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Gender Specific Skills Promote Female Adolescent Well-Being

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GENDER SPECIFIC SKILLS GROUPS PROMOTE FEMALE ADOLESCENT WELL-BEING

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ABSTRACT

The literature on the middle school years for girls has indicated that it is both a critical and arduous developmental period. This is important to social work practitioners because middle school-aged girls are an at-risk population that needs to be helped in a unique way. One preventative method that is often extremely beneficial to this population are small, gender-specific, skills groups which openly discuss issues in a safe, informative, and therapeutic way. More specifically, an agency in Rhode Island that serves at-risk girls conducts a community-based mentor program. The program meets with the same small cohort of girls over approximately thirteen weeks to discuss various issues. This study sought to explore whether two current groups successfully improved the girl's overall well-being. The main factors used to operationalize the girl's overall well-being include helping them deal with peer pressure, learn about healthy relationships, and heighten their self-confidence. Results indicated that increases in the mean difference for all three scales between the pre and post-tests suggest that the Life Choices groups helped the participants more fully grasp the concept of healthy relationships, in dealing with peer pressure, and in improving self esteem. Thus, the data appears to support the proposed hypothesis and corresponding literature findings that the skills group improved the adolescent girls' overall well-being.

Introduction

Problem Formulation

The literature on the middle school years for girls has indicated that it is both a critical and arduous developmental period (Bagwell, Bender, Andreassi, Kinoshita, Montarello, & Muller, 2005). The risk to girls throughout these years is important to address, as they confront several emotional and physical changes, such as puberty, stress within relationships, and difficulties with self esteem. Thus, it is critical to their future development and likely whether they engage in harmful activities or behaviors. Paton and Viner denote this phase as encompassing "inevitable emotional turmoil" due to the many physical, psychological and social changes that are occurring simultaneously (2007, p. 1130). Additionally, the literature raises the issue of how adolescence is now being defined differently than in past decades, where "in today's developed economies, longer periods in education, increased affluence, and the availability of effective contraception means that adolescence commonly persists for well over a decade" (Paton & Viner, 2007, p. 1130). These changes merely enhance the struggles young girls are going through at this time.

It would be important for the social work profession to address the changes that these girls are going through and the challenges that accompany them. This is relevant to social worker practitioners because middle school-aged girls are an at-risk population that needs to be helped in a unique way. For instance, beginning at age 13 and moving forward into adulthood, "females show 2 to 3 times the levels of depressive symptoms as males" (Chaplin et al., 2006, p. 111). More alarming is the fact that adolescent depression and depressive symptoms have grave implications, as Chaplin et al. highlight the fact that they are "associated with increased risk of smoking, drug use, academic difficulties, and suicide" (2006, p. 112).

Based on the fact that adolescent girls are an at-risk population for depression, there is clearly a need for prevention programs to counteract this troubling issue.

One preventative method that is often extremely helpful to this population is small, gender-specific, skills groups which openly discuss the issues surrounding these girls in a safe, informative, and therapeutic way. More specifically, an agency in Rhode Island that serves at-risk girls conducts a community-based mentor program named Life Choices, which meets with the same small cohort of girls over approximately thirteen weeks to discuss various issues. Groups similar to the Life Choices program have the potential to positively impact the girls, as they focus on ways to improve self-esteem and deal with all of these changes. Thus, the problem to be addressed is whether small skills groups designed for middle school girls does in fact ultimately prove effective in assisting them in their transition to early adulthood? More specifically, are the Life Choices groups implemented by the Rhode Island agency effective in helping these girls learn about dealing with peer pressure, healthy relationships, and in heightening their self-confidence?

Problem Justification

One issue of importance to adolescent girls is self esteem. Researchers highlight this point by describing the significant role relationships among adolescents and young adults have in shaping emotional well-being (Bagwell et al., 2005). Bagwell et al. predicted that "friendship quality would be associated with clinical symptomatology and self-esteem," which was ultimately supported, where "high levels of negative friendship features were positively associated with clinical symptoms, whereas positive features were most strongly associated with self-esteem" (2005, p. 235). Their reveals the importance of facilitating discussion on

friendship in a setting that provides information on what a healthy friendship entails. The Life Choices group serves as one intervention method to address this topic, as the group discusses ways to foster healthier relationships with everyone in their lives, which also aids in developing and heightening their overall self-esteem.

Levine, Smolak, and Hayden (1994) conducted a study of 385 girls between the ages of ten and fourteen. The girls were "surveyed about eating behavior, body satisfaction, concern with being slender, and cues from parents, peers, and magazines in regard to weight management techniques and the importance of slenderness" (Levine et al., 1994, p. 472). Based on their findings, a majority revealed that they received a "clear message from fashion magazines and peers or family members that slenderness is important and attainable through dieting and other methods" (Levine et al., 1994, p. 486). Additionally, findings exposed that "body dissatisfaction and weight concerns reflect adoption of a socially approved female role," which is a role that is likely to be damaging to young girls (Levine et al., 1994, p. 487). Levine, Smolak, and Hayden (1994) expose the necessity for healthy peer groups that would allow for these girls to discuss what they are going through in a positive and realistic way with the intention of intervening and preventing the negative messages they are receiving from the media and many of their peers.

Another key topic discussed during the Life Choices group is drugs and alcohol. This topic is extremely important to focus on for this age group because it is a time when adolescents start being exposed to these substances and must deal with the peer pressure which surrounds them. Hansen, Malotte, and Fielding (1988) tracked a cohort of sixth and seventh grade students longitudinally over three or four years. Their prevention program

"emphasized peer pressure resistance training, information about consequences of use, and decision making training," which compared to no treatment, proved to have a success of a "20% reduction in the prevalence of smoking by the final posttest" (Hansen et al., 1988, p. 21). Results of this study revealed that the prevention program which was put into place "reduced the onset and prevalence of tobacco use" (Hansen et al., 1988, p. 97). Also noteworthy was the fact that females were much more impacted by the program, as the Life Choices groups are targeted to girls. This research highlights the need for smaller, gender specific skill groups that focus on how to communicate the seriousness of the subject to the girls, as they are dealing with intense peer pressure, and the Life Choices group could be implemented as an effective prevention program.

