, feelings of detachment, increased arousal as manifested by symptoms of difficulty concentrating, sleep difficulty, and difficulty being with people. Assessed as to presence/absence or frequency during the past six months.
- Major Depression (*DEP*) includes 14 items that assess primary and associated symptoms of DSM-IV Major Depressive Disorder. *DEP* items measure depressed mood, irritable mood, diminished pleasure in activities, decreased

appetite, insomnia, psychomotor agitation, psychomotor retardation, fatigue and loss of energy, feelings of worthlessness and guilt, difficulty thinking and concentrating, and suicidal ideation. Symptoms are evaluated as to frequency within past two weeks.

- Eating Disturbance (*EAT*) evaluates symptoms of Anorexia Nervosa and Bulimia Nervosa. Five symptoms are specific to Anorexia including cognitive fear, worry, and perceptions of being fat. These items evaluate a fear of getting fat and gaining weight, perceptions of being fat even with weight loss, and fear of overeating. These symptoms are evaluated over six months. Three items on the *EAT* scale evaluate Bulimia Nervosa. These items deal with excessive and secretive eating and purging behavior over the past three months. Although the *EAT* scale is not specific to the DSM-IV eating disorder, it evaluates characteristics of eating behavior found in eating disorders and provides a measure of severity of eating disturbance.
- Suicide (*SUI*) consists of six items that deal with suicidal ideation and suicidal behaviors. Item content evaluates suicidal cognition and behaviors, ranging from mild suicidal ideation to more serious thoughts of killing oneself or having made a suicide attempt.
- Self-Concept (*SCP*) consists of nine items that evaluate basic aspects of self-concept and self-worth. *SCP* items assess feelings of worthlessness and self-denigration, poor physical and social self-concept, and negative evaluation of self by others. The items on the *SCP* scale are keyed in a negative direction so

that a high score indicates a poor sense of self-worth and self-concept.

Symptoms are assessed across a number of time intervals.

- Interpersonal Problems (*IPP*) refer to 11 items that evaluate interpersonal problems in the form of social isolation, social withdrawal, and friendship problems; and behavior problems as manifested by poor control of one's temper and behavior. Content on the *IPP* scale reflects a reticence to meet new people and a lack of friends. Symptoms are assessed across several time intervals (Reynolds, 2000).

A basic component of the APS-SF scale interpretation is the examination of scales that are elevated to clinically relevant levels of symptomatology. The primary cutoff score for most of the APS-SF scales is 1.5 standard deviations above the normative mean, a raw score that corresponds to a *T*-Score of 65. Using the APS-SF standardization sample as the reference base, *T*-Scores from 65 to 69 represents the mild clinical symptom range. *T*-Scores from 70 to 79 may be considered to represent a moderate clinical symptom range and *T*-Scores 80 and above represent a severe clinical symptom range. Table 2 represents severity levels as they relate to standard deviation range associated with *T*-Scores.

Table 2

**Descriptions of Clinical Severity Levels of
Psychopathology Associated with APS-SF *T* Scores**

<i>T</i> -Score range	SD ^a range	Clinical description/interpretation
Below 60	Below 1.00	Normal range
60-64	1.00-1.49	Subclinical symptom range
65-69	1.50-1.99	Mild clinical symptom range
70-79	2.00-2.99	Moderate clinical symptom range
80 and above	3.00 and above	Severe clinical symptom range

^aStandard Deviation range associated with *T*-Scores

Based on data from this study, one scale fell in the Moderate Clinical Symptom Range (70T to 79T). That scale was *SUB* with a *T*-Score of 72.1. The standard deviation was unusually large at 34.2. This large standard deviation indicates a great amount of variation in the scores, as compared to the other scores (Table 3).

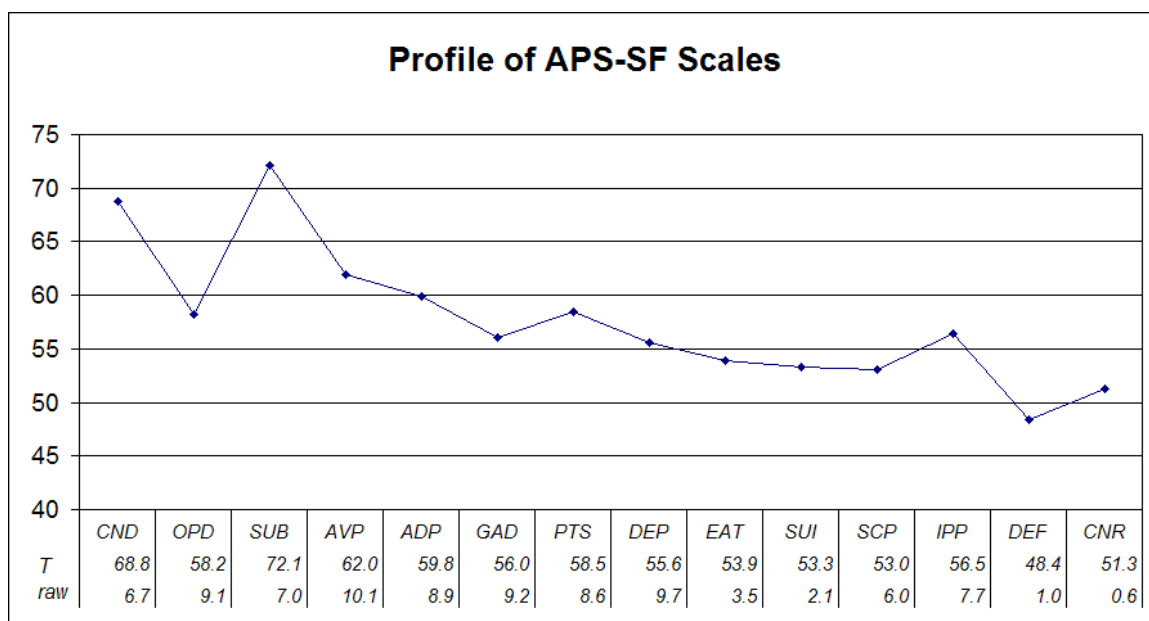
Table 3

APS-SF Score Summary Means and Standard Deviations (N=123)

APS-SF Sub-Scales	Raw Score	T Score	Percent Completed
Clinical Scales			
Conduct Disorder (CND)	6.7 (3.7)	68.8 (14.8)	100.0
Oppositional Defiant Disorder (OPD)	9.1 (3.9)	58.2 (10.9)	100.0
Substance Abuse Disorder (SUB)	7.0 (8.8)	72.1 (34.2)	99.2
Anger/Violence Proneness (AVP)	10.1 (4.6)	62.0 (11.3)	100.0
Academic Problems (ADP)	8.9 (3.9)	59.8 (10.4)	100.0
Generalized Anxiety Disorder (GAD)	9.2 (3.9)	56.0 (8.3)	100.0
Posttraumatic Stress Disorder (PTS)	8.6 (4.0)	58.5 (10.3)	100.0
Major Depression (DEP)	9.7 (6.0)	55.6 (10.7)	100.0
Eating Disturbance (EAT)	3.5 (3.2)	53.9 (11.3)	100.0
Suicide (SUI)	2.1 (2.6)	53.3 (11.5)	100.0
Self-Concept (SCP)	6.0 (3.3)	53.0 (9.7)	100.0
Interpersonal Problems (IPP)	7.7 (4.2)	56.5 (10.9)	100.0
Validity Scales			
Defensiveness (DEF)	1.0 (1.0)	48.4 (8.1)	100.0
Inconsistency (CNR)	0.6 (1.0)	51.3 (11.2)	100.0

The one scale that fell in the *Mild Clinical Symptom Range* was *CND* with a *T*-Score of 68.8 (14.8). The one scale that fell in the *Subclinical Symptom Range* was *AVP* with a *T*-Score of 62.0 (11.3). The least elevated scales were *SCP* with a *T*-Score of 53.0 (11.3) and *SUI* with a *T*-Score of 53.3 (11.5). Validity scores for *DEF* and *CNR* presented *T*-Scores of 48.4 (8.1) and 51.3 (11.2) respectively. A profile of the APS-SF scales can be viewed in Graph 1. Participants responded 100% to all scales with the exception of *SUB* wherein 99.2% of the participants responded. One reason for the lack of response on the *SUB* scale could be avoidance, a second reason could be that participants were becoming tired or restless and the *SUB* scale was the last to be addressed in the questionnaire.

