Effectiveness of Girls Only! Prevention Education Program for Self-Esteem Enhancement in At-Risk Adolescent Girls

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EFFECTIVENESS OF GIRLS ONLY!: PREVENTION EDUCATION PROGRAM FOR SELF-ESTEEM ENHANCEMENT IN AT-RISK ADOLESCENT GIRLS

by

Kennetha A. Porter

Paper submitted in partial fulfillment of the
Requirements for the degree of

Doctor of Nursing Practice

University of Louisville
School of Nursing

Date Finalized

Signature of DNP Project Chair

Signature of DNP Project Committee Member

Signature of Program Director

Signature of Associate Dean for Academic Affair
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This work would not have been possible without the support of the residential treatment facility where this evidence-based scholarly project took place. I am especially appreciative to Christine Sedita, Vice Present of Euphrasia and to the Program Support Specialists, who has been supportive of my scholarly project and who actively worked to make this project a success.

I am grateful to my Evidenced-Based Scholarly Project Committee with whom I have had the pleasure of working with during this project and throughout this academic program. Each member has provided me with a wealth of knowledge and have taught me a great deal about what it is to be a doctorally prepared psychiatric/mental health nurse practitioner. I would especially like to thank Dr. Mary-Beth Coty, the chair person of my committee. As my professor and mentor, she has provided me with great personal and professional guidance, and I am notably indebted to her. She has shown me, by her example, what a good clinician can be.

It is with great joy that I acknowledge my family and friends whom have been by greatest supporters during the pursuit of the Doctor of Nursing Practice degree. I would like to thank my mother, fiancé, and closet family and friends whose love and support are with me in whatever I pursue. They are my ultimate driving force and I extend them my undying love.
Dedication

I would like to dedicate this evidenced-based scholarly project to the memory of my father. He would always tell me to keep my eye on the prize. I have finally won my prize daddy! It has been a long eleven years since you have passed, but I will never forget your many wise words and lessons. Thank you for being the best father a girl could ever wish for. I know you are proud of me.
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Abstract

Background: Low self-esteem in adolescent girls has been found to be associated with risky behaviors including illicit drug use, early sexual intercourse, and delinquent behaviors. In addition, mental health concerns such as anxiety, depression, and body dissatisfaction have also been found to be associated with low self-esteem. Group-based interventions for increasing self-esteem and general well-being have been found to decrease risky behaviors and the symptoms associated with varying mental health problems.

Aims: To implement Girls Only! group-based intervention to improve self-esteem in at-risk adolescent girls living in a residential home.

Methods: A pretest posttest design was used to implement Girls Only!, a group-based intervention on self-esteem, risky behaviors, and mental health well-being. Wilcoxon Signed Rank test, Pearson product correlations and descriptive statistics were used to analyze the outcome variables of self-esteem, risky behaviors, and mental health well-being.

Findings: A significant increase (p=.037) in self-esteem was found. Self-esteem was negatively correlated with scores on the Strength and Difficulties questionnaire. As self-esteem increased report of emotional and behavioral difficulties on the Strength and Difficulties questionnaire decreased.

Conclusion: The results give support for the use of group-based interventions for enhancing self-esteem in at-risk adolescent girls in residential settings.

Keywords: adolescents, girls, self-esteem, group therapy, group intervention, evidence-based interventions, risky behaviors, mental health, prevention education
Effectiveness of Girls Only!: Prevention Education Program for Self-Esteem Enhancement in At-Risk Adolescent Girls

Low self-esteem in adolescent girls has been found to be associated with risky behaviors such as substance use, early sexual activity, delinquent behaviors, aggression, and suicidal ideation (Savi Cakar & Tagay, 2016). In addition to being correlated with increased risk-taking behaviors, low self-esteem has also been found to be associated with poor health, eating disorders, poor body image, and depression (Tirela, Turby, & Haines, 2016). Group-based self-esteem enhancement programs have been found to be efficacious in increasing self-esteem in adolescents thereby reducing engagement in risky behaviors and increasing mental health well-being (Dani, 2015; Siahkalroudi & Bahri, 2015; Tan & Martin, 2015; Tirelea, Turby, & Haines, 2016). While many group-based self-esteem enhancement programs have been implemented in school settings, few have been implemented in settings such as residential treatment centers or community mental health centers. Additionally, few programs have focused exclusively on self-esteem enhancement in at-risk adolescent girls.

Background of the Problem

The 2015 Youth Risk Behavior Surveillance study conducted by the Center for Disease Control and Prevention (CDC) found that 17% of adolescent girls reported binge drinking, 20% reported riding in a car with a driver who had been drinking alcohol, 37% reported marijuana use, 4% reported cocaine use, and 3% reported needing treatment for substance use but not receiving it (CDC, 2016; SAMHSA, 2015). Donnelly, Young, Pearson, Penhollow, and Hernandaz (2008) conducted a qualitative study measuring self-esteem and substance use in three domains (home, school, peer-relationships). Measures of self-esteem in each of the three
areas were measured using targeted questions related to each of the three settings. The researchers found that adolescent girls who used substances had home self-esteem scores that were far lower than girls who were not current users. Furthermore, girls who had never used substances exhibited higher self-esteem scores than users across all three domains of self-esteem (home, school, peer-relationships). A large qualitative study (Khaejedaluee, Zavar, Alidoust, & Pourandi, 2013) found an association between self-esteem scores and risky behaviors in adolescents including the use of illegal substances like heroin, illicit pills, and alcohol. The researchers concluded that increasing self-esteem can help with preventing risky behaviors that often result from low self-esteem in adolescence (Khaejedaluee et al., 2013).

Regarding sexual activity, 43% of adolescents reported not using a condom the last time they engaged in sexual intercourse, 21% reported drinking alcohol or using drugs before last sexual intercourse, and nearly 230,000 babies were born to adolescent girls between the ages of 15-19 years in 2015 (CDC, 2014, 2015). Nearly half of 20 million new sexually transmitted infections (STIs) reported between 2014 and 2015 were among young people, ages 15-24 (CDC, 2014, 2015). A significant point of interest, self-esteem has been found to not be a significant predictor of sexual debut among adolescent boys or girls (Wheeler, 2010). The researcher theorized that the lack of relationship between low self-esteem and sexual debut may be accounted for by the relationship between high self-esteem and popularity. Adolescents who are considered popular have more extensive peer networks that may lead to greater opportunity for sexual intercourse (Wheeler, 2010).