Thus, it is proposed that small, gender specific groups will aid in adolescent girls' development and in preparing them for the pressures, changes, and decisions they will face. This study addresses how effective these groups are based on existing research in addition to conducting an experiment which will indicate whether two current Life Choices groups are successful in improving the girl's overall well-being. The main factors that will be used to indicate the girl's overall well-being includes helping them deal with peer pressure, learn about healthy relationships, and to heighten their self-confidence.

Literature Review

Main Points

Adolescent girls are an important population for social work practitioners to investigate, as there are a number of developmental and outside challenges that they are simultaneously confronting. As such, it is important to understand the various methods that are utilized in

addressing these issues to justify the best practice methods that are most effective in helping this sensitive population.

One method of intervention for this population has been to use group work to assist these girls throughout this arduous time. A qualitative study conducted by Hirsch, Roffman, Deutsch, Flynn, Loder, and Pagano (2000) which incorporated the ecological perspective for interpreting ways various types of activities, relationships, and meaning systems can be related and foster growth in youth development. The groundwork of their study was based on the fact that "the challenges of early adolescence are intensified for girls living in disadvantaged urban communities," as "factors associated with poverty, minority status, and inner-city life make early adolescence an especially challenging period for many urban girls," (Hirsch et al., 2000, p. 212). Therefore, "developmental needs must be addressed in an environment often characterized by prejudice, poor schools, limited future job prospects, violence, stressful family life, and fewer positive adult role models," which is clearly not helpful to these vulnerable adolescent girls (Hirsch et al., 2000, p. 212).

One model that has been developed in response to the unique needs of adolescent girls is the Boys & Girls Clubs of America (BGCA), which is a youth development organization that has worked successfully with this population in inner-city neighborhoods for many years (Hirsch et al., 2000). Hirsch et al. (2000) note that "the peer group becomes increasingly important as a context for the articulation of self in early adolescence," as these clubs "provide girls with a home-place where they can develop and nurture friendships" (p. 223). Informal groups can be particularly helpful and nurturing to adolescent girls, as the girls typically become very close. Participants in the study conducted by Hirsch et al. (2000) described each other as

"trustworthy," and likened their relationship to one another as comparable to "family" (p. 224). This is an important distinction, as the girls are more likely to bring serious issues to discussion within the groups if they feel it is a safe and comfortable environment that is supportive and akin to a family unit.

One noteworthy issue to adolescent girls is the fact that they tend to struggle with their sense of identity and how to communicate how they are feeling. The potential for girls to lose their voices during the adolescent years is a serious issue that needs to be addressed (Hirsch et al., 2000). Basically, "whether or not urban girls lose their abilities to express themselves in adolescence, having a place where they feel listened to and where their opinions are valued is important," which is one benefit of such groups (Hirsch et al., 2000, p. 224). Hirsch et al. recommend the need to create a "home place" that "enables the development of self via organizational responsiveness to girls' voices, strong bonds between girls and staff, and adaptive peer friendship cliques" (2000, p. 223). Ultimately, the study revealed the success of utilizing the "club-as-home as a vehicle" to help adolescents during this tumultuous time, especially since these clubs "provide a safe space to explore ideas, activities, and identities, stimulate creativity and self-expression, and develop strong ties to peers and adults" (Hirsch et al., 2000, p. 224). This is critical in understanding this population, as their ability to have a safe outlet to express how they are feeling while simultaneously fostering discussion on sensitive topics in a fun and interesting is a way to get more girls involved in these groups and garner the benefits of the groups.

Another noteworthy issue concerning adolescent girls is distinguishing between healthy and unhealthy relationships. This is a topic that skills groups organized for this population often

address, as dating violence remains a troubling subject. Researchers denote gender as a "critical

component of abusive behavior in dating relationships," and therefore must be addressed in a

particular way for adolescent girls in contrast to adolescent boys (Sears, Byers, Whelan, & Saint-

Pierre, 2006, p. 1191). Sears et al. (2006) conducted a study about the way adolescents

perceive and encounter physical and psychological abuse in dating relationships (p. 1191).

Participants in the study were in Grades 9 and 11, and subsequently divided into 16 gender

specific focus groups. Based on their findings, many themes materialized such as the fact that

the boys and girls had different perceptions of abusive behaviors which may contribute to

"youths' declining use of physical abuse and increasing use of psychological abuse" (Sears,

Byers, Whelan, & Saint-Pierre, 2006, p. 1192).

There has been a shift in adolescents' perceptions of abusive behavior coupled with a

contrast in reactions to abuse based on gender. Sears et al. report that both "girls and boys are

physically and psychologically abusive toward their dating partners," and yet "more girls than

boys report a severe emotional reaction (e.g., fear) and physical injuries from dating violence

whereas more boys than girls report that they were not bothered by the incident" (2006, p.

1194). Their findings also indicate that since youths are more likely to disclose experiences of

dating violence to friends rather than parents, there is a need for safe environments where girls

can discuss what they are going through and get support. This is especially important as they

often do not feel comfortable confessing that they are in an abusive relationship to a parent,

teacher, or other authority figure, whereas if there is someone around that a girl feels

comfortable enough to open up to, this could be critical to breaking the abuse by exposing the

victimization.

One specific topic that Sears et al. (2006) addressed in the focus groups was red flags. A red flag is a warning sign that typically accompanies or indicates future abusive behavior inflicted by a partner. Sears, Byers, Whelan, and Saint-Pierre found in their study that "from [the participants'] perspective, a behavior, such as jealousy or hitting, can be abusive in one context but may not be abusive in another context," where the respondents felt that "jealousy is abusive if there is a threat of physical harm or it occurs repeatedly; however, it may not be abusive if it is perceived as 'joking around' or as demonstrating caring" (2006, p. 1195). Red flags are also particularly important as they typically accompany psychologically abusive behaviors, such as jealousy and a desire for control, which also are factors that "set the stage for physical abuse" (Sears, Byers, Whelan, & Saint-Pierre, 2006, p. 1195). This is a central topic that is also focused on during Life Choices groups. In a safe and positive setting, similar to the Life Choices program, girls are likely to be more open about what is going on in their lives, and seek feedback from one another and the group leader. This is a secure outlet that allows them to discuss behaviors occurring in their lives that may indicate red flags and therefore need to be addressed.