Graph 1



Based on *T*-Scores

Research Question Two: *What domains of youth risk behavior(s) present most prominent in males and females, grades seven through twelve, in alternative education settings in the Sacramento County area?*

From the 123 students that participated in the study, 75 were male, 48 were female. None of the multiple *t*-tests measuring differences between the mean scores were statistically significant. The scales that fell in the *Moderate Clinical Symptom Range* for males were *CND* with a *T*-Score of 70.4 (15.8) and *SUB* with a *T*-Score of 76.7 (39.3). *AVP* with a *T*-Score of 63.1 (11.3) and *ADP* with a *T*-Score of 60.4 (11.3) fell in the *Subclinical Symptom Range*. The scales most prominent for the females were *SUB* with a *T*-Score of 65.0 (23.0) in the *Mild Clinical Symptom Range* and *CND* and *AVP* in the *Subclinical Symptom Range* with *T*-Scores of 62.2 (12.8) and 60.2 (11.2) respectively. APS-SF score summary means and standard deviations for males and females can be viewed in Table 4.

Table 4*APS-SF Score Summary Means and Standard Deviations for Male and Female Students*

APS-SF Sub-Scales ¹	Male Students (n=75)		Female Students (n=48)	
	Raw Score	T Score	Raw Score	T Score
Clinical Scales				
Conduct Disorder (CND)	7.1 (4.0)	70.4 (15.8)	6.0 (3.2)	66.2 (12.8)
Oppositional Defiant Disorder (OPD)	9.7 (3.8)	59.9 (10.7)	8.1 (3.9)	55.5 (10.8)
Substance Abuse Disorder (SUB) ²	8.2 (10.1)	76.7 (39.3)	5.2 (5.9)	65.0 (23.0)
Anger/Violence Proneness (AVP)	10.5 (4.6)	63.1 (11.3)	9.4 (4.6)	60.2 (11.2)
Academic Problems (ADP)	9.1 (4.2)	60.4 (11.3)	8.6 (3.3)	59.0 (8.9)
Generalized Anxiety Disorder (GAD)	9.1 (4.0)	56.0 (8.5)	9.2 (3.8)	56.1 (8.0)
Posttraumatic Stress Disorder (PTS)	8.6 (4.0)	58.5 (10.1)	8.6 (4.2)	58.4 (10.6)
Major Depression (DEP)	9.7 (6.6)	55.5 (11.8)	9.7 (4.9)	55.8 (8.6)
Eating Disturbance (EAT)	2.9 (3.1)	52.1 (10.8)	4.3 (3.3)	56.6 (11.7)
Suicide (SUI)	2.4 (2.8)	54.4 (12.4)	1.8 (2.3)	51.6 (9.9)
Self-Concept (SCP)	6.7 (3.5)	54.9 (10.3)	5.0 (2.7)	50.1 (8.0)
Interpersonal Problems (IPP)	7.6 (4.2)	56.0 (10.8)	8.0 (4.3)	57.2 (11.0)
Validity Scales				
Defensiveness (DEF)	1.0 (1.0)	48.0 (8.0)	1.1 (1.0)	49.1 (8.3)
Inconsistency (CNR)	0.7 (1.1)	52.5 (12.0)	0.4 (0.9)	49.4 (9.6)

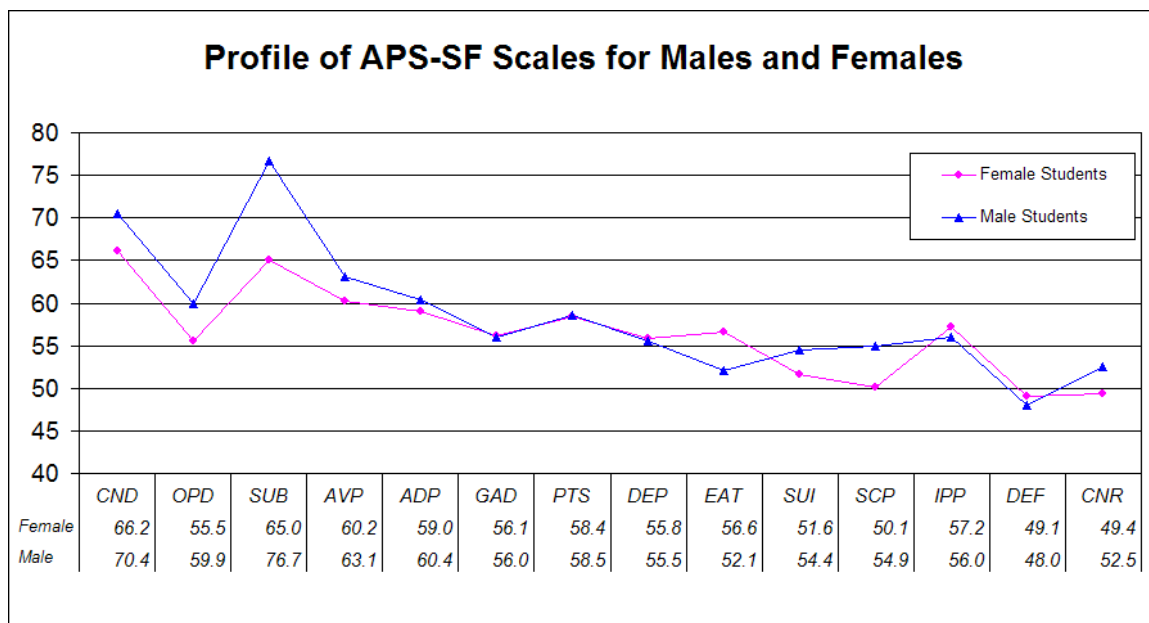
¹Comparisons of group means are all non-significant at $\alpha=.05$ overall; multiple independent *t* tests were conducted with $\alpha=.004$ to controlled overall error rate.

²*n* = 74 for male students.

The least elevated *T*-Scores for males presented in the *EAT* scale with a *T*-Score of 52.1 (10.08) and the least elevated *T*-Scores for females presented in *SCP* with a *T*-Score

of 50.1 (8.0). *DEF* *T*-Scores for males was 48.0 (8.0) while *T*-Scores for females was 49.1 (8.3). *CNR* *T*-Scores for males 52.5 (12.0); *T*-Scores for females 49.4 (9.6). A profile of *T*-Scores comparing male and female students can be viewed in Graph 2.

Graph 2



Based on *T*-Scores

Differences between males and females on measures of psychopathology are to be expected given differences in the base rates of various disorders across gender. These differences, while enlightening, should not be considered problematic or an aspect of nuisance variance. For example, there is evidence to show that females demonstrate greater internalizing symptoms compared to males (Reynolds, 1992,c), and studies of adolescent depression consistently show greater depressive symptoms in females (Reynolds, 1992a, 1994b, 1995a).

Research Question Three: *Are youth risk behaviors more prominent in middle school or high school?*

In a comparison of group means between 22 7th – 8th graders and 101 9th – 12th graders, multiple *t*-tests failed to yield a statistically significant difference. Scales of concern for 7th – 8th graders are *SUB* with a *T*-Score of 65.4 (31.6) and *CND* with a *T*-Score of 65.3 (13.1), both in the *Mild Clinical Symptom Range*. Seventh and eighth graders scored in the *Subclinical Symptom Range* with a *T*-Score of 61.3 (10.1) in *ADP*. Grades 9 – 12 presented with *T*-Scores of 73.6 (34.7) on *SUB* in the *Moderate Clinical Symptom Range*; 69.5 (15.1) on *CND* in the *Mild Clinical Symptom Range*; and 62.6 (11.5) on *AVP* in the *Subclinical Symptom Range*. APS-SF score summary means and standard deviations for 7th – 8th grade and 9th – 12th grade students are presented in Table 5.