However, higher levels of self-esteem were found to be a moderator between substance use and sexual risk taking (Peterson, Buser, & Westburg, 2010; Wheeler, 2010). A qualitative study conducted by (Peterson, Buser, & Westburg, 2010) concluded that familial attachment,
social support, community involvement, and high self-esteem all affected sexual risk taking indirectly through substance use. It is important to note that a large majority of high-risk youths in residential facilities do not have familial attachment or parental support (Carra, 2014). In fact, many of these youths are in the custody of guardians appointed by the state in which they reside. In summary, such protective factors (e.g., family attachment, social support) decrease the risk of substance use in adolescents thereby decreasing the risk of engagement in other risky behaviors such as early sexual activity or engaging in unprotected sexual intercourse (Khajehdaluee, Zavar, Alidoust, & Pourandi, 2013; Peterson, Buser, Westburg, 2010; Savi Cakar & Tagay, 2017).

Where mental health is of concern, between 2014 and 2015, 40% of adolescent girls reported feeling sad or hopeless, 12% of adolescent girls reported attempting suicide one or more times, 47% reported being bullied, and 11% of adolescent boys and girls reported at least one major episode of depression (CDC, 2014; SAMHSA, 2015). A meta-analysis of 80 research studies found that low self-esteem contributes to depression in adolescents and the relationship between low self-esteem and anxiety was found to be proportionate with both influencing each other (Sowislo & Orth, 2013). Further, a qualitative study on global, contingent, and implicit self-esteem revealed a relationship between global self-esteem and mental health concerns (Bos, Huijding, Muris, Vogel, & Biesheuvel, 2010). Global self-esteem was operationalized as the overall evaluation of one’s worth or value as a person. Contingent self-esteem was defined as the extent to which one’s self-esteem depends upon accomplishments and outcomes. Lastly, implicit self-esteem defines one’s automatic self-evaluation process. Specifically, the researchers found that adolescents with low levels of global and contingent self-esteem reported more depression, anxiety, and disruptive behaviors than adolescents with high levels of global and contingent self-esteem (Bos, Huijding, Muris, Vogel, & Biesheuvel, 2010).
Body-image and body dissatisfaction have also been found to be associated with low self-esteem (Golan, Hagay, & Tamir, 2013; Norwood, Murray, Nolan, & Bowker, 2011; Tirlea, Truby, & Haines, 2016). Poor body-image and body dissatisfaction have both been found to be important factors for adolescent engagement in risky behaviors (Golan, Hagay, & Tamir, 2013). One study (Tirlea, Turby, & Haines, 2016) evaluating the implementation of a self-esteem improvement module found that in addition to increasing self-esteem, the module also increased body-image and reduced disordered eating behaviors. Issues including poor body image, low self-esteem, low self-confidence, and nonparticipation in sports were addressed with the Girls on the Go! modules (Tirlea, Truby, & Haines, 2016). Another study also targeted self-esteem and body-image enhancement using the school-based intervention Beautiful from the Inside Out (Norwood, Murray, Nolan, & Bowker, 2011). The researchers found a significant increase in self-esteem and positive body image at the end the intensive one-week program that covered topics such as media literacy, self-esteem, communication skills, and exploring individuality of self and peers.

With regards to youth violence; 16% of adolescent girls reported being in a physical fight one or more times during a 12-month period and 22% of adolescent girls reported experiencing physical or sexual dating violence in 2015 (CDC, 2016). Approximately, 7.5% of adolescent girls reported carrying a gun, knife, or club to school. Juveniles of both sexes accounted for 10.2% of all violent crime arrest in the United States, and 14.3% of all property crime arrests in 2015 (CDC, 2016). A clear relationship between self-esteem and aggression was found when self-esteem was considered in the context of implicit and explicit evaluation of the self. Implicit self-esteem encompasses how a person evaluates themselves in an automatic or unconscious matter. While explicit self-esteem consists of a more conscious and reflective evaluation of the
self. Interestingly, adolescents with higher levels of explicit self-esteem engaged in higher levels of aggressive behavior only when their implicit self-esteem was low. Thus, high levels of defensive self-esteem were found to be most strongly associated with aggressive behaviors (Sandstrom & Jordan, 2008).

A key study addressing aggression in adolescent girls in a residential setting found that girls with higher self-esteem were more likely to be nominated as relationally aggressive and a combination of high narcissism and high self-esteem predicated the highest rates of peer-nominated relational aggression (Golmaryami & Barry, 2009). Importantly, this study was the only study that addressed self-esteem of adolescent girls in a residential setting. With so few studies examining self-esteem in high-risk adolescent girls, this proposed evidence-based scholarly project is paramount for addressing the unique concerns of adolescent girls in residential facilities.

The display of high self-esteem described by Golmaryami and Barry (2009) attests to the negative impact of high explicit self-esteem where individuals place more importance on how others view them as opposed to how they truly view themselves. For example, a youth who is verbally or physically aggressive towards others may be viewed by their peers as someone to be afraid of. This in turn inflates the youths’ sense of superiority thus increasing their self-esteem. At the same time, the youth may be acting out as a result of emotional abuse that they experienced at home. In conclusion, higher levels of explicit self-esteem in high-risk youth may be the result of their engagement in risky behaviors and aggression. Such behaviors are in opposition to healthy personal and interpersonal behaviors such as effective communication, coping, problem solving, safe sexual practices, and importantly healthy self-esteem.

**Problem Statement**
While there are no current practice guidelines for self-esteem enhancement in adolescents, there are numerous cost-efficient school-based programs that have been validated for the use of improving self-esteem, body-image, interpersonal communication, and emotional regulation during the adolescent developmental period (Dani, 2015; Golan, Hagay, & Tamir 2013; Shen & Armstrong, 2008; Shiahkalroudi & Bahri, 2015; Tirlea, Turby, & Haines, 2016). Outside of the school setting, there is often no treatment for enhancing self-esteem in adolescents at-risk for engagement in risky behaviors or for those with mental health concerns (Cotton et al., 2011). Lastly, there is a paucity of research addressing the efficacy of group-based interventions for self-esteem enhancement in adolescents in residential treatment facilities, pregnant or parenting teen programs, or community mental health centers.