Most significantly, it is important to note the fact that the study conducted by Sears, et al. (2006) revealed that the issue of dating violence was of high priority to youth. They found that "in terms of intervention and prevention efforts, [the participants] suggested that dating violence presentations should be made in school before youths start dating, that warning signs should be highlighted during these presentations, and that youths who are physically or psychologically abusive toward dating partners in school should be required to attend counseling rather than be suspended from school" (2006, p. 1201). Additionally, "[the

participants] specifically asked for assistance with developing skills that would help them

identify and maintain healthy relationships and deal with relationship conflicts" (Sears et al.,

2006, p. 1201). This highlights the fact that dating violence is critical to discuss at this age

group, and adolescents not only need the information and strategies to avoid getting involved

in an unhealthy relationship, but underscores the fact that they want to have more information

and resources available to them.

Another noteworthy topic to be addressed with this population is friendship in

conjunction with peer pressure. Murray discusses how the "peer group becomes an important

connection for young people and there is a strong need to belong to and be accepted by a

network of friends" (2009, p. 11). The transition for adolescents and the development of new

peer groups can be a fun time and yet there is a great deal of stress and awkwardness that

accompanies this transitional period. Therefore, it is important for adolescents to have the skills

and support necessary in order to facilitate this enormous time of development. One important

topic to skills groups is friendship. Friendship is critical to an adolescent's development, as it

"promotes the natural move towards greater independence," in addition to aiding in the

socializing process, which is "a skill which is increasingly important in today's world where

family size is small which reduces the opportunity to acquire skills in this safe context" (Murray,

2009, p. 11). Due to the sensitivity of this age group, peer groups become increasingly more

important to a young girl's development. It is in peer groups that "adolescents have the

challenge of learning about group conformity, considering peer values, parental values and how

to retain their own values while remaining part of the group," (Murray, 2009, p. 12). These are

important issues that girls continue to face throughout their development and it helps to have a

place where they can discuss these conflicting feelings with others who are going through the same thing. Small, gender specific skill groups are one optional setting which affords these girls the time to not only discuss these issues, but lean on each other in order to navigate this transition.

Murray (2009) notes another key aspect to peer groups, as "adolescent friendships also provide a connection to others who are at the same stage, who are facing the same developmental dilemmas, asking the same questions, experiencing similar upsets, stresses, or difficulties or the excitement, invulnerability and enthusiasm, energy and activity of being young," (p. 12). The group leader can also show the girls different ways to negotiate through specific dilemmas they are facing, which are important skills they will use well beyond their adolescence. Additionally, Murray notes how the "group can also act as a source of constructive criticism that would not be tolerated from parents and of particular encouragement that might not be available elsewhere," (2009, p. 12). The setting of groups is crucial, as "peer groups provide the support of comrades in adversity, of people sitting the same exams and facing similar longings and fears for the future," (Murray, 2009, p. 12).

Skills groups also address the issue of substance abuse, highlighting the need for adolescent's to be instructed more clearly on the risks involved with drugs and alcohol. Skill groups often address these issues with the girls, which is important in helping them make responsible decisions when it comes to substance abuse. Blake, Amaro, Schwartz, and Flinchbaugh's study on adolescents' use of alcohol, tobacco, and drug use investigated the effectiveness of conventional prevention programs in addition to looking at gender specific intervention methods that primarily focused on adolescent girls (2001, p. 295). Their research

was grounded in a study conducted by the Center for Substance Abuse Prevention, which "initiated an effort to address the dearth of information on gender-specific alcohol, tobacco, and drug use prevention strategies and funded 25 projects nationwide to address substance abuse prevention specifically for female adolescents" (Blake, Amaro, Schwartz, & Flinchbaugh, 2001, p. 296). Based on their findings, a new initiative was drafted in order to counteract the evidence that indicated "increased substance use among girls (i.e., a narrowing of the gender gap); that girls and boys differed in their reasons for alcohol, tobacco, and drug use; had differing needs and problems associated with alcohol, tobacco, and drug use; and might require differing intervention strategies to prevent or decrease their alcohol, tobacco, and drug use" (Blake et al., 2001, p. 296). This highlights the fact that adolescent girls have a unique set of needs in terms of being confronted with risky behavior, and therefore these issues cannot be addressed in a conventional or uniform way.

The methodology of the study conducted by Blake et al. was evaluated based on pretests, posttests, and a subsequent 3-month follow-up assessment (2001, p. 298). The results of the study revealed that "significant treatment (either the social skills or affect management intervention) by gender interaction effects were reported on a composite measure of substance use," where "girls in the intervention group demonstrated greater improvements than did those in the control group" (Blake et al., 2001, p. 318). In reference to the use of tobacco, it was found that for adolescent girls the method of substance abuse intervention that was "more successful with adolescent girls than boys focused on developing social resistance skills, reducing social influences, and altering the negative influence of perceived social norms," especially because the girls had "opportunities to practice skills to the extent possible in real-

life" (Blake et al., 2001, p. 319). These are important issues to address because adolescent girls respond differently to these issues than boys, and therefore it is critical that gender specific methods are utilized in order to enhance their understanding and confront the pressures they are facing from their own distinct perspective. Ultimately, Blake et al. convincingly support the fact that "alcohol, tobacco, and drug abuse prevention research integrate the role that gender has as a major defining social factor and give greater consideration to the role that gender might have in shaping risk behaviors for boys and for girls" (2001, p. 320).