Table 5

APS-SF Score Summary Means and Standard Deviations for 7th-8th Grade and 9th-12th Grade Students

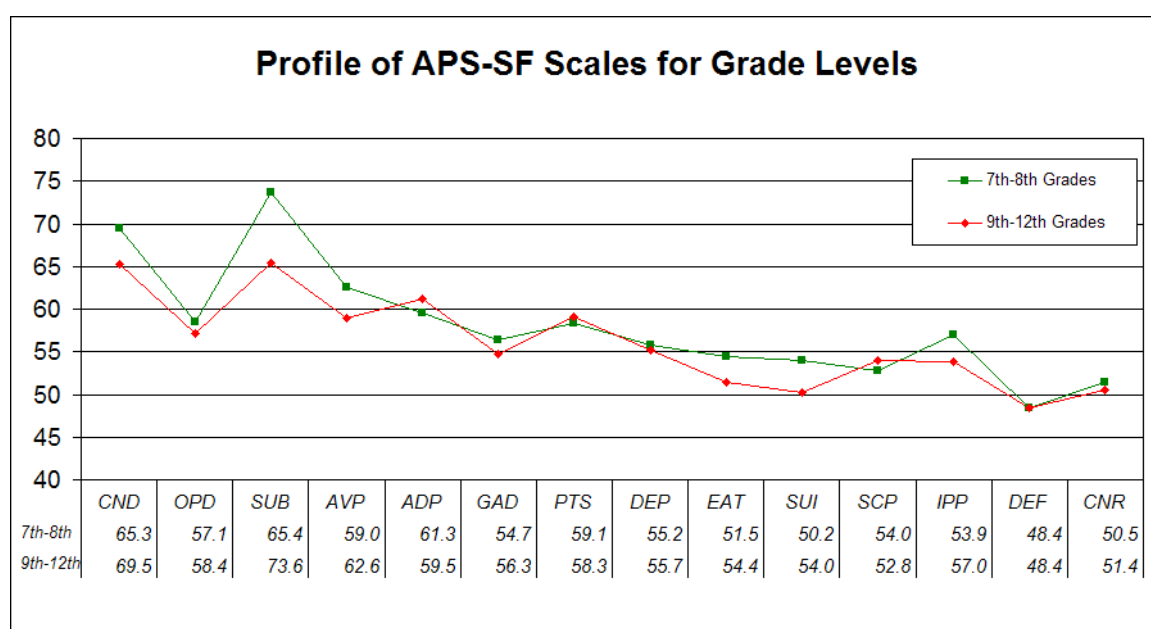
APS-SF Sub-Scales ¹	7 th -8 th Grade Students (n=22)		9 th -12 th Grade Students (n=101)	
	Raw Score	T Score	Raw Score	T Score
Clinical Scales				
Conduct Disorder (CND)	5.8 (3.3)	65.3 (13.1)	6.9 (3.8)	69.5 (15.1)
Oppositional Defiant Disorder (OPD)	8.7 (2.8)	57.1 (7.9)	9.1 (4.1)	58.4 (11.5)
Substance Abuse Disorder (SUB) ²	5.3 (8.1)	65.4 (31.6)	7.4 (8.9)	73.6 (34.7)
Anger/Violence Proneness (AVP)	8.9 (4.1)	59.0 (9.9)	10.3 (4.7)	62.6 (11.5)
Academic Problems (ADP)	9.5 (3.8)	61.3 (10.1)	8.8 (3.9)	59.5 (10.5)
Generalized Anxiety Disorder (GAD)	8.5 (3.3)	54.7 (7.1)	9.3 (4.0)	56.3 (8.6)
Posttraumatic Stress Disorder (PTS)	8.9 (3.3)	59.1 (8.4)	8.6 (4.2)	58.3 (10.7)
Major Depression (DEP)	9.5 (4.5)	55.2 (8.1)	9.7 (6.3)	55.7 (11.2)
Eating Disturbance (EAT)	2.8 (2.4)	51.5 (8.4)	3.6 (3.4)	54.4 (11.8)
Suicide (SUI)	1.4 (1.7)	50.2 (7.6)	2.3 (2.8)	54.0 (12.1)
Self-Concept (SCP)	6.3 (3.0)	54.0 (8.7)	6.0 (3.4)	52.8 (9.9)
Interpersonal Problems (IPP)	6.7 (3.8)	53.9 (9.9)	7.9 (4.3)	57.0 (11.0)
Validity Scales				
Defensiveness (DEF)	1.0 (1.0)	48.4 (7.8)	1.0 (1.0)	48.4 (8.2)
Inconsistency (CNR)	0.5 (0.7)	50.5 (8.1)	0.6 (1.1)	51.4 (11.8)

¹Comparisons of group means are all non-significant at $\alpha=.05$ overall; multiple independent *t* tests were conducted with $\alpha=.004$ to controlled overall error rate.

² $n = 100$ for 9th-12th grade students.

The validity scales for both the 7th – 8th grade students and the 9th – 12th grade students were quite similar. *DEF* scales presented *T*-Scores of 48.4 for both groups with a standard deviation of (7.8) for the 7th – 8th graders and (8.2) for the 9th – 12th graders. *CNR* scales presented a *T*-Score of 50.5 (8.1) for the 7th – 8th grade students and 51.4 (11.8) for the 9th – 12th grade students. A profile of APS-SF scales for grade level comparison can be viewed in Graph 3.

Graph 3



Based on *T*-Scores

As with gender, age differences may occur in the development and expression of psychopathology. For example, substance abuse behaviors and problems generally emerge with increasing age. Age differences on the APS-SF scales were not remarkable in the standardization sample with the exception of the *SUB* scale. On the *SUB* scale, a clear linear increase in scores as a function of age was observed (Reynolds, 2000).

Research questions four, five, and six were addressed through a qualitative approach. Five students, grades 7-12, participated in one-to-one interviews with the researcher.

There were two male and three female participants, randomly chosen from the general research population. Pseudo names have been used in the reporting of results to assure participant confidentiality.

Research Question Four: *How do at-risk youth define “at-risk” behavior(s) in regard to their peer group?*

The students’ collectively defined at-risk behavior(s) as behavior that you should not do to include, drugs, alcohol, sex, and gang activity. The respondent’s indicated that at-risk behavior means taking a chance on doing something that you know you should not do, but doing it anyway. According to John, age 13:

At-risk behavior means somebody is going to get hurt. Kids get into arguments by talking trash. Usually two teenagers will start talking back and forth to one another and it gets out of hand. They end up getting into a fight, get in trouble, and go to juvenile hall. Teenagers that are acting out and getting into fights, will probably not end up being successful in life. They pay too much attention to what their friends are doing and they want to fit in, so they make bad choices.

Susan, age 16, tended to have a similar response to John. Susan stated that:

At-risk behavior is taking a chance by doing something that you know you should not do, but you do it anyway. You know that the behavior will not help you do good in school or life, but you make a conscious decision to do it anyway. Sometimes teenagers don’t think things through before they act because they want to be part of the group and have friends, so they go along with everyone else, even if they know they may regret it later.

The participants were consistent in their responses in that teenagers know that certain behavior puts them “at-risk”, but demonstrate the behavior regardless. David, age 15, reported:

At-risk behavior is stuff you should not do like drugs, alcohol, sex, and gang Behavior. Everyone knows that it is bad for you and that there will be negative consequences, but they do it anyway. Most teenagers are trying to fit in. They want to have friends and not be an outcast. You go along to fit in and be popular - it is better than not having anyone care.

Mary, age 15, has heard the term “at-risk” behavior. Mary shared this scenario:

When you participate in an at-risk behavior, it means that you are doing a negative behavior that will have consequences. When I was at a different school, I never felt good about myself. My teacher would tell me that I was never going to amount to much and I never did much in his class. Now I am at a new school and my teachers are making me feel good about myself. I don’t want to get in trouble so I am trying to hang around kids that want to stay out of trouble like I do. Sometimes I just stay home now instead of running the streets at night. I feel a lot better about myself and am proud of what I am doing.

Carmen, age 17, defined at-risk behavior as:

Behavior that puts you on a thin line. At-risk behavior is the kind of behavior that will get you kicked out of school and can get you expelled. It means that you are doing something unexpected. You may not really be a failure, but you are headed that way. I am not really a follower – everyone sees me as a leader, but sometimes my friends try to get me to follow them and it puts me at-risk. When I spend time with my friends, I am at-risk.

The respondents repeatedly brought up the fact that adolescents make poor choices because they 1) have poor self-control; 2) succumb to peer pressure; 3) do not feel good about themselves; and/or 4) have poor role models. Each of the respondents shared that while they have a history of making some poor choices that place them “at-risk”, they are actively trying to make better choices and have a hopeful future.