Adolescent girls in residential treatment facilities are a high-risk population for low self-esteem resulting in engagement in risky behaviors and poor mental health outcomes (Barendregt, Van der Lann, Bongers, & Van Nieuwenhuizen, 2015). While many group-based self-esteem enhancement programs have been implemented in school settings, few have been implemented in residential treatment facilities (Barendregt, Van der Lann, Bongers, & Van Nieuwenhuizen, 2015). Adolescents in residential treatment facilities are a unique population characterized by an accumulation of risk factors and psychopathology that undoubtedly affects their behavior, general well-being, mental health, and self-esteem (Barendregt, Vand der Lann, Bongers, & Nieuwenizen, 2015). Therefore, a group-based self-esteem enhancement program could prove to be beneficial for adolescents in such settings.

Summary of the Evidence

A total of seven research studies were reviewed for this analysis (Appendix A). Each study reviewed was considered level II or level III evidence. Studies selected met the inclusion
criteria of involving adolescents: 1) implementation of a group intervention for addressing risky behaviors and mental health well-being and 2) published less than ten years ago. Studies that were not included did not meet these criteria. Five of the studies were level II utilizing a single randomized controlled trial design (Dani, 2015; Siahkalroudi & Bahri, 2015; Tan & Martin, 2015; Tirlea, Turby, & Haines, 2016; Wong, Lau, & Lee, 2012). The remaining two articles were level III studies, consisting of controlled trials without randomization (Golan & Tamir, 2013; Shen & Armstrong, 2008). Level II studies lend strength to this paper’s conclusions by avoiding selection bias through randomization of participants. While Level III studies are controlled trials, there was no randomization of participants therefore introducing the possibility of biases (Melnyk & Fineout-Overholt, 2015). A potential bias is selection bias as two articles did not use random assignment thereby causality is less definitive. Pre-existing factors or other possible influences may have contributed to the significant findings in these two studies (Golan & Tamir, 2013; Shen & Armstrong, 2008).

In addition to increasing self-esteem, group-based interventions were also found to increase overall self-worth, self-efficacy, body image, and mental health harmony. Specifically, Tirlea, Truby, and Haines (2016) found improvements in both self-esteem and self-efficacy. The Girls on the Go! program also led to an increase in mental and physical health self-efficacy and reduced dieting behaviors (Tirlea, Truby, & Haines, 2016). These results were retained after six months. A second study reported improvement in the use of mindfulness, mental health (depression, anxiety, and stress), and psychological inflexibility in addition to improvements in self-esteem for those in the intervention group (Tan & Martin, 2015). In their research study, Siahkalroudi and Bahri (2015) concluded that group cognitive-behavioral play therapy was successful in increasing the level of self-esteem and social skills of those in the experimental
group when compared to those in the control group. Furthermore, another study concluded that a group-based intervention program for self-esteem enhancement was beneficial to students and enhancing self-esteem can consequently lead to all round growth of an individual’s personality (Dani, 2015). Lastly, Shen and Armstrong (2008) reported significant improvements in self-esteem in the adolescent girls in the intervention group. Girls in the intervention group participated in group sandtray therapy. The authors reported significant improvements in the following areas; scholastic competence, social acceptance, physical appearance, behavioral conduct, and global self-worth.

Two studies yielded differing findings. Wong, Lau, and Lee (2012) concluded that their leadership program was not effective in enhancing self-esteem and self-efficacy in boys. The researchers postulated that the leadership program was ineffective for boys because on average boys have higher self-esteem than girls. Additionally, contradictory societal messages affect the self-esteem of boys as the need to appear strong conflicts with emotionally expressivity (Wong, Lau, & Lee, 2012). However, the leadership program did lead to a significant increase in self-esteem and self-efficacy for the adolescent girls in the intervention group. While Golan, Hagay, and Tamir (2013) did not find significant results in their controlled trial of self-esteem improvement, the researchers found significant results in other areas that impact overall emotional well-being. Significant results were found for awareness to changes during adolescence, recognition of the usage of media strategies, usage of positive versus negative language, and self-worth that was less contingent on others approval. It was postulated that those with lower self-esteem scores at baseline may have needed more intensive intervention. The authors concluded that their findings still provide support for the use of group-based programs
for increasing overall self-esteem and other areas of emotional well-being that can be protective against health compromising behaviors (Golan, Hagay, & Tamir, 2013).

One limitation of the studies reviewed was the use of self-report measures. All seven studies used self-report measures which could have introduced response bias as participants could have answered in a way that they believed would have been pleasing to the researchers. Additionally, participants could have also responded in a way that over or under emphasized their true feelings about sensitive topics such as self-esteem, body image, eating disorders, or substance use. Another limitation of the studies reviewed was that two of the studies (Golan, Hagay, & Tamir, 2013; Shen & Armstrong, 2008) included did not use random assignment when assigning participants to the control and intervention groups. A strength of random assignment is that it reduces the potential for selection bias. A final limitation is that only three (Shen & Armstrong, 2008; Siahklroudi & Bahri, 2015; Tirlea, Turby, & Haines, 2016) of the seven studies focused exclusively on self-esteem in adolescent girls.

**Theoretical Framework**

Yalom’s therapeutic factors were used as a guide for the Girls Only! group therapy. Yalom postulates that therapeutic change in the group setting occurs through an intricate interplay of human experiences which he refers to as “therapeutic factors” (Yalom & Leszcz, 2005). Therapeutic factors produce a specific dynamic that increases healing and fosters a culture of cohesiveness, support, and integration. These interactions between group members serve as a catalyst for change while the group leader is responsible for facilitating the experience. Table 1 summarizes the application of the therapeutic factors to the Girls Only! group therapy intervention.
## Table 1 Yalom’s therapeutic factors

<table>
<thead>
<tr>
<th>Therapeutic Factors</th>
<th>Application to Girls Only! Group-Based Self-Esteem Enhancement Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instillation of hope</td>
<td>Create feeling of optimism by empowerment</td>
</tr>
<tr>
<td>Universality</td>
<td>Help group members to realize that they are not alone in their feelings, problems, or other issues</td>
</tr>
<tr>
<td>Imparting information</td>
<td>Will provide education and empower girls with knowledge pertaining to self-esteem, self-respect, communication, safe practices, and healthy relationships</td>
</tr>
<tr>
<td>Altruism</td>
<td>Participants will gain a sense of value and significance by helping other group members</td>
</tr>
<tr>
<td>Corrective recapitulation of the primary family group</td>
<td>Participants will learn how to correctly resolve issues with each other using effective communication techniques</td>
</tr>
<tr>
<td>Socializing techniques</td>
<td>Promotion of social development, tolerance, empathy, and other interpersonal skills through group discussions and activities</td>
</tr>
<tr>
<td>Imitative behaviors</td>
<td>In the early stages, participants may imitate the group leaders or peers seen as positive or negative role models. The group leader will always display positive interpersonal behaviors and the participants will role-play positive behaviors as well</td>
</tr>
<tr>
<td>Interpersonal learning</td>
<td>Participants will learn how to develop supportive and positive interpersonal relationships and how to communicate effectively</td>
</tr>
<tr>
<td>Group cohesiveness</td>
<td>Participates will develop a sense of acceptance belonging, value, and security thereby enhancing self-esteem through positive feedback from participants</td>
</tr>
<tr>
<td>Catharsis</td>
<td>Participants will be able to share their feelings and thoughts regarding each topic discussed. Participants will also learn how to effectively express their feelings rather they are negative or positive.</td>
</tr>
</tbody>
</table>
**Existential factors**