Another concern for the population of adolescent girls is how to confront peer pressure when it comes to sex. A study conducted by Dr. Skinner in Sydney, Australia revealed that sex education classes often neglected to convey the "importance of teaching young women negotiation skills so that they could resist pressure from their peer group and partners" (Murray, 2009, p. 4). In his qualitative study conducted at the University of Western Australia, 68 teenage girls were asked to reflect on the first time they had sex. The girls reported that "whether they regretted the experience was largely influenced by how much control they felt over the circumstances," where the "concept of readiness or not being ready determined whether they felt regret about it," (Murray, 2009, p. 4). One underlying issue that the study uncovered was the fact that the younger the girls were when they had their first sexual encounter, the more likely they were to regret it and wish they had more control over the situation. One girl in the study reflected about this idea, explaining, "I just felt like everyone else was doing it and they were all talking about it and I didn't have anything to talk about so I was, like, 'yeah, I might as well'" (Murray, 2009, p. 4). This concern highlights the need for adolescent girls to have a safe environment where they feel comfortable discussing the peer

pressure they are facing. If girls are given information about sex and successful ways of dealing with peer pressure, many of these girls would be better equipped to handle these situations when they encounter them.

One theme that arose from Dr. Skinner's research was that when girls lost their virginity while intoxicated, this heightened their disappointment and regret (2009, p. 4). Also noteworthy was the finding that the "longer intercourse was postponed in a relationship, the more likely girls reported feeling ready," which underscores the importance of helping adolescent girls confront the issue of peer pressure and communicate the importance of waiting until one is older and ready in a safe atmosphere. One environment conducive to facilitating these discussions are small gender specific groups, where girls have each other to talk to, and yet the group leader can direct the conversation and supply accurate information and support where it is needed.

In the midst of adolescence, girls are also confronted with the prevalence of clinical depression or depressive symptoms. These rates are increasing significantly, especially among girls, where the "1-year prevalence of depressive disorders increases from 3% to 8% for 11- to 15-year-olds, and this increase is more pronounced among girls than boys beginning in early adolescence" (Chaplin et al., 2006, p. 110). Originating at age 13 and moving forward into adulthood, "females show 2 to 3 times the levels of depressive symptoms as males" (Chaplin et al., 2006, p. 111). More alarming is the fact that adolescent depression and depressive symptoms have grave implications, as Chaplin et al. highlight the fact that they are "associated with increased risk of smoking, drug use, academic difficulties, and suicide" (2006, p. 112). Based on the fact that adolescent girls are an at-risk population for depression, there is clearly a

need for prevention programs to counteract this troubling issue. In order to discover which

prevention programs are the most effective, Chaplin et al. conducted a study which examined

whether the Penn Resiliency Program (PRP) was more effective for young adolescent girls when

delivered in all-girls groups than in co-ed groups (2006, p. 112). Chaplin et al. based their

hypothesis on the fact that they found several studies citing gender as a factor which

determined how effective prevention programs were for adolescents. For instance, Chaplin et

al. cite a study conducted by Petersen, Leffert, Graham, Alwin, and Ding (1997) found that

"early adolescent girls benefited more from their program than did boys, although this effect

only lasted from pre- to post-intervention" (2006, p. 113). Additionally, a study conducted by

Quayle, Dzuirawiec, Roberts, Kane, and Ebsworthy (2001) tested a group of Penn Resiliency

Program with seventh grade girls in an Australian girls school and discovered significant

prevention of depressive symptoms and increases in self-worth by the six-month follow-up,

signifying that gender specific groups for girls may be a more successful preventative method

instead of co-ed groups.

The fact that girls "experience different challenges in early adolescence than boys do,

and girls might feel more comfortable discussing these in an all-girls setting than in a co-ed

setting," is a noteworthy theme in the research conducted by Chaplin et al. (2006, p. 115).

Chaplin et al. discuss the fact that "girls are more likely than boys to experience puberty during

early adolescence, and stressors associated with puberty (e.g., body changes, hormonal

changes, changes in the ways others perceive them) are more strongly associated with

depressive symptoms in girls than in boys" (2006, p. 115). Thus, it is important to address these

changes the girls are facing in an environment that is conducive to the fact that girls will not be as open to discussing their developmental and emotional struggles in front of their male peers.

Participants in the study conducted by Chaplin et al. were 208 eleven to fourteen year-olds, where girls were randomly assigned to all-girls groups, co-ed groups, or control groups, and boys were assigned to co-ed groups or control groups (2006, p. 116). The methodology of the study incorporated student questionnaires on depressive symptoms, hopelessness, and explanatory style before and after the intervention (Chaplin et al., 2006, p. 116). Chaplin et al. found that their hypothesis held true in their study, as girls in the co-ed groups did not attend as many sessions as girls in the all-girls groups (2006, p. 123). Attendance rates are important, as "girl's higher attendance was related to decreases in hopelessness" (Chaplin et al., 2006, p. 123).

The results also proved effectiveness through the follow-up ANCOVA, which "showed that girls in both intervention groups reported significantly lower depressive symptoms at post-intervention than did girls in the control group, controlling for initial symptoms," which illustrates the fact that the programs succeeded in their goal, as they "significantly reduced depressive symptoms" (Chaplin et al., 2006, p. 123). Overall, this study highlights the need for gender-specific skills groups for adolescent girls, as they are confronted with issues that are particular to their gender and developmental stage, and therefore must be addressed uniquely from their male counterparts.

A final issue impacting adolescent girls' overall well-being that is of primary interest and importance to researchers is self-esteem. A study conducted by Roeser, Galloway, Casey-Cannon, Watson, Keller, and Tan examined the relationship between adolescent girls' well-

being, achievement, and emerging identities (2008, p. 116). Roeser et al. note that there is justifiably a great deal of attention placed on the "negative changes in self-esteem and increases in self-consciousness and internalizing distress among girls during early adolescence," where the "onset of puberty has been implicated in such negative changes in well-being, with girls experiencing pubertal development and the social transitions it brings, on average, 2 years before boys" (2008, p. 118). Therefore, it is critical to focus on their needs while fostering an environment where their concerns are presented and dealt with effectively.