Research Question Five: *What types of problems do at-risk youths report as most prevalent for adolescents today?*

The respondent’s initially replied with similar answers identifying drugs and gangs the foremost problems facing their peers today. A resounding third was family problems. Mary stated that, “the reason many teenagers are doing drugs has a lot to do with the way they are living. Lack of family support and the things parents are doing can come back to affect the kids in life – drugs make the pain go away.” Mary continued by saying:

There are a lot of parents doing things that negatively affect their kids. Personally, for me, the household has been the problem. Drugs have been out for

a long time, but if kids have a home environment with problems and bad influences, it is really hard to overcome. Teenagers need to be shown a lot of love because many teenagers feel unloved and unwanted. Not knowing where to go or who to go to makes it hard to succeed in life, you are always preoccupied at school and can't focus because you are worried all the time.

John revealed his thoughts about adolescent problems by sharing:

The problems for teenagers these days is getting caught up in drugs, getting suspended, kicked out of school, and getting arrested. There is a lot of peer pressure. Parents fight and the kids don't want to go home. Some kids don't even have parents. Problems are definitely greater for kids without a parent.

Carmen indicated that the greatest problem facing teenagers today are gangs. Her response is as follows:

Gangs are the worst problem right now. Getting involved in gangs and being included with gangs has teenagers trying things they never would have tried before. Dealing with peer pressure leads in that direction and causes the gang experience. The kids getting involved have home problems. When I was a 7th grader, the year after my dad died, I really started acting out. Kids don't really feel like they have someone to talk to.

Susan mirrored some of the same sentiment disclosed by Carmen:

Gang related issues like shooting and killing are the biggest problem today. Other at-risk behavior like smoking and drinking can get you in trouble as well. There are health reasons for not smoking like getting cancer and when you drink, you can get alcohol poisoning. One of the biggest problems today are problems at home. You can have a lot of problems at school because you are always worried. Your physical needs and your emotional needs are not being met. You worry about what has happened in the past and keep it inside instead of telling someone.

David embraced the responses of the other respondents with his message:

Peer pressure is the problem. Smoking pot, shooting people, gangs, and stealing. Your peers make it all seem like the thing to do. You want to have friends and be socially active, so you go along. As a teenager, without friends you are suicidal. Teenagers without friends hate themselves, so will do anything to feel better.

Research Question Six: *What tactics do at-risk youth perceive most effective in supporting adolescents and whom do they hold accountable for the support?*

With the exception of John, who said he really never thought about what kind of help teenagers should get, although he assumed that it should be the government that should fund the support, the remaining four respondents spoke strongly and in unison. Mary indicates that adults need to show teenagers a lot of love. Mary stated, “A lot of teenagers feel unloved and unwanted.” When asked by the researcher who should provide the love and support, Mary replied, “Parents, first. Then the school and your friends.”

David’s response was not unlike Mary’s as he shared:

Everyday, somebody should be told something good about them; someone should help them. Don’t ignore teenagers. When someone says something good, it keeps teenagers encouraged and they keep doing good. The support should start in the family, then your friends and school.

When queried, Susan responded to research question six by stating, “the best way to support adolescents is by saying we are doing a good job – recognizing when we do good.” Who should provide that support? “Parents, community, teachers.”

Carmen explained her position as follows:

The best way to support teenagers is like my principal, Mr. Samuels (pseudo) - he leads me on the way. He tells me I can do it and helps me realize I have talent. He makes me believe I have potential. At my last school, my teacher told me I wasn’t going to be anything and I would not make it in life – why bother to come to school? Coming to this school got me thinking. What I am learning now is to be a leader, to do the best thing and think things through. It is not all about being in a gang.

When asked who should be responsible for providing adolescents support Carmen claimed that first and foremost, the support should come from home, from the parents; and second, the support should come from all adults.

Summary

The data presented in this study is based on 123 adolescents, 75 male and 48 female, enrolled in five alternative education programs in Sacramento County. All participants have demonstrated one or more at-risk behavior(s) per program criteria. This study employed a multi-methods approach which enabled the researcher to base knowledge claims on pragmatic grounds. This study supported the assumption that collecting diverse types of data best provides an understanding of a research problem. According to Greene, Caracelli, & Graham (1989), the results from one method can help develop or inform the other method. Alternately, one method can be nested within another method to provide insight into different levels or units of analysis (Tashakkori & Teddlie, 1998). The multi-method study begins with a broad survey in an effort to generalize results to a population and then focuses, in a second phase, on qualitative, open-ended interviews to collect detailed views from participants (Creswell, 2003).

The instrument used for this study was the Adolescent Psychopathology Scale – Short Form (APS-SF). This instrument was chosen as it was designed to be a brief, reliable, and a valid measure of a cross section of psychopathology and psychological problems relevant to adolescent adjustment. The APS-SF lends itself to school settings and group administration.

A basic component of the APS-SF scale interpretation is the examination of scales that are elevated to clinically relevant levels of symptomatology. The primary cutoff score for most of the APS-SF scales is 1.5 standard deviations above the normative mean, a raw score that corresponds to a *T*-Score of 65. Using the APS-SF standardization sample as the reference base, *T*-Scores from 65 to 69 represents a mild clinical symptom

range. *T*-Scores from 70 to 79 may be considered to represent a moderate clinical symptom range and *T*-Scores 80 and above represent a severe clinical symptom range.

Overall, results indicate that there exists no respondent or measured group of respondents that had *T*-Scores that fell in the *Severe Critical Symptom Range*. Based on data from this study, one scale fell in the *Moderate Clinical Symptom Range* (70T to 79T). That scale was Substance Abuse Disorder (*SUB*) with a *T*-Score of 72.1. The standard deviation was unusually large at 34.2. This large standard deviation indicates a great amount of variation in the scores, as compared to the other scores. The one scale that fell in the *Mild Clinical Symptom Range* was Conduct Disorder (*CND*) with a *T*-Score of 68.8 (14.8). The one scale that fell in the *Subclinical Symptom Range* was Anger/Violence (*AVP*) with a *T*-Score of 62.0 (11.3).

While gender and age differences may occur on measures of psychopathology, the differences presented within this study were not statistically significant. Readers should be aware, however, that while few scales produced *T*-Scores greater than 60, many were borderline, specifically when considering the standard deviations. With a borderline *T*-Score of 59.8 and a standard deviation of (10.4), Academic Problems (*ADP*) for this group should not be overlooked. Similarly, a collective *T*-Score of 58.5 with a standard deviation of (10.3) for Posttraumatic Stress Disorder (*PTS*) should be monitored as well.

In addition to the administration of the APS-SF, the researcher conducted five one-to-one student interviews. Participants were chosen randomly from the general research population. Each participant was asked three questions about at-risk behavior, problems facing adolescents today, and recommendations for supporting youth. The general consensus of the respondents was that while they are all concerned with drugs, gangs, and

crime, they believe strongly that the family dynamic is the foundation from which adolescents emerge. When the family is weak, youth suffer and often become vulnerable to the negative influences of their peers and surroundings. When adults, including parents, teachers, and community members praise the adolescent, the adolescent feels valued, experiences a greater sense of self-worth, and demonstrates more positive decision making skills.

CHAPTER V

SUMMARY, IMPLICATIONS, DISCUSSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to define and identify behaviors and causal factors descriptive of youth at risk. Additionally, the intention of this study was to investigate prevention and intervention efforts through the lens of the adolescent. With its theoretical foundation based on Erik Erickson's life-span theory, wherein he described humans as active and adaptive in mastering their environment, parents and significant others as exerting an important influence on the development of children, culture as a unique expression of humanness, and development as a lifelong process, this study sought to unveil the forces from within the family, school, and community, in an effort to expose the underlying causal factors of at-risk behavior consuming so many adolescents today.

Deferring to Atwah's research in 2003, "young people's involvement in research activities is a relatively new development in educational research" (p. 23), Atwah refers three principles: 1) 'different players involved in and affected by a problem should take responsibility in researching it and working towards a solution'; 2) 'youth involved in researching a social practice or a problem are in a better position to know the inside story'; and 3) "student involvement contributes towards the role of research in empowering the researched community involved" (Atwah, 2003, p.24), this researcher sought to explore the campuses and talk with adolescents that have demonstrated at-risk behavior. The students in this study were participating in alternative education programs for a number of reasons, however, each was challenged by behavior(s), external or

internal, that placed them vulnerable to demonstrating at-risk behavior(s) at the traditional comprehensive education site.