Participants will learn to recognize outside factors that influence how they feel, think, and behave. Participants will also learn how to take control of their own feelings and behaviors.

---

**Setting**

The intervention was provided to a non-profit residential treatment facility (RTF) located in a southeastern metropolitan city. The RTF provides counseling, foster care and adoption services, community living, and residential treatment to girls who have faced abuse or suffer from emotional or mental health disorders. With an operational capacity of 64 beds, the facility admits girls with high risks behaviors including aggressive acts, property destruction, compliance issues, self-abusive, and dangerous impulsivity. Girls admitted for inpatient treatment reside in one of the four cottages, which are specialized for one of the following: developmental delays, emotion disorders (anger and aggression), substance abuse, or self-defeating/sexual behavior problems. Girls ages 11-18 residing in the residential cottages receive intensive individual, group, family, and expressive therapy. Life skills, social skills training, Seven Challenges, and mentor relationships are also incorporated into the therapy the adolescent girls receive.

**Purpose**

The purpose of this evidence-based scholarly project was to implement the *Girls Only!* prevention education toolkit among residential adolescent girls to improve self-esteem and reduce risky behaviors. *Girls Only!* was designed specifically to promote self-esteem, develop life skills, and inspire positive motivation in at-risk adolescent girls. Over the course of six
weeks, topics such as self-esteem, self-respect, healthy habits, communication, and healthy relationships were addressed in a group setting through activities designed to invoke discussion about the selected topic of the week. Pre and posttest measures were used to evaluate the outcomes of self-esteem, engagement in risky behaviors, and mental health well-being.

**Intervention**

*Girls Only!* is an evidenced based, gender-specific, prevention education program for girls ages 8-15 (SCDA & PCI, 2016). This group-based program was designed to promote self-esteem and to assist adolescent girls to develop life skills, healthy coping strategies, and decision-making skills. *Girls Only!* also aims to reduce the risk of the influence of gangs, drugs, and risky sexual behaviors (SCDA & PCI, 2016). *Girls Only!* is the only evidenced based, gender-specific, prevention education program that has been used with girls in inpatient settings such as juvenile detention centers, which supports the use of this program for this project. As adolescents are a vulnerable population, a staff member from the RTFs support services team was present for each session to support the adolescents if a crisis arose. The support services staff member was trained in risk management and safe crisis management.

The DNP student conducted group meetings once a week for one hour for six weeks. Each group session consisted of a greeting, transition activity, discussion, activity, and closing/wrap up remarks. Table 2 details the six-week intervention plan (see Appendix B for discussion/lesson plans). Non-human subjects approval was obtained from the University of Louisville Institutional Review Board. There were no conflicts of interest.

**Table 2** Six-week intervention plan

<table>
<thead>
<tr>
<th>Week/Topic</th>
<th>Session Outline</th>
</tr>
</thead>
</table>

...
### Week One
**Introduction to Girls Only!**

<table>
<thead>
<tr>
<th>Baseline measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overview of Girls Only!</td>
</tr>
<tr>
<td>2. Ice breaker activity</td>
</tr>
<tr>
<td>3. Establish group rules</td>
</tr>
<tr>
<td>4. Completion of pretest measures</td>
</tr>
</tbody>
</table>

### Week Two
**Self-Esteem and Self-Respect**

<table>
<thead>
<tr>
<th>1. Greeting/check-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Transition- ice breaker activity</td>
</tr>
<tr>
<td>3. Discussion- brief synopsis of self-esteem and self-respect</td>
</tr>
<tr>
<td>5. Closing- session sign off</td>
</tr>
</tbody>
</table>

### Week Three
**Communication**

<table>
<thead>
<tr>
<th>1. Greeting/check-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Transition- ice breaker activity</td>
</tr>
<tr>
<td>3. Discussion- brief synopsis of communication</td>
</tr>
<tr>
<td>4. Activity- lesson plan for communication</td>
</tr>
<tr>
<td>5. Closing- session sign off</td>
</tr>
</tbody>
</table>

### Week Four
**Healthy relationships**

<table>
<thead>
<tr>
<th>1. Greeting/check-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Transition- ice breaker activity</td>
</tr>
<tr>
<td>3. Discussion- brief synopsis of healthy relationships</td>
</tr>
<tr>
<td>4. Activity- lesson plan for healthy relationships</td>
</tr>
<tr>
<td>5. Closing- session sign off</td>
</tr>
</tbody>
</table>

### Week Five
**Safe Practices**

<table>
<thead>
<tr>
<th>1. Greeting/check-in</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Transition- ice breaker activity</td>
</tr>
<tr>
<td>3. Discussion- brief synopsis of safe practices</td>
</tr>
<tr>
<td>4. Activity- lesson plan for safe practices</td>
</tr>
<tr>
<td>5. Closing- session sign off/termination issues</td>
</tr>
</tbody>
</table>

### Week Six
**Outcome Measures**

| 1. Graduation Ceremony: brief review of topics covered, pamphlet with skills covered |
| 2. Completion posttest measures |

### Participants

Staff members at the RTF identified 15 girls for participation in *Girls Only!*.
The sample was composed of participants who were identified as having low self-esteem, risky behaviors, and mental health disorders. Inclusion criteria included adolescents ages 12 to 17 who can read and write. Adolescents with a history of extreme aggression or psychosis were excluded from the EBP program. Participants were given an invitation to participate in the Girls Only! program. The invitation included an overview of Girls Only! and emphasized that participation was voluntary and anonymous. Participants were free to withdraw from the group at any time. The invitation also served as an assent form and detailed that collected information would remain confidential.