The methodology of the study utilized nearly the entire population of sixth, seventh, and eighth graders in a middle-school. The 491 girls in the study were assessed based on three different measures of girls' subjective well-being including self-esteem, resilience, and life stress. The results of the study performed by Roeser et al. revealed that "girls' moral and student identities were the strongest predictors of their achievement, whereas their moral, student, physical, and peer identities predicted their well-being" (2008, p. 142). The majority of girls, representing 46% of the sample, was "characterized by well-being and positive school achievement and had balanced adult- and peer-oriented identities, whereas the second largest group, representing 35% of the sample, was "characterized by emotional distress and average school achievement," and had "negative physical and peer identity representations" (Roeser et al., 2008, p. 143). The findings also indicate that "daily life stress and coping skills represent malleable dimensions of the syndrome of internalized distress that disproportionately affects early adolescent girls" (Roeser et al., 2008, p. 142). The issue of body image also intrigued researchers, as they found "dissatisfaction with body image across all of the girls in the study,"

and that negative body image particularly impacted girls and linked to the prevalence of lower self-esteem (Roeser et al., 2008, p. 142).

Ultimately, this study shows the "complexities faced by early adolescent girls in forging a positive self-narrative as they enter puberty, and the social dynamics and demands of middle school life" (Roeser et al., 2008, p. 142). Additionally, it affirms the need for adolescent girls to establish a balance between dealing with the physical and emotional changes while simultaneously dealing with the stress of seeking approval from their peers that is so important to girls at this sensitive age (Roeser et al., 2008, p. 144). Programs which address these issues and discuss ways to maintain a positive body image and deal with the implications of peer pressure may help to increase adolescent girls' self-esteem and overall well-being, as they can address these issues utilizing gender and age specific methods.

Based on this analysis of the literature, it appears adolescent girls are in fact an at-risk population that must be supported by social work practitioners using unique methodologies. Although various methods have had different levels of success, ultimately, gender specific skills groups are one method of intervention that are highly successful and therefore should be implemented.

Opposing Points

Although the research suggests that gender specific groups are often more effective, there is still evidence that suggests it is the group work itself that is so crucial, rather than the nature of its composition (Williams & Mean, 2004).

A study conducted by Williams and Mean "focused on the conceptualization and measurement of gender composition" (p. 457). More specifically, "at the group level, research

focuses on how gender composition as a group characteristic affects group-level outcomes

(e.g., group functioning and effectiveness)" in order to uncover whether gender specific groups

had a convincing impact on the overall development of the group (Williams & Mean, 2004, p.

457).

Research on the effects of group composition could be looked at in two distinct ways,

which is an important factor to note. Thus, "a study of the effect of gender composition on

cohesion within groups could compare single-gender groups and mixed-gender groups in terms

of cohesion aggregated to the group level, or it could investigate whether individuals in single-

gender groups have different perceptions of the cohesion within their groups than individuals

in mixed-gender groups. In these two alternatives, the calculation of the gender composition

measure is the same, the distinction is merely the level at which the dependent variables are

operationalized" (Williams & Mean, 2004, p. 460). Therefore, the findings could vary based on

how researchers conduct, analyze, and interpret the data in a study.

Based on their findings, Williams and Mean point out an important aspect to prior

research results in this area, where "the inconsistency in gender composition measures within

past research may therefore, at least partially, explain why gender composition has been found

to affect focal outcomes in some studies but not others" (2004, p. 465). Additionally, it was

shown that "measures used in past research are often theoretically biased and can only

uncover findings that are in accordance with the theoretical orientation within which they are

grounded," meaning that their "consideration of the implications of each type of gender

composition has led us to conclude that the most appropriate measure is a continuous,

proportional-based measure" (Williams & Mean, 2004, p. 465). However, based on the methodology of the study, the outcomes could vary substantially at times.

Ultimately, Williams and Mean conclude that if "no gender-by-gender composition interaction effect is detected, then it can be concluded that both men and women are affected by gender composition in the same way" (2004, p. 467). Therefore, there would be "no justification for separating the male and female samples" (Williams & Mean, 2004, p. 467). In congruence, Williams and Mean argue that based on their findings in this study, "no gender composition effects the same outcome variables," and as such, "whether group composition is found to have an effect on group functioning may therefore, in part, be accounted for by differences in the types of groups and organizations studied" (2004, p. 471). This distinction is important to note in that contrary to other findings, this study shows that gender specific groups are not necessarily more beneficial than mixed gender groups.

One disadvantage of group work in general is the fact that some girls within the group may need more individualized attention and help that the group limits by the nature of its composition. This can be particularly troubling when an adolescent girl feels comfortable enough with group members and leaders to discuss a serious issue, but do not have enough time to go into these issues, as it is not a suitable venue to deal with and work through serious issues. Similarly, research conducted by Goldstein and Goldstein (2005) reveals that especially in these cases, individual therapy and attention is necessary. Through the use of Q Methodology, "it is possible to quantitatively describe the self-image of a person, in the person's own words and without using standardized individual difference variables" (Goldstein & Goldstein, 2005, p. 41). As such, this method can be "extremely beneficial in clinical practice

where the uniqueness of a person is paramount" (Goldstein & Goldstein, 2005, p. 41). This uniqueness of every individual in the group is often lost within the context of the larger group, which clearly takes away from the effectiveness of the group therapy system as a whole.

In the case presented by Goldstein and Goldstein (2005), the client was helped tremendously through the individualized Q Methodology. In this case, the client's "relationship with her daughter improved" where simultaneously, the "relationship between the client and her siblings" also improved (Goldstein & Goldstein, 2005, p. 54). Overall, Goldstein and Goldstein note that it is "reasonable to assume that learning more about her self-image contributed to these positive changes by removing internal conflict" (2005, p. 54). This degree of individualized focus is something that cannot be achieved during group work, and thus is a drawback to such groups, especially when working with a sensitive population like adolescent girls.