The researcher sought to answer six specific research questions. The first three research questions were quantitative in nature. The Adolescent Psychopathology Scale – Short – Form (APS-SF) was the chosen instrument for obtaining data from the adolescents. Research questions four, five, and six, were qualitative in nature and afforded the researcher to probe deeper into the world of the youth.

Results of the APS-SF indicated that while the participant groups did not demonstrate at-risk behavior(s) to the degree that they were identified by the protocol as meeting criteria for *Severe Clinical Symptom Range*, there were multiple areas of concern to include Conduct Disorder, Anger/Violence, Academic Problems, Posttraumatic Stress Disorder, Generalized Anxiety Disorder, and Major Depression. Substance Abuse was the most concerning reported behavior for the group and fell in the *Moderate Clinical Range*.

While the quantitative data indicated the types of behavior(s) the youth were participating in, it did not tell the researcher why. One-to-one interviews with five students, two male and three female, in the general survey population indicated that they believe that drugs, gangs, and violence are their worst enemy, but for many adolescents, this group indicated that the family is the greatest challenge. The participants revealed that many adolescents are not supported physically, emotionally, educationally, or socially in their home environments. When the home environment is experiencing chaos, it is difficult for the adolescent to be attentive in the school setting. Seeking comfort and acceptance, the adolescent looks to peers who are often embracing the same needs. With

schools being driven to standards-based goals, educators are often overwhelmed and do not take a personal interest in the adolescent, specifically as the student transitions to secondary school. While these concerns are well documented in the literature by Bowen (1978), Moos and Moos (1981), and Saulter (1995), to name a few, the message is resounding when spoken by the youth themselves.

When youth are displaced, seeking refuge, skipping school, they are in our communities. Every day that education is too far to reach, a successful future becomes that much more distant. This is not a child's problem, it is not a family's problem, it is not even a neighborhood problem – it is a societal issue. As Pearl Buck (2004) stated, “If our American way of life fails the child, it fails us all.”

Implications

This research follows in the vein of Rick Jennings, Chief Executive Officer of Fathers and Families, and Geoffrey Canada, Harlem Children's Zone, who have committed years to at-risk youth. Through advocacy and partnerships, Mr. Jennings and Mr. Canada have led children, parents, schools, and communities to a safer, more cohesive alliance in an effort to overcome obstacles and instill hope. Respect for the risks that our children and neighborhoods face, has empowered both leaders to “roll up their sleeves” and get involved. The findings in this study are most useful when considering them as baseline data from which to draw further research. Knowing that one half of the population in a school setting is using drugs and or alcohol to the degree that it is within the Moderate Clinical Symptom Range provides educators greater understanding into tardiness, absenteeism, and a lack of motivation in their students. While educators do not have control over students' environmental influences, family

factors, or personal characteristics, educators do have control when it comes to engaging students when they do arrive. While it is true that one person can make a difference in another's life, the goal of this research was to bring people together on behalf of a common cause. Educators can begin the process. They are resourceful, enlightened, organized, and demonstrate outstanding leadership abilities. Opportunities abound to bring our youth into the schools, not send them away because they do not "fit in the box". As documented in the literature herein, youth experience many intra- and inter- personal processes during adolescence and as adults, it is our responsibility to afford them a safe and nurturing today and an independent future.

Discussions

By the time children reach adolescence, they are very aware of what society defines as "normal"; a recognition of the norms of their family, peer group, and other social contexts to include school, community, religious groups, and, perhaps, more importantly, an implicit understanding of what is necessary to achieve acceptance from these groups. As they move from the shelter of childhood and attempt to navigate the uncertainties of independence and responsibility, it becomes crucial for adolescents to find some sense of belonging, some way to connect with those around them. When they suspect that they are different from other members of these groups, a tremendous challenge to their identity may ensue.

A primary developmental task for the adolescent is to individuate, or separate, from the family of origin in order to establish a mature identity and capacity for intimacy, which allow one to assume adult roles and responsibilities (Crespi & Sabatelli, 1993). By the time normal, healthy children enter adolescence, they have, at least in theory,

successfully negotiated the stages of psychosocial development that deal with basic trust, autonomy, initiative, and industry (Erikson, 1959). Children have learned to view themselves as beings separate from the primary caregiver, have developed a sense of self-control and the ability to make choices, and have begun to experience the desire to explore and master the world. The symbolic, fused attachment that characterizes the parent-child relationship during early infancy (Mahler, 1975) has evolved into a dependent, symmetrical parent-child relationship during middle and later childhood (Anderson & Sabatelli, 1990).

With adolescence, there exist an overwhelming number of intrusions upon their relatively ordered world. From the physical changes of puberty and the accompanying “awakening” of sexuality, to demands by peers for increased involvement in social activities and a resulting need for increased independence, to expectations of responsibility and performance, adolescents may begin to exhibit “a sensitivity toward their own helplessness, loss of control, and transparency” (Amanat & Beck, 1994, p. 6).

The peer group assumes an increasingly important role in the life of the adolescent as he or she gravitates away from the family. While the child looks to the parents for gratification of the self, the younger adolescent displaces this function to the peer group, and the older adolescent to a dyadic love relationship and ultimately to personal and professional relationships within the larger society. Although parental support continues to be a significant factor in adolescents’ sense of self and self-esteem, acceptance by peers takes precedence during early and middle adolescence. The values of the peer group are highly influential, and may supersede those of parents, particularly if acceptance by the group is predicted upon acceptance of said values (Kaplan, 1991;

Sklansky, 1991). The adolescent's move toward the peer group as the primary source of ego gratification coincides with a longing for autonomy; disharmony may erupt as parents experience their child's distancing as disobedient and rebellious. The family must gradually relinquish control while maintaining "a veto against excess and danger," in which the relinquishment is at least as difficult for the parent(s) as the child (Kaplan, 1991, p. 213). The adolescent may not, at this time, be prepared to tolerate a complete separation from the family, either from a practical standpoint or an emotional/psychological one. As a result, the adolescent may find him/herself in a frenetic oscillation between the assertion of autonomy and childlike, dependent behavior in relation to the parents (Sklansky, 1991).

In an attempt to gain a well-defined sense of what is normal, abnormal, permanent, or temporary, and in experiencing the variety of losses that accompany growth, adolescents experience great self-doubt. They may feel maladjusted, even if they know they are normal. Minor mood changes may cause them to worry about their mental status. Faced with numerous difficult developmental tasks, many may use maladaptive coping mechanisms, such as isolation, dissociation, or denial, in order to deal with conflicts involving regression versus progress. "Most adolescents, however, meet the challenges they face, and progress to complete the developmental tasks related to issues of power and authority, boundaries and decentration, sexuality, identity formation, and autonomy and responsibility" (Amanat & Beck, 1994, p. 6).

The process of becoming autonomous, referred to as the second individuation phase (Mahler, 1975), extends over several years, becoming stronger as the adolescent matures. In order to progress developmentally, one must balance, in an age-appropriate way,

autonomy (self as individual) and interdependence (self related to other). This balance of separateness and connectedness enables children to exercise greater control over their lives, thereby enabling relationships with parents and other family members to be gradually reconstituted on a more mutual and adult level (Crespi & Sabatelli, 1993).

Thus, according to Erikson (1959), the individual enters adolescence as a child - physically, emotionally, psychologically, and intellectually – and leaves as an adult, capable of self-support and self-awareness, with a clear sense of identity, ready and willing to participate in intimate relationships, accept responsibility, and move on to the developmental stages of intimacy and generativity.

The developmental stages of adolescence allow for entry into adulthood with a more clearly defined sense of self and an awareness of societal expectations. For members of the dominant culture, progression through Erikson's developmental stages occur relatively predictably, with norms and mores passed along from generation to generation. For members of minority groups, however, the progression may be more complex. For those who belong to racial, ethnic, and religious minorities, members generally are instilled with a sense of who they are and from whence they came, as well as information about how to survive in a frequently hostile environment. This knowledge can provide a sense of pride and sustenance as it contributes to a means of survival, specifically when the dominant society presents with persecution and disenfranchisement (Dank, 1971).

For some adolescents, however, there is no such group identity, no system by which the elder members can protect, nurture, and socialize the younger ones (Martin & Hetrick, 1988). At least part of the reason adolescents engage in high-risk behavior(s) can be found in a simple comparison between what young people in general need in order

to undertake the developmental tasks of adolescence, and what supports and resources are available to them.