A total of 15 adolescents were invited to participate and 12 completed questionnaires, giving a response rate of 80%. Non-responses were due to group dropouts as one adolescent turned 18 and signed herself out of the program and two adolescents declined to participate after the first two group sessions. The age range of the sample in the present program evaluation was 12-17 years, and data analyses were undertaken for N = 12 (3 in middle school and 9 in high school). In the sample, five (41.7%) were Caucasian, three (25%) were African American, and four (33.3%) were Biracial. A demographic profile is presented in Table 3. The mean age for the sample was 15.33 (SD = 1.72).

**Table 3 Demographic Profile**

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>3 (25%)</td>
</tr>
<tr>
<td>Biracial</td>
<td>4 (33.3%)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>5 (41.7%)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>2 (16.7%)</td>
</tr>
<tr>
<td>15</td>
<td>3 (25%)</td>
</tr>
<tr>
<td>16</td>
<td>4 (33.3%)</td>
</tr>
<tr>
<td>17</td>
<td>3 (25%)</td>
</tr>
<tr>
<td><strong>Grade</strong></td>
<td></td>
</tr>
<tr>
<td>6th</td>
<td>1 (8.3%)</td>
</tr>
<tr>
<td>8th</td>
<td>2 (16.7%)</td>
</tr>
</tbody>
</table>
Data Collection Process

Data were collected following approval by the University of Louisville IRB and the Vice President of Euphrasia at the RTF. The Vice President approved the content of the questionnaires during the first stakeholders meeting where questionnaires to be administered during the project were discussed. Questionnaires were completed by the adolescent participants during the initial group meeting and the final group meeting that concluded the Girls Only! group. Participants’ data were identified by a combination of favorite celebrity name and their age (Ex: Beyonce13). All data collected was de-identified. Data were stored on an encrypted and password protected laptop and was stored in a locked filing cabinet. HIPAA procedures were followed, and confidentiality was maintained.

Measurements

Both qualitative and quantitative measures were used to evaluate self-esteem, mental health well-being, and risky behaviors pre-and post- Girls Only! intervention. The Girls Only! questionnaire is a quantitative measure assessing participants thoughts and feelings about the group. The efficacy of using a group-based intervention was assessed using an evaluation tool developed by the DNP student (Appendix B). This tool assessed weekly attendance/participation, dropouts, implementation difficulties, and behavior concerns. Table 3 includes information for the remaining measures that were administered to assess self-esteem, risk-taking beliefs and behaviors, and mental health well-being. Demographic information including age, grade level, and race was obtained during the first group meeting. Descriptive statistics of frequencies,
means, and standard deviations were calculated for all measures. Each measure can be found in Appendix A and permissions can be found in Appendix B.

Table 3 Description of measures

<table>
<thead>
<tr>
<th>Name</th>
<th>Purpose</th>
<th>Items</th>
<th>Population</th>
<th>Reliability/Validity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Risk-Taking Questionnaire (ARQ)</td>
<td>To comprehensively assess adolescent risk-taking behaviors</td>
<td>22</td>
<td>Adolescents ages 12-17 years old</td>
<td>Cronbach’s alpha = 0.8 Wilks Lambda = 0.93 (Gullone, Moore, Moss, &amp; Boyd, 2000) Good convergent and discriminate validity (Gullone, Paul, &amp; Moore, 2000)</td>
</tr>
<tr>
<td>Adolescent Risk Beliefs Questionnaire (ARBQ)</td>
<td>To comprehensively assess adolescent beliefs about risky behaviors</td>
<td>22</td>
<td>Adolescents ages 12-17 years old</td>
<td>*ARBQ was created from the ARQ</td>
</tr>
<tr>
<td>Rosenberg Self-Esteem Scale (RSE)</td>
<td>To measure global self-worth by measuring both positive and negative feelings about the self</td>
<td>10</td>
<td>Adolescents ages 13-17, but for use with all populations</td>
<td>Test-retest reliability range from 0.82-0.85 Criterion Validity = 0.55 (Rosenberg, 1965)</td>
</tr>
<tr>
<td>Strengths and Difficulties Questionnaire (SDQ)</td>
<td>To assess the psychological adjustment of children and youths</td>
<td>30</td>
<td>Children and Youths *for self-report ages 11-16 years old</td>
<td>Cronbach’s alpha = 0.73 (Goodman, 2001) Concurrent validity = 0.87 Predictive validity = 0.85 (Goodman, 1997)</td>
</tr>
<tr>
<td>Girls Only! Questionnaire</td>
<td>To assess thoughts and feelings regarding the Girls Only! group</td>
<td>7</td>
<td>Adolescent girls ages 8-16</td>
<td>No data available</td>
</tr>
</tbody>
</table>

Results

Statistical analyses were performed using SPSS, version 25.0 (IMB Inc, 2017). A posttest Pearson product-moment correlation coefficient was computed to assess the relationship between self-esteem (as measured by the RSE) and perceived strengths and difficulties (as measured by the SDQ). There was a moderate, significant negative correlation between the two variables, \( r = -0.65, n = 12, p < 0.5 \), with high levels of self-esteem associated with low levels of emotional and conduct problems, hyperactivity, and peer and prosocial problems. The relationship between
beliefs about risky behaviors and perceived strengths and difficulties; however, demonstrated a moderate, significant positive correlation between the variables, $r = .67, n = 12, p < .01$.

A Wilcoxon Signed Rank Test demonstrated a statistically significant increase in self-esteem scores following participation in Girls Only!, $z = -.209, p < .05$. The median score on the RSE increased from pre-implementation ($Md = 18$) to post-implementation ($Md = 21$). There was a nonsignificant difference in the scores on the SDQ from pre-implementation ($M = 28.50, SD = 10.66$) to post-implementation ($M = 26.83, SD = 6.07$), $z = .878, p > .05$. The Wilcoxon Signed Rank Test was used as the assumption of normality was not met for the paired t-test.

Descriptive statistics were computed to assess participants’ thoughts and feelings about the group on the SDQ follow-up questionnaire. When asked if coming to the group help their problems 8% reported that their problems were much better, 25% reported problems were “a bit better,” 58% reported problems were about the same, and 8% reported problems were “a bit worse.” A second follow-up question asked if coming to the group had been helpful in other ways and one participant reported not at all (8%), five participants reported only a little (41%), four participants reported a medium amount (33%), and two participants reported a great deal (16.7%).