Finally, it is important to note that in many cases, both individual and group work is needed to fully address an adolescent's personal needs. A study conducted by Nitkowski, Petermann, Buttner, Krause-Leipoldt, and Petermann "consisted of individual and group therapy sessions," where a client "starts with an individual training, consisting of 8 to 13 sessions lasting from 50 to 100 min; then treated in a group with two to three other clients (6 to 12 sessions, each lasting from 50 to 100 min)" (2009, p. 479).

During the individual therapy sessions, "self-monitoring and behavioral tasks" were completed based on work the client was asked to complete between sessions. Additionally, relaxation training was conducted to "facilitate learning by focusing their attention" (Nitkowski, et al., 2009, p. 479). The next part of the session included "role-play and perception exercises,"

which "focused on conflict situations and their solution with socially adequate behavior" (Nitkowski, et al., 2009, p. 479). At the conclusion of each session, "tokens collected for engaging in socially accepted behavior and inhibiting aggressive behavior could be exchanged for play time," which was another way researches attempted to encourage positive behavior (Nitkowski, et al., 2009, p. 479). In conjunction to the tasks performed during individual therapy, the goals and focuses of group therapy supplemented the individual therapy through "practicing anger control, empathy, and other socially desirable behavior patterns, which they become acquainted with during individual training, in contact with others, and under supervision" (Nitkowski, et al., 2009, p. 480). Thus, the structure that the group provides allows for the "transfer of new behavior to everyday life and stability of these behaviors can be promoted particularly," therefore allowing clients to practice their newly acquired skills in a group setting that mirrors a real life atmosphere (Nitkowski, et al., 2009, p. 481).

Ultimately, the individual and group therapy was "designed to produce positive changes in child behavior and family structures within a relatively short space of time," which Nitkowski, et al. found was successful through this dual approach of both individual and group work (2009, p. 480).

Hypothesis

Based on the previous research findings, adolescents are an at-risk population that needs to be addressed in a unique and meaningful way. Small, gender specific groups are one method of intervention that appears promising in assisting middle school-aged girls through this arduous transitional period. More specifically, a community-based mentor program named Life Choices, which meets with the same small cohort of girls over approximately twelve weeks,

discusses various issues which aim to improve the girl's overall well-being. The hypothesis of this study is that the gender-specific Life Choices groups will be beneficial to these adolescent girls in three distinct areas. First, in developing strategies to deal with peer pressure; second, by increasing their knowledge about healthy relationships; and third, in heightening their self-confidence. These factors will be measured through pre and post-tests, which will include various questions that will be grouped and operationalized into these three distinct categories of measurement.

Methodology

This is a descriptive study which will quantitatively research the relationship between the Life Choices group and middle school aged girl's overall well-being. A qualitative component at the end of the post-tests will infuse additional meaning to the study.

Participants

The criteria for subjects in the study are that they are currently enrolled in the Life Choices program, and therefore must be between the ages of 11 and 14. This study will look at female adolescents, who will be selected based on participation in the groups at various middle schools. I plan to accumulate several groups of data to ensure that the data is not based solely on one specific group.

Data Gathering

In order to obtain data for the participants, I will distribute a pre-test (Appendix A) at the first session of each group. At the last session of the group, a post-test (Appendix B) will be distributed. The pre-test will include one part with a total of 10 Likert-scaled questions. The post-test will include three parts with a total of 25 questions. Part one of the post-test starts

with the same 10 Likert-scaled questions as the pre-test in order to measure if the participant

gained new insight on these questions after completing the Life Choices program. Part two will

be an additional 10 Likert-scaled questions to assess new knowledge that may have been

acquired through participation in the Life Choices program. Part three is a qualitative section,

which asks specific questions about their opinions on the program.

As previously stated, the questionnaire includes three parts. Part one and two includes

20 questions developed based on the knowledge of factors which most significantly impact this

population. Thus, I have operationalized well-being of an adolescent girl by grouping the

questions into three categories: first, in developing strategies to deal with peer pressure;

second, by increasing their knowledge about healthy relationships; and third, in heightening

their self-confidence. These quantitative sections allow for respondents to choose from a

seven-point Likert scale, where 1 indicates "Strongly Disagree" and 7 indicates "Strongly

Agree." This part of the questionnaire includes both positively and negatively framed questions

in order to avoid the acquiescent set response error in the sample of respondents. Part Three of

the survey is the qualitative section, which asks questions such as "What was your favorite part

of the group" and "What was your least favorite part of the group."

Data Analysis

The data obtained from the questionnaire will be compiled and examined on SPSS

Statistical analysis software in order to ascertain whether the proposed hypothesis that gender-

specific Life Choices groups are beneficial to the girls in the program in three distinct

aforementioned areas. As such, I will look at the correlation between these two variables in

order to generalize about the population of adolescent girls as a whole. Furthermore, I will

compare the mean scores of the responses of the pre-test as compared to part one of the post-test in order to see if they produce tellingly different results and highlight potential improvement based on the girls' knowledge acquired throughout the Life Choices program.

Results

The survey sampled a total population of 17 in the pre-test and 9 in the post-test. All participants were female, and the sample population consisted of sixth, seventh, and eighth grade girls. The drop in number of participants in the post-test was mostly due to the fact that many of the girls were absent from the final session's group celebration.