Bridging the gap between what is needed and what is available is the challenge not only for youth, but also for those who care about, live with, and/or work with them. As we move toward increased awareness and understanding of the adolescent experience, and as we apply this learning, it is anticipated that the occurrence of the high-risk behaviors will begin to decline. Assisting youths to achieve the necessary balance of separateness/connectedness, to master the developmental tasks of adolescence, will serve not only to enhance their quality of life, but will provide those who offer such support the opportunity to celebrate their success. In conclusion, the literature suggests that a multidisciplinary approach to education, enlightenment, and consciousness-raising will have the most in-depth and lasting effects on reducing or eliminating at-risk behavior in adolescents.

Recommendations for Professionals

Dependence on the support of others begins at conception, but even as people become increasingly self-sufficient, they continue to require assistance from others in one form or another throughout life. Adolescents struggling to become social beings and unique individuals at the same time are in particular need of the various forms of social support. When that support is missing, the resulting isolation from others increases the potential for progression from normal youthful dissonance toward more dangerous consequences that can include death or lifelong social and emotional disturbances (Dahlberg, 1998; Hazler & Carney, 2000).

The struggles of young people have always been the work of school professionals, and these struggles have become an increasingly major part of mental health professionals' caseloads. The reality is that each year 700,000 youth quit high school, 500,000 give birth, 24,000,000 live in poverty, 2,000,000 suffer from some sort of abuse, and 7,000 commit suicide (Capuzzi & Gross, 1996). These may only be a small minority of youth in need of help. Many others will arrive in a professional's office by way of self-referral, parental request, or the juvenile court system before they fall into these categories. The rewards of helping young people develop are many, but the recognition that peers and parents may have a significantly greater impact than the professional is challenging.

The degree of functionality and the comprehensive nature of the human support systems available to an adolescent are clearly tied to the potential development of young people in either a positive or negative direction. Logic, observation, and research from a variety of areas (Putnam, 2000) provide evidence of the benefits of forming and maintaining high quality connections with many individuals. At the most difficult times, however, these human connections are often ignored or avoided by troubled adolescents. Instead, the adolescent often resorts to the human physiological flight response that gains control and drives them to seek isolation during difficult times. During those times when other people and ideas are needed the most, the adolescent often withdraws from the mainstream.

The development of adolescents and how they adapt to difficult situations are hampered when families exhibit poor problem-solving abilities and ineffective interpersonal patterns to a problematic extent (Hodges & Perry, 1996; McDowell &

Stillion, 1994; Pfeffer, 1989). The absence of outside influence on problem situations such as family difficulties seems to partly explain why social isolation has been found to be a factor in neglect of children (Williamson, Borduin, & Howe, 1991) and other forms of child abuse (Rosenthal, 1988). Children who are not directly abused but are witness to domestic violence have been reported to have social and behavioral problems (Grusznski, Brink, & Edleson, 1988).

The troubling outcomes related to social and behavioral difficulties should play a significant role in how professionals approach adolescents, develop goals for them, and assess therapeutic outcome effectiveness. The results of this study provide information for professional actions and opportunities for continued research:

- Develop a plan of action at your school site. Involve a team of committed people to identify the problems and needs. Make a list of the priorities. Identify teams to work together on goals. Develop a plan of action for each chosen priority, establish appropriate, reasonable, and measurable benchmarks, and define a timeline.
- Provide training in areas of need or weakness. Where there exists a lack of understanding, there exists a lack of communication and knowledge.
- Explore district and community resources to include grants, guest speakers, and field trips.
- Expose students to mentorship programs.
- Teach inter-personal skills.
- Implement character education curriculum.

- Be creative in instruction, prompt the students to role-play, encourage students to channel their creativity.
- Empower students to be independent thinkers. Establish student panels.
- Praise students.

Expanding the connections of adults in an adolescent's life is a systematic model for increasing the adolescent's ability to adapt. Groups such as families, schools, counseling groups, and clubs where adolescents and adults are mixed together provide additional influence in promoting or limiting outside input. All professionals working with adolescents in trouble should implement as many social, physical, cognitive, and emotional vehicles in as many venues as possible.

Recommendations for Further Research

Many youth experience a time when keeping up with the challenges of adolescence is difficult. These periods may last several weeks and may include social problems as well as a slide in academic performance. Research suggests that problems are more likely to occur during a transitional period, such as moving from elementary to middle school, or middle to high school (Baker & Sansone, 1990; Pantleo, 1992). Some adolescents are able to navigate through these periods with minimal assistance from their parents or teachers. In some instances, it may be adequate for a parent to be available to simply listen and suggest coping strategies, provide a supportive home environment, and encourage the adolescent's participation in school activities. However, when the difficulties continue through a single grading period, or are linked to a long-term pattern of poor school performance or problematic behaviors, parents and teachers may need to intervene.

Some “at-risk” indicators may represent persistent problems from the early elementary school years, while other students may begin to experience related problems during middle or high school. Some indicators may become noticeable only in early adolescence. In an attempt to intervene effectively, parents and school professionals should evaluate the an adolescent at-risk indicators to include: attention problems; multiple retentions; poor grades; absenteeism; lack of connection with the school; behavior problems; lack of confidence; and limited goals for the future (Jacobson & Hoffman, 1997; O’Sullivan, 1989). When more than one of these attributes characterizes an adolescent, assistance by parents, school professionals, and community resources should be established. Girls, and students from culturally or linguistically diverse groups may be especially at risk for academic failure if they exhibit these behaviors (Steinberg, 1996; Debold, 1995). Expecting an at-risk adolescent to “figure it out” may lead to a deeper cycle of failure.

Understanding the factors that may place an adolescent at-risk will help parents, educators, and community leaders determine a plan of action. The findings in this study suggest that additional research concerning adolescent risk behaviors would be beneficial in understanding the profiles of our student populations. Recommendations for further research are as follows:

- While the student population that participated in this study attends alternative education settings, it would be insightful to have data from the comprehensive school sites.

- As programs are designed to address the at-risk population, it would be invaluable to develop a longitudinal study to measure the effectiveness of the variable(s).
- Studies directed toward the middle school population should not be overlooked. These studies could be ideal in the transition from elementary to middle school, specifically for securing baseline data.
- This study did not present with any English Language Learners, but future studies should embrace the concept.

Final Comments

Adolescent risk behaviors are concerning – for the adolescent, family, school, and community. The information brought forth in this study contributes to a greater understanding of the challenges faced by adolescents and solidifies my belief that no one entity can address this independently. While local newspapers are wrought with daily headlines of young people in harms way, it will take a united approach. The family structure has seen many changes over the years. With transient lifestyles, nature and nurture are not so intertwined. The family is the foundation, by all accounts, yet the family needs help. Schools are key, but the schools need help, communities are the lifeline, yet they often become a mirror of their families and schools, and many communities need help.

The only way to fix a wound is to open it, get the toxins out, and start nursing it back to health. There is no “easy” way to get drugs off the street, to put the guns and the anger to rest, or to have all the kids come to school at 8:00 am every morning. We need to start talking to the youth, we need to do more listening and assist them in helping to be part of the solution. These are their homes, their schools, their communities, and it is their future.

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APPENDIXES

Appendix A
Participatory Questionnaire

PARTICIPATORY QUESTIONNAIRE

1. What is your definition of “at-risk” behavior(s) as it relates to adolescents?
2. What types of problems do you think adolescents are experiencing today?
3. a) What is the best way to support adolescents and;
b) Where should the support come from?

Appendix B
IRBPHS Approval

IRBPHS Application # 07-067 - Approved

October 9, 2007

Dear Ms. Ahmann:

The Institutional Review Board for the Protection of Human Subjects (IRBPHS) at the University of San Francisco (USF) has reviewed your request for human subjects approval regarding your study.

Your application has been approved by the committee (IRBPHS #07-067) Please note the following:

1. Approval expires twelve (12) months from the dated noted above. At that time, if you are still in collecting data from human subjects, you must file a renewal application.
2. Any modifications to the research protocol or changes in instrumentation (including wording of items) must be communicated to the IRBPHS. Re-submission of an application may be required at that time.
3. Any adverse reactions or complications on the part of participants must be reported (in writing) to the IRBPHS within ten (10) working days.

If you have any questions, please contact the IRBPHS at (415) 422-6091.