The Girls Only! questionnaire provided participants the opportunity to express their thoughts and feelings regarding the group. One participant shared that her favorite activity was the leaf and flower crafts because she “learned great ways to stay positive”. Another participant enjoyed the healthy relationships lesson and she “learned how to create a positive relationship”. When asked how Girls Only! made them a stronger girl one participant wrote “It made me more self-confident”. Lastly, another participant shared that she learned that she “is not worthless because I thought I was and now I believe in myself”.

A *Girls Only!* program evaluation tool was designed by the DNP student to assess attendance, implementation difficulties, drop-outs, and behavior concerns (refer to Appendix A).

The program evaluation tool was completed at the end of each weekly session. There were few attendance concerns noted and each session was well attended. Reasons for missed sessions included home visit (4), signed self out of the facility after turning 18 (1), weekend pass (1), outings (1), refusal to attend (1), dropped out (1), and work (1). There were no significant behavior issues or implementation difficulties.

**Discussion**

**Interpretation**

The findings of this evidenced-based scholarly project were consistent with previous research that has shown that group based interventions are efficacious in increasing self-esteem in adolescent girls and improving mental health well-being (Freire, Lima, Teixeria, Araujo, & Machado, 2018; Ghahfarokhi, Moradi, Alborzkouh, Radmehr & Zainali, 2015; Tirlea, Turby, & Haines, 2016; Toback, Graham-Bermann, Paresh, & Patel, 2016).

One study that focused exclusively on adolescent girls implemented the *Girls on the Go!* program which aimed to improve self-esteem in girls (Tirlea, Turby, & Haines, 2016). *Girls on the Go!* is a ten-week program for girls between the ages of 10-16. The program was implemented in a community mental health center located in a culturally diverse area with a lower socioeconomic status. Topics including body image, self-esteem, personal safety, assertiveness, healthy mind, and trust and confidence were discussed for eight 3-hour sessions. *Girls on the Go!* led to a significant increase in self-esteem and self-efficacy that was maintained after a 6-month follow-up period.
Like *Girls on the Go!, Girls Only!* significantly increased self-esteem and led to a reduction in self-reported behaviors such as emotional and conduct problems, hyperactivity, and peer and prosocial problems. This project supports the belief that improving self-esteem can lead to improved mental health well-being (Ghahfarokhi, Moradi, Alborzkouh, Radmehr & Zainali, 2015; Tirlea, Turby, & Haines, 2016; Toback, Graham-Bermann, Paresh, & Patel, 2016). This finding is particularly important given that the participants were in a residential setting to address their emotional and behavioral disorders that could not be addressed in a less restrictive setting.

In addition, a significant increase in self-esteem was found from pre to post implementation. Previous research including the work from *Girls on the Go!* highlights the importance of high self-esteem as low self-esteem has been linked to increased engagement in risky behaviors and poor mental health well-being (Dani, 2015; Savi Cakar & Tagay, 2016; Siahkalroudi & Bahri, 2015; Tan & Martin, 2015; Tirelea, Turby, & Haines, 2016).

Interestingly, a positive correlation between the adolescents’ beliefs about risky behaviors and perceived strengths and difficulties was found. This could be a demonstration of improved insight into beliefs about risky behaviors as they reflected on their past behavior. It is important to note that all participants in the present project were involved multiple times in the juvenile justice system. As a result of their behaviors, all participants were wards of the state thereby giving them access to the residential treatment facility that specializes in working with adolescent girls with emotional and behavioral disorders. Future research may consider assessing to what extent participants might consider changing their behaviors.

The findings of this evidence-based scholarly project support the use of a group-based self-esteem program to increase self-esteem and mental health well-being in at-risk adolescent girls. This project also supports the use of such programs to decrease risky behaviors and to
improve beliefs about risky behaviors. Unlike Girls on the Go!, the present project focused on at-risk adolescent girls with emotional and behavioral disorders who have already engaged in risky behaviors. The culmination of emotional and behavioral challenges place adolescent girls in residential facilities at a high-risk for low self-esteem and poor mental health well-being (Barendregt, Van der Lann, Bongers, & Van Nieuwenhuizen, 2015).

**Limitations**

One limitation of this evidence-based scholarly project was the use of self-report questionnaires that were completed in the presence of a staff member of the facility. There was concern from participants that responses to the questionnaires would be used against them to increase their length of stay at the residential facility. Participants were reassured that their responses would be kept confidential. Participants were also reminded that the use of code names was to maintain anonymity. The use of self-report measures may affect self-reporting bias as such measures required adolescents to have the ability to reflect, evaluate, and reliably report feelings about risky behaviors, self-esteem concerns, and mental health difficulties.

Another limitation was the sample size, the small sample size may have affected the detection of significance of the other variables (i.e. risk-taking, risk beliefs, and strengths and difficulties) as there were not enough subjects to detect change from pre to post implementation. Lastly, the short intervention period and follow-up period was another limitation. The six-week program and short follow-up period did not leave enough time to see significant change.

**Conclusion**

The Girls Only! prevention education toolkit was implemented over the course of six-weeks with at-risk adolescent girls in a residential treatment facility to improve self-esteem and mental health well-being and to decrease risky behaviors. Girls Only! was successful in
increasing self-esteem, improving problem emotional and behavioral issues, and improving beliefs about risky behaviors.

*Girls Only!* is an inexpensive program and the manual is available for use at no cost. Residential centers considering implementation of *Girls Only!* or a similar program should consider the use of a support services team member who is trained in risk management and crisis management. The use of an incentive program is also recommended to encourage attendance and participation. Prior to implementation a meeting was held with the shareholders to discuss implementation difficulties others have experienced in the past. Concerns addressed were attendance, departure from the residential facility, and behavioral disruptions. To combat attendance challenges the DNP student included the incentive of a *Girls Only!* graduation celebration which consisted of a pizza party. A support service specialist attended each group session to guard against behavioral disruptions and to encourage positive participation.

The results of this project provide evidence for the effectiveness of the *Girls Only!* program and suggest that a prevention education toolkit that promotes self-esteem, life skills, healthy coping, decision-making skills and aims to reduce the risk of the influence of risky behaviors may assist at-risk adolescent girls in lifestyle changes that can lead to a positive outlook on one’s self, improved mental health well-being, and less externalized behaviors. Future research should consider a longer intervention period as the *Girls Only!* manual allows for programs ranging from 4, 6, 8, 12, or 16-weeks in length. Further research should also consider follow-up at intervals three- and/or six-months post-intervention to assess for changes in behavior. It is recommended that *Girls Only!* be incorporated into the curriculum for adolescent girls in residential treatment facilities. A program specifically for at-risk adolescent girls in residential settings is paramount to this special population.
References


EFFECTIVENESS OF GIRLS ONLY

*Medical Journal, 15,* e7682. doi:10.5812/ircmj.7682


doi:10.12738/estp.2017.3.0024


Appendix A

Measures

Rosenberg Self-Esteem Scale (RSE)

About: This scale is a self-report measure of self-esteem.