In order to analyze the data, questions 1, 2, 3, 5, and 9 from section one in both pre and post tests were reversed in order to re-compute the variables to correctly uniform the scale, where the 5 on the Likert Scale indicated the most preferred, "Strongly Agree," response for every question. Figure 1 shows the difference in means between the pre and post tests for the question, "in a healthy relationship, my boyfriend/partner can demand to know where I am and what I am doing at all times." The increase in mean indicates that the participants more fully grasped this concept after the completion of the group.
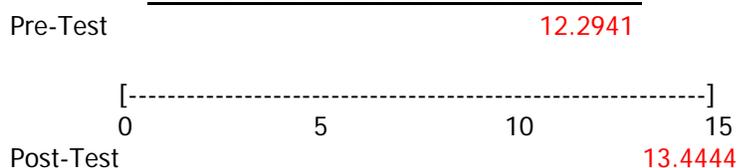
FIGURE 1: <u>Mean Difference: "Can Demand to Know"</u>
Pre-Test   3.7647

    [--]
    1   2   3   4   5
Post-Test   4.4444
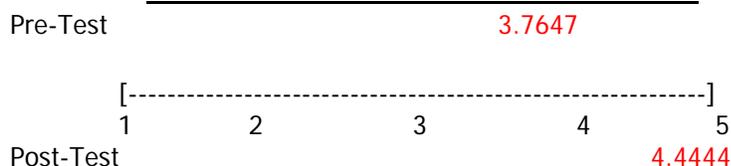
The questions in section one of the pre and post tests are grouped and summed in order to operationalize them into 3 distinct scales: Peer Pressure, Healthy Relationship, and Self Confidence. First, the results indicate, as shown in Figure 2, that there is a significant difference
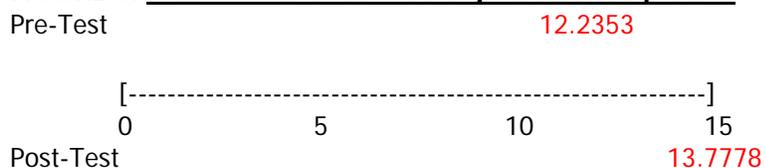
between the Peer Pressure scale for the pre and post tests. The Peer Pressure scale was

operationalized by combining questions such as "To be a true friend, I need to do everything

my friend wants me to do," and "It is okay to consume alcohol or drugs as long as I see others

doing it and if my friends say it is not a big deal." These results suggest the Life Choices group

improved the participant's skills when it comes to dealing with situations relating to peer

pressure and thus are better equipped to handle these situations after completing the group.

FIGURE 2: <u>Mean Difference: Peer Pressure Scale</u>

```
Pre-Test                                    12.2941

        [--------------------------------------------------------]
        0              5              10              15
Post-Test                                   13.4444
```
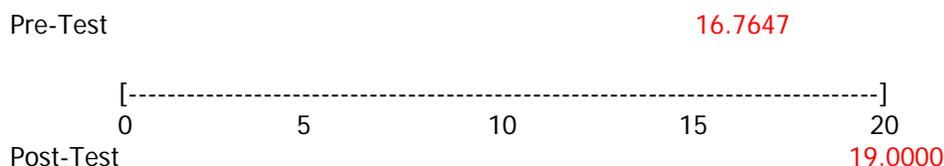
As shown in Figure 3, there is also a notable difference between the Healthy

Relationship scale for the pre and post tests. The Healthy Relationship scale was

operationalized by combining questions such as "In a healthy relationship, my

boyfriend/partner can demand to know where I am and what I am doing at all times" and "It is

okay for my boyfriend/partner to insult or humiliate me as long as he tells me he is joking."

These results reveal the fact the Life Choices group increased the participant's knowledge when

encountering situations surrounding healthy relationships and therefore are better equipped to

identify "red flag" situations and may be more likely to be involved in healthier relationships

after completion of the group.

FIGURE 3: <u>Mean Difference: Healthy Relationship Scale</u>

```
Pre-Test                                    12.2353

        [--------------------------------------------------------]
        0              5              10              15
Post-Test                                   13.7778
```

As shown in Figure 4, there is also a noteworthy difference between the Self Confidence scale for the pre and post tests. The Self Confidence scale was operationalized by combining questions such as "Everyone should feel beautiful, no matter what their outward physical appearance may be," and "When I am successful at something I do, I feel proud of myself." Again, these results suggest that the Life Choices group may have increased the participant's self confidence, which is a critical component to their overall well-being.

FIGURE 4: <u>Mean Difference: Self Confidence Scale</u>

```
Pre-Test                                            16.7647

     [----------------------------------------------------------------------]
     0           5           10          15          20
Post-Test                                           19.0000
```

In a quantitative analysis of section two of the post-tests, the means were found to be close to five, or the "strongly agree" response, which was the desired outcome for each of the ten questions. As shown in Figure 5, there was a collective positive response from participant's regarding the question, "I learned ways to avoid giving in to peer pressure," where the majority strongly agreed, and the rest either agreed or responded neutrally. As shown in Figure 6, there was also an overall positive response from participant's regarding the question, "I feel that the Life Choices program should be run every year at my middle school," where the majority strongly agreed, and the rest agreed. Finally, as shown in Figure 7, there was a collective positive response from participant's regarding the question, "Overall, I feel that I learned a lot from the Life Choices program," where the majority strongly agreed, and the rest agreed, as well. Ultimately, these results highlight the fact that the Life Choices group was not only well received by the participants, but they felt they had learned a lot by completing the program.

Thus, the group seemed to reach its primary goal of improving their overall well-being by

supporting and developing their self confidence in addition to fostering new ways to deal with

peer pressure and relationships.

FIGURE 5: <u>Bar graph showing responses to question: "I learned ways to avoid giving in to peer pressure."</u>
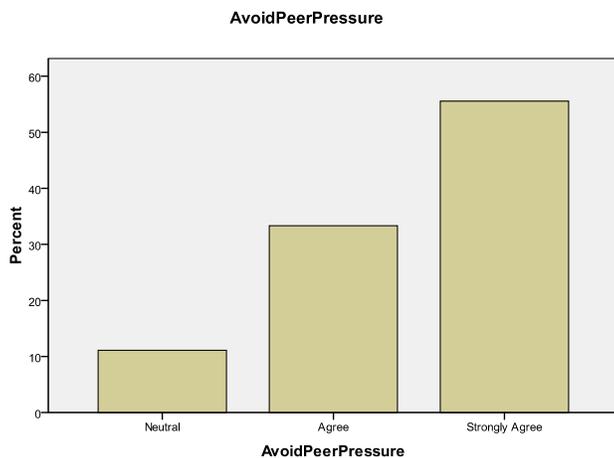