On behalf of the IRBPHS committee, I wish you much success in your research.

Sincerely,

Terence Patterson, EdD, ABPP
Chair, Institutional Review Board for the Protection of Human Subjects

IRBPHS University of San Francisco
Counseling Psychology Department
Education Building - 017
2130 Fulton Street
San Francisco, CA 94117-1080

Appendix C

Authorization to Use Protocol

16204 North Florida Avenue
Lutz, Florida 33549
Tel: (813)968-3003
Fax: (813) 968-2598
<http://www.IJarinc.com>

August 2008

Dear Ms. Ahmann,

Thank you for your interest in the APS SF!

Written permission is not required to administer, score and interpret our tests. However, PAR does require that the person using the Test Materials be qualified in accordance with *5 tandards for Educational and Prychological Testing*.

The purchase of the test from PAR grants you permission to use the test.

Sincerely,

Genevieve Hughes
Customer Support
Specialist PAR, Inc.
800.331.8378 or
813.968.3003 ext. 439
www.pannc.com

Appendix D

Permission to Conduct Research

Sacramento Office of Education County

10474 Mather Boulevard
P.O. Box 269003
Sacramento, CA 95826-9003
(916) 228-2500
www.scoe.net

David W. Gordon
Superintendent

BOARD OF EDUCATION

Victoria L. Deane
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Christopher W. Woods

September 6, 2007

Institutional Review Board for the Protection of Human Subjects
University of San Francisco
2130 Fulton Street
San Francisco, CA 94117

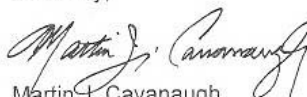
Dear Members of the Committee:

On behalf of the Sacramento County Office of Education, I am writing to formally indicate our awareness of the research proposed by Ms. Sandra Ahmann, a student at USF. We are aware that Ms. Ahmann intends to conduct her research by administering a written survey to students enrolled in our alternative education programs.

I am the Deputy Superintendent for the Sacramento County Office of Education. I give Ms. Ahmann permission to conduct her research at our alternative education sites.

If you have any questions or concerns, please feel free to contact my office at (916) 228-2221.

Sincerely,



Martin J. Cavanaugh
Deputy Superintendent, Sacramento County Office of Education

MC/sm



Appendix E

Purpose and Procedures for Program Staff

Purpose and Procedures for Program Staff

I am a doctoral student at the University of San Francisco and am currently working on my dissertation research. My area of study is youth risk behaviors. I am seeking a greater understanding of the descriptors of at-risk behavior and the causal factors that contribute to these behaviors. The literature suggests that adolescence is a developmental period when experimentation with and adoption of new roles and behaviors occur. As a natural period of risk taking, some youth appear more likely than others to adopt “risky life styles”. There exists a need to afford youth support during this transitional period. Results from this study will provide relevance to parents, educators, and community support personnel who are involved in the assessment, diagnosis, treatment, and implementation of educational and community programs on behalf of fostering positive youth development and success.

Background and Need

The ongoing increase in youth who engage in at-risk behaviors that compromise their health, endanger their lives, and limit their chances to achieve successful adult lives demands attention. The disproportionate number of preventative programs for youth compounds the problem. Reactive attempts to address at-risk youth behaviors are inconsistent and do not always address the triggers that induce the behavior(s). This study will assess the behaviors and causal factors descriptive of youth at risk. Furthermore, this study will assess the impact of prevention and intervention efforts through the lens of identified at-risk adolescents.

Study Design

This study will include a student survey of secondary school students enrolled in alternative education programs. The students that will be surveyed have previously demonstrated at-risk behaviors as identified per program criteria. The survey will identify the types of problems adolescents have. The survey will explore how adolescents feel about themselves, others, and the world around them. In addition, four students will be randomly selected to participate in an interview with the researcher to address three identified questions.

Recruitment

An informational meeting will be held at each program site to explain the purpose and procedures of the study to the students. An introductory letter and informed and parental consent forms will be distributed to the students at this time. Envelopes will accompany the consent forms to afford confidentiality. Students are asked to return the consent forms to the school site within one week. Consent forms will be secured in a locking file cabinet and picked up by the researcher personally.

Survey Implementation

On the day of the scheduled survey, students will be brought into an identified classroom. The survey proctor, identified herein as “researcher”, will oversee the spacing of students to assure comfort and confidentiality. The researcher will explain the survey process and answer any related questions prior to handing out the surveys. Surveys will take

approximately 30 minutes to complete. Surveys will be sealed in an envelope by the researcher.

Debriefing

The researcher will return to the school sites within a two-week period of time to debrief with students about their experiences in participating in the survey process. The researcher will reiterate to the students the confidentiality of the survey process and thank them for their participation. The researcher will answer any questions or concerns regarding the survey process at this time.

Thank you for your consideration and support. I am enthusiastic about this study and look forward to working with you in the near future. Please do not hesitate to contact me should you have questions or concerns.

Respectfully,

Sandra Ahmann

(---) -----

Appendix F
Introductory Letter

Introductory Letter

September 1, 2007

My name is Sandra Ahmann and I am a doctoral student in the School of Education at the University of San Francisco. I am in the process of preparing a dissertation in partial fulfillment of the requirements for a Doctorate Degree in Leadership Studies. For the past several years, my research has centered on youth at risk. My dissertation is a continuum of related research with an emphasis on the descriptors of at-risk behaviors, causal factors, and prevention and intervention efforts that effect youth choices as they relate to at-risk behaviors. The intent of this study is to gain a better understanding of these variables through the lens of the at-risk student and to focus on the links connecting the student to family, school, and the community.

Participation in this study is completely voluntary. Responses will remain confidential and will be secured in a locked cabinet. Participants are at free will to decline responding to any survey or interview question(s) at any time. Students participating in this study must return informed and parental consent forms. Student participants will be surveyed during their scheduled school day. Accommodations will be made to ensure comfortable and confidential survey conditions. Students selected for the interview process will be interviewed in an agreed upon location conducive to open and confidential communication. The time allotted for the interview will be scheduled at the convenience of the participant.

The anticipated benefit of this study will be an established base of data about youth risk behaviors that will contribute to effective prevention and intervention programming. There will be no cost to participants, nor will there be any monetary reimbursement for participation in this study.

If you have any questions or concerns regarding the research, you may contact me at (---) ----- . If you have additional questions about the study, you may contact the IRBPHS at the University of San Francisco. The IRBPHS assures the protection of human subjects in research projects and can be reached by telephone at (415) 422-6091, though email at IRBPHS@usfca.edu, or by writing to the IRBPHS, Department of Psychology, University of San Francisco, 2130 Fulton Street, San Francisco, CA 94117-1080.

Respectfully,

Sandra Ahmann

Appendix G
Consent Forms

Informed Consent Form
University of San Francisco
Consent to be a Research Subject

Purpose and Background

Ms. Sandra Ahmann, a graduate student in the School of Education at the University of San Francisco is conducting a study on youth risk behaviors.

I am being asked to participate in the study because I am a student who has demonstrated at-risk behavior(s) per my educational program criteria.

If I agree to be a participant in this study, the following will happen:

- 1) I will complete a student survey about my feelings and my behavior;
or,
- 2) I will participate in an interview with the researcher, during which time I will be asked about my personal experiences as they relate to at-risk behavior(s).

I will complete the survey or interview in a location that affords reasonable comfort and confidentiality.

Risks and/or Discomforts

1. I am free to decline to answer any questions that I do not wish to answer or that make me feel uncomfortable.
2. Confidentiality will be maintained as I participate in the study. Research data will be kept confidential and no individual identities will be used in any reports or publications resulting from this study. All research data and related information will be kept in locked cabinets at all times.

Benefits

There will be no direct benefit to me from participating in this study. The anticipated benefit of this study is a better understanding of the descriptive and causal factors of at-risk behavior(s) that will contribute to the promotion of effective prevention and intervention programs for youth.

Costs/Financial Considerations

There will be no financial costs to me as a result of taking part in this study.

Payment/Reimbursement

I will not be paid for my participation in this study.

Questions

I have talked to Ms. Ahmann about this study and have had an opportunity for my questions to be answered. If I have further questions or concerns regarding this study, I may contact Ms. Ahmann at (---) -----.