Items: 10

Reliability:
Internal consistency for the RSE range from 0.77 to 0.88.
Test-retest reliability for the RSE range from 0.82 to 0.85

Validity:
Criterion validity = 0.55
Construct validity = correlated with anxiety (-0.64), depression (0.54), and anomie (-0.43).

Scoring:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items 1, 3, 4, 7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Items 2, 5, 6, 8, 9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sum scores for all ten items. A higher score indicates more self-esteem.

References:
**Rosenberg Self-Esteem Scale (RSE)**

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the whole, I am satisfied with myself.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. At times I think I am no good at all.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. I feel that I have a number of good qualities.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6. I certainly feel useless at times.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7. I feel that I'm a person of worth, at least on an equal plane with others.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>9. All in all, I am inclined to feel that I am a failure.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>10. I take a positive attitude toward myself.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
# Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| I try to be nice to other people. I care about their feelings | ☐ | ☐ | ☑ |
| I am restless, I cannot stay still for long | ☐ | ☐ | ☑ |
| I get a lot of headaches, stomach-aches or sickness | ☐ | ☐ | ☑ |
| I usually share with others, for example CD’s, games, food | ☐ | ☐ | ☑ |
| I get very angry and often lose my temper | ☐ | ☐ | ☑ |
| I would rather be alone than with people of my age | ☐ | ☐ | ☑ |
| I usually do as I am told | ☐ | ☐ | ☑ |
| I worry a lot | ☐ | ☐ | ☑ |
| I am helpful if someone is hurt, upset or feeling ill | ☐ | ☐ | ☑ |
| I am constantly fidgeting or squirming | ☐ | ☐ | ☑ |
| I have one good friend or more | ☐ | ☐ | ☑ |
| I fight a lot. I can make other people do what I want | ☐ | ☐ | ☑ |
| I am often unhappy, depressed or tearful | ☐ | ☐ | ☑ |
| Other people my age generally like me | ☐ | ☐ | ☑ |
| I am easily distracted, I find it difficult to concentrate | ☐ | ☐ | ☑ |
| I am nervous in new situations. I easily lose confidence | ☐ | ☐ | ☑ |
| I am kind to younger children | ☐ | ☐ | ☑ |
| I am often accused of lying or cheating | ☐ | ☐ | ☑ |
| Other children or young people pick on me or bully me | ☐ | ☐ | ☑ |
| I often offer to help others (parents, teachers, children) | ☐ | ☐ | ☑ |
| I think before I do things | ☐ | ☐ | ☑ |
| I take things that are not mine from home, school or elsewhere | ☐ | ☐ | ☑ |
| I get along better with adults than with people my own age | ☐ | ☐ | ☑ |
| I have many fears, I am easily scared | ☐ | ☐ | ☑ |
| I finish the work I’m doing. My attention is good | ☐ | ☐ | ☑ |

Do you have any other comments or concerns?
Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behavior or being able to get on with other people?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes-minor difficulties</th>
<th>Yes-definite difficulties</th>
<th>Yes-severe difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have answered "Yes", please answer the following questions about these difficulties:

- **How long have these difficulties been present?**

<table>
<thead>
<tr>
<th></th>
<th>Less than a month</th>
<th>1-5 months</th>
<th>6-12 months</th>
<th>Over a year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Do the difficulties upset or distress you?**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Only a little</th>
<th>A medium amount</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Do the difficulties interfere with your everyday life in the following areas?**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Only a little</th>
<th>A medium amount</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME LIFE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRIENDSHIPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLASSROOM LEARNING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEISURE ACTIVITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Only a little</th>
<th>A medium amount</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your Signature .............................................................  Today's Date ........................................
**RISK BEHAVIOUR QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Code Number:</th>
<th>Sex (Circle One):</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years):</td>
<td>Male</td>
<td>Day/ Month/ Year</td>
</tr>
<tr>
<td>School:</td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

**DIRECTIONS**

Below is written a list of behaviours which some people engage in. Read each one carefully and tick the box in front of the word that best describes your behaviour.

There are no right or wrong answers.

Remember, tick the box that best describes your behaviour about each question in the list.

1. Smoking .............................................. [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
2. Roller blading ..................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
3. Drinking and driving ............................ [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
4. Parachuting ........................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
5. Speeding .............................................. [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
6. Stealing cars and going for joy rides .......... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
7. Taekwondo fighting ................................. [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
8. Underage drinking ................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
9. Staying out late ...................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
10. Driving without a licence ...................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
11. Talking to strangers .............................. [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
12. Flying in a plane .................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
13. Cheating .............................................. [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
14. Getting drunk .................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
15. Sniffing gas or glue ............................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
16. Having unprotected sex ........................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
17. Leaving school ..................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
18. Teasing and picking on people ................. [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
19. Snow skiing .......................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
20. Taking drugs ........................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
21. Overeating .......................................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
22. Entering a competition ........................... [Never Done] [Hardly Ever Done] [Done Sometimes] [Done Often] [Done Very Often]
Girls Only Questionnaire

What was your favorite Girls Only activity?
☐
☐
☐
☐

Why was it your favorite? What did you learn?
__________________________________________________________

What did you learn overall at Girls Only?
__________________________________________________________

How has being in Girls Only changed you? How has it made you a stronger girl?
__________________________________________________________

What was the most interesting thing you learned at ___________?
__________________________________________________________

What did you NOT like about Girls Only?
__________________________________________________________

What would you like to see in the next Girls Only session?
__________________________________________________________
# GIRLS ONLY! PROGRAM EVALUATION