FIGURE 6: <u>Bar graph showing responses to question: "I feel that the Life Choices program should be run every year at my middle school."</u>
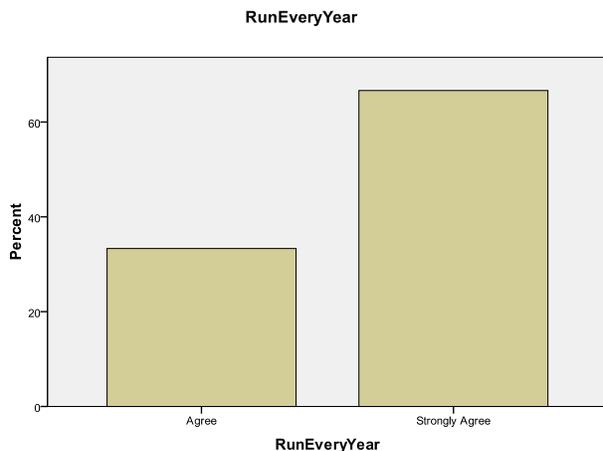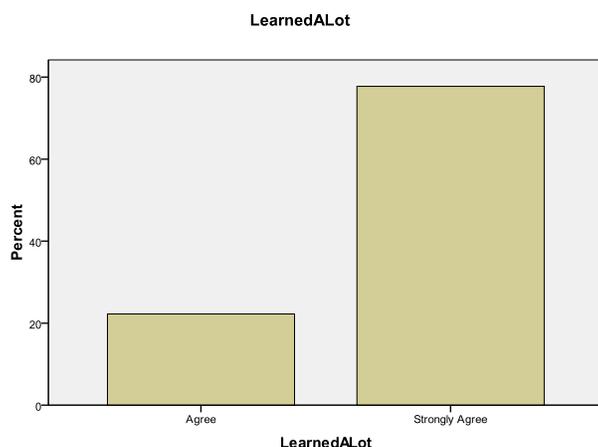
FIGURE 7: <u>Bar graph showing responses to question: "Overall, I feel that I learned a lot from the Life Choices program."</u>

LearnedALot

Additional qualitative findings also support the proposed hypothesis. For instance, one statement from the third section of the post test revealed that the most important thing she learned from the group was "how to be a good friend" as well as indicating "yes!" to her feelings that the group leaders were successful in communicating the topics to the group. Another participant noted that the most important thing they learned from the group was "to be very respectful to others and violence is not the answer" in addition to stating her favorite part of the group was that she "had fun" and said "nothing" for her least favorite part of the group. Ultimately, these qualitative findings further supported the quantitative results of the study, emphasizing the importance of the Life Choices group in improving the participant's overall well-being, specifically in the three areas that were operationalized and measured; peer pressure, healthy relationships, and self confidence. Thus, this data ultimately supports the proposed hypothesis.

Discussion and Conclusion

Based on an analysis of the findings in this study, the data appears to support the

proposed hypothesis that the Life Choices group improves adolescent girls' overall well-being.

As such, gender specific life skill groups for middle school-aged girls may benefit them

substantially, particularly in the areas of peer pressure, healthy relationships, and self

confidence. For instance, a study conducted by Sears et al. (2006) revealed that the issue of

dating violence was of high priority to youth, which is a topic thoroughly discussed during the

Life Choices group. Sears et al. found that "in terms of intervention and prevention efforts, [the

participants] suggested that dating violence presentations should be made in school before

youths start dating, and that warning signs should be highlighted during these presentations"

(2006, p. 1201). Additionally, adolescence is a distressing stage of development for youth, and

based on the fact that adolescent girls are an at-risk population for depression, there is clearly a

need for prevention programs like the Life Choices group to counteract this problem. Chaplin et

al. found that starting at age 13 and moving forward into adulthood, "females show 2 to 3

times the levels of depressive symptoms as males" (2006, p. 111). More alarming is the fact

that adolescent depression and depressive symptoms have grave implications, as Chaplin et al.

highlight the fact that they are "associated with increased risk of smoking, drug use, academic

difficulties, and suicide" (2006, p. 112). In congruence, the fact that girls "experience different

challenges in early adolescence than boys do, and girls might feel more comfortable discussing

these in an all-girls setting than in a co-ed setting," is a noteworthy theme in this research, and

highlights the importance of gender specific groups for this population (Chaplin et al., 2006, p.

115).

As previously indicated, this study revealed corresponding results to the literature findings. Results indicated that increases in the mean difference for all three scales between the pre and post-tests suggest that the Life Choices groups helped the participants more fully grasp the concept of healthy relationships, in dealing with peer pressure, and in improving self esteem. Thus, the significant peak in each scale's mean difference supports the literature findings that there is a need for gender specific skill groups for adolescent girls, which ultimately supports the proposed hypothesis of the study.

Despite the positive results found in the data, it is important to note the limitations of this study. Since the sample size is relatively small, with only 17 participants, researchers can not generalize the findings to a larger sample of adolescent girls beyond the specific Life Choices groups that were conducted. Additionally, due to the drop in 8 participants between the pre and post-tests, the results are not as comprehensive and suggest the findings do not necessarily imply an accurate representation of the descriptive group. Another noteworthy limitation is the fact that there is no measurement for how long-lasting the positive effects of the group have on the girls. Despite the fact that the mean differences were much higher in the post-tests for all three scales, this study does not prove to what extent its impact has on the participants. However, it seems this study ultimately supports the extensive literature regarding the impact gender specific skill groups can have on an adolescent girl's overall well-being.

This study is important to social work practice, policy, and research because it highlights one feasible treatment for adolescent girls who are struggling during this markedly difficult developmentally transitional period. Gender specific life skill groups are one method of intervention that may have a significant positive impact on these girls lives and thus should be

further researched, implemented, and incorporated in future practice methods. The results of this study may influence social work policy in that additional funding should be given to gender specific skills groups, especially for this population. It would also be useful for social work practitioners to conduct supplementary research surrounding this topic to identify other preventative measures to support adolescent girls. In a replication study, it would be important to incorporate an additional post-test six months after the completion of the group in order to measure the lasting effects of the program.

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