If I have any questions or comments about participation in this study, I should first talk to the researcher. If for some reason I do not choose to do this, I may contact the IRBPHS at the University of San Francisco. The IRBPHS assures the rights of human subjects in research projects. I can reach the IRBPHS office by telephoning (415) 422-6091, e-mailing to IRBPHS@usfca.edu, or by writing to the IRBPHS, Department of Psychology, University of San Francisco, 2130 Fulton Street, San Francisco, CA 94117-1080.

Consent

I have been given a copy of the “Research Subject’s Bill of Rights” and I have been given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. I am free to decline to be in this study, or to withdraw from it at any point. My decision as to whether or not to participate in this study will have no influence on my present or future status in either my education program or professional capacity. My signature below indicates that I agree to participate in this study.

Subject’s Signature _____ Date of Signature _____

Signature of Person Obtaining Consent _____ Date of Signature _____

Parental Consent Form
University of San Francisco

Purpose and Background

Ms. Sandra Ahmann, a graduate student in the School of Education at the University of San Francisco, is conducting a research study on youth risk behaviors. The purpose of the study is to identify descriptors of at-risk behavior(s) and causal factors. The researcher is interested in gaining a better understanding of youth at risk in an effort to afford effective prevention and intervention programs. Further, the researcher believes that the most authentic research is that in which the affected population contributes. Your student is invited to participate in the study.

Procedures

I am aware that the researcher is a graduate student in the School of Education at the University of San Francisco.

1. I understand that the study addresses youth risk behavior.
2. I understand that my student is being asked to participate in the study because my student has demonstrated at-risk behavior per educational program criteria.
3. I understand that my student will attend a presentation by the researcher explaining the study and survey process.
4. I understand that my student will participate in a survey and/or interview addressing his/her feelings and behavior(s).
5. I understand that my student will participate in a debriefing within two weeks of the survey to review questions and concerns about the study or survey process with the researcher.
6. I understand that all attempts to assure confidentiality will be maintained. My student will not identify the survey response with any personal information.
7. I understand that my student and I are free to withdraw our consent and to stop participation at any time with no penalty or recourse.

Risks and/or Discomforts

1. Participants are free to decline to answer any questions that they do not wish to answer or that make them feel uncomfortable.
2. Confidentiality will be maintained as your student participates in the study. Research data will be kept confidential and no individual identities will be used in any reports or publications resulting from this study. All research data and related information will be kept in locked cabinets at all times.
3. All participants will have access to the researcher who is a school psychologist should they wish to express their feelings, either in a group setting or individually. Referrals to outside resources will be made if

necessary.

Benefits

The anticipated benefit of this study is that the participants may increase their self-perception, self-esteem, and authenticity in relationships. It is anticipated that participants may gain a sense of themselves and a sense of belonging to and connecting with their families, schools, and communities.

Costs/Financial Considerations

There will be no monetary costs to the participants. The only cost will be contributing the time for the presentation of the study, the survey administration, and the debriefing.

Payment/Reimbursement

Neither my student nor I will be reimbursed for participation in this study. Refreshments will be provided at each of the three meetings at no cost to the participants.

Questions

If you have any questions or concerns regarding this study, you are encouraged to contact me, Sandra Ahmann, at (---) ----- . If for some reason you do not choose to contact the researcher, you may contact the IRBPHS at the University of San Francisco. The IRBPHS assures the rights of human subjects in research projects. You can reach the IRBPHS office by telephoning (415) 422-6091, e-mailing to IRBPHS@usfca.edu, or by writing to the IRBPHS, Department of Psychology, University of San Francisco, 2130 Fulton Street, San Francisco, CA 94117-1080.

Consent

PARTICIPATION IN RESEARCH IS VOLUNTARY. I am free to decline to have my student be in this study, or to withdraw my student from it at any point. My decision as to whether or not to have my student participate in this study will have no influence on my student's present or future status as a student in the education program.

You will be given a copy of this form to keep. You are making a decision whether to allow your student to participate. Your signature shows that you have decided to let your student participate and that you have read the above information.

Signed: _____ Date of Signature: _____
Name of Student: _____

Appendix H

Guidelines for Administration of Survey

Guidelines for Administration of Survey

For Survey Proctor(s)

Collection of valid and reliable data is dependent upon the careful administration of this survey. The survey proctor(s) can greatly enhance the probability of credible data collection by following these guidelines. The survey requires English language proficiency and fifth grade reading ability.

Preparation prior to the Administration of the Survey

1. *Obtain parent permission:*
Two weeks prior to the planned date of administration, consent forms will be dispersed during a presentation by the researcher. Proctor(s) will need to remind students of the importance of having parents return the parental permission form to the school. Non-responding parents may be sent a second parental permission form in one week. Students may not participate in the survey if they receive negative permission or do not return the signed permission form.
2. *Informed Consent:*
Students must provide a signature on the informed consent form and return the form to the school site prior to participation in the survey
3. *Plan alternative activities for non-participating students and early finishers:*
You may expect up to 30% of students will not be able to participate in the survey. Most students will finish the survey in less than 30 minutes, and may be allowed to return to the general classroom as they finish.

Administration of the Survey

1. *Verify that each student has a signed informed consent form and positive parent permission to participate:*
This survey is being administered to students, grades 7–12, who have signed an informed consent form and who have received positive written parental permission to participate. Verify that students entering the survey room have both consent forms on file. Any student with negative parental permission or an unreturned parental permission form will not be allowed to participate in this study. Students who have not signed an informed consent form will not be allowed to participate in this study. Students lacking the appropriate consent forms will remain in their scheduled classrooms.
2. *Separate students in counseling room:*
Attempt to provide spaces between students. Students should not work in pairs or groups. Announce to all students that they are to wait until all pencils and surveys are distributed and instructions are given before starting survey.
3. *Distribute #2 pencil and survey forms:*
Provide each student will a #2 pencil. Distribute the survey forms face down.
4. *Provide verbal instructions to students:*

Have students turn their survey over and read aloud the instructions at the top of the survey. Remind the students that this is not a test, they will not put their names or any other identifying information on the survey, and that they are to complete the survey independently. Ask for their cooperation to remain seated, not to make noises, and to place their surveys in an identified envelope as they exit the room. If students have a question or need assistance, they are to raise their hand and the survey proctor will assist them.

5. *Collect all surveys and pencils, dismiss students to return to their classrooms at the end of the survey time:*

Collect the remaining surveys and pencils from the students. Thank them for their participation in the survey. Dismiss remaining students by prior arrangement at that site to their classes at the end of the survey time. Make certain all surveys, including unused surveys, have been placed in the identified envelope and seal the envelope prior to leaving the survey room.

6. *Questions by students, answers by proctors:*

It is generally permissible to read a word or an item to a student. Sometimes when students hear a pronunciation of a difficult word they will know its meaning. For other types of items, try restating the item or clarifying the item. An explanation of the meaning of a word is allowable, but do not answer specific questions about the content of a survey question. *Remind the students that this is not a test and to do their best on their own.*

Appendix I
Letters of Gratitude

Sandra Ahmann

-----, -- -----

October 17, 2007

Martin J. Cavanaugh
Deputy Superintendent
Sacramento County Office of Education
10474 Mather Boulevard
Sacramento, CA 95826-9003

Re: Sandra Ahmann
USF Dissertation Research

Dear Mr. Cavanaugh,

Thank you so much for providing the permission letter regarding my dissertation research. Enclosed please find the University of San Francisco's Institutional Review Board for the Protection of Human Subjects (IRBPHS) approval confirmation.

I am prepared to proceed with my research, with your continued support. I anticipate completing this portion of my dissertation shortly with a dissertation defense date in late November 2007. Please let me know if you have any further questions or concerns and if there is a contact person, other than yourself, that you would like me to work through.

Respectfully,

Sandra Ahmann

(---) -----

Sandra Ahmann

-----, -- -----

November , 2007

Sacramento County Office of Education

10474 Mather Boulevard

P.O. Box 269003

Sacramento, CA 95826-9003

ATTN: (SCOE Representative)

Dear (Site-based director/principal),

Please accept my sincere gratitude for supporting my dissertation research titled “Through the Lens of the Adolescent: A Survey of At-Risk Behaviors”. I truly appreciate the kindness and cooperation that you and your staff extended.

Your dedication to this project was vital in bringing forth the data pertinent to my field research. Should you have any questions regarding my research, please feel free to contact me.

Again, I express my gratitude for your contribution to my research.

Respectfully,

Sandra Ahmann