<table>
<thead>
<tr>
<th>WEEK</th>
<th>ATTENDANCE/PARTICIPATION</th>
<th>DROP OUT</th>
<th>IMPLEMENTATION DIFFICULTIES</th>
<th>BEHAVIOR CONCERNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE</td>
<td>13 All girls freely participated</td>
<td>0</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pre-test surveys were completed without difficulties</td>
<td></td>
</tr>
<tr>
<td>TWO</td>
<td>15 All girls freely participated</td>
<td>0</td>
<td>None</td>
<td>One small conflict between two girls, situation addressed, no further issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>One girl left early for visitation</td>
<td></td>
</tr>
<tr>
<td>THREE</td>
<td>15 All girls freely participated</td>
<td>0</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOUR</td>
<td>12 All girls freely participated</td>
<td>0</td>
<td>1 girl was away at a home visit 1 girl was ill 1 girl decided not to attend</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIVE</td>
<td>10 All girls participated</td>
<td>2</td>
<td>A few of the girls were uncomfortable talking about violence but were able to participate to their comfort level 1 girl dropped due to being released from the program, 1 girl was on pass, 1 girl was on an outing, 1 girls were at work, and 1 girl refused to attend</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIX</td>
<td>7 All girls participated</td>
<td>1</td>
<td>None, posttest surveys and graduation party were conducted without incident 1 girl unable to attend due to being on AWOL precautions, 1 girl was on break, 3 were on a home pass</td>
<td>None</td>
</tr>
</tbody>
</table>

All girls freely participated
Appendix B: Letters of Support

Notes about downloading documents

The Strengths and Difficulties Questionnaires, whether in English or in translation, are copyrighted documents that may not be modified in any way. Paper versions may be downloaded and subsequently photocopied without charge for non-commercial purposes.

All documents are in Adobe Acrobat and require the Acrobat Reader. This is available from Adobe free of charge.
November 8, 2018

Human Subjects Protection Program:

Maryhurst is pleased to offer support to the proposed project, “Effectiveness of “Girls Only!”: Prevention Education Program for Self-Esteem Enhancement in At-Risk Adolescent Girls.” Our organization will serve as a study site and may assist in subject recruitment for the evaluation of Girls Only!. Evaluation of such programs are important to this agency as we believe in the worth of adolescents and strive to restore hope and healing through a continuum of innovative programs. This collaboration with the University of Louisville School of Nursing will make this evaluation possible and it is therefore without hesitation we provide this letter of support for this research proposal.

Sincerely,

[Signature]

Hope and healing for children & families in crisis
1015 Dersey Lane, Louisville, KY 40223 • 502.245.1576 • info@maryhurst.org • maryhurst.org
EFFECTIVENESS OF GIRLS ONLY

Re: Adolescent Risk Taking Questionnaire Permission

Eleonora Guillone <eleonora.guillone@gmail.com>
19/4/2016 8:14 PM

To: Kenneth Porter

You have my permission to use the measure. I wish you all the best with your work.

Regards,

Eleonora

On Fri, 5 Oct 2018 at 12:58 am, Kenneth Porter <Kennetha.porter@louisville.edu> wrote:

Hello Dr. Guillone,

My name is Kennetha Porter and I am a graduate student at the University of Louisville, in Louisville, KY, USA. I am currently in the Doctorate of Nursing Practice program and I am specializing in psychiatric/mental health nursing. For my graduate project, I will evaluate the use of a group self-esteem enhancement program to improve self-esteem, body image, and reduce risky behaviors in adolescent females. I was fortunate to find your article on the development of the Adolescent Risk Taking Questionnaire (ARTQ) during my literature search. After reading your article I came to the conclusion that your questionnaire would be a great measure to assess engagement in risky behaviors. I found your website with the questionnaires and scoring and with your permission I would like to use the ARTQ for my project. Please let me know if you have any questions for me as I would be happy to answer any questions! Thank you in advance for your consideration.

Best,

Kennetha A. Porter, MS, BSN, RN

Doctorate of Nursing Practice Candidate

University of Louisville

School of Nursing

Kennetha.porter@louisville.edu
The Rosenberg Self-Esteem Scale is perhaps the most widely-used self-esteem measure in social science research. Dr. Rosenberg was a Professor of Sociology at the University of Maryland from 1975 until his death in 1992. He received his Ph.D. from Columbia University in 1953, and held a variety of positions, including at Cornell University and the National Institute of Mental Health, prior to coming to Maryland. Dr. Rosenberg is the author or editor of numerous books and articles, and his work on the self-concept, particularly the dimension of self-esteem, is world-renowned.

There is no charge associated with the use of this scale in your professional research. However, please be sure to give credit to Dr. Rosenberg when you use the scale by citing his work in publications, papers, and reports. The Rosenberg Self-Esteem Scale may be used without explicit permission. However, the Rosenberg family would like to be kept informed of its use.
Appendix C:

Girls Only! Lesson Plans

Lesson:
Qualities I Love (Adapted from TKF)

Discussion Summary:
Self-esteem is defined as how you see yourself, how much you value yourself, how important you think you are, and how you feel about your accomplishments, based on your own standards. Recognizing and being proud of your strengths is different from bragging or believing you are perfect. Having self-esteem means knowing you are worthy of being loved and accepted. Even if there are many things you may want to change about yourself, focusing on your positive qualities or those that you don't want to change is a powerful exercise in building confidence. Teaching young people to love themselves and value their bodies, especially as they mature through puberty, helps them navigate pressures and difficulties they face as they enter adulthood.

Discussion Question:
- What characteristics do you love about

1. Begin by explaining that today participants will be thinking about themselves and all the qualities they are proud of or love about themselves. These qualities can be physical (ex: I love my hair, eyes, strong arms, feet that allow me to walk and dance) or otherwise (ex: I love that I am loyal to my friends, I love that I try hard in school, I love that I treat people with respect).

2. Remind participants this project is not about bragging, we are not trying to make anyone feel bad if they do not have the same quality. Tell them this project is about being proud your own strengths and loving yourself. Tell them that even though there may be some things we want to change about ourselves; it is also very important to recognize the things we would not want to change. Reminding ourselves about the great qualities we possess can help change our self-thinking from positive to negative.

3. Direct participants to write 5 to 10 qualities they possess in their Journals. Assist as necessary. Give 5 to 10 minutes for them to brainstorm.

4. When participants have finished writing in their journals, pass out the scissors, paper, glue, pens, pencils, and crayons, and other craft supplies.

5. Explain that they will be making flowers out of paper. On each petal of the flower, they will write a quality they love about themselves.
6. Demonstrate cutting out flower petals and remind participants their petals can look however they want them to. Participants should cut out 5 to 7 petals. Demonstrate cutting out one small/medium sized circle to be the center of the flower. Participants can use any color paper they wish.

7. Direct participants to write their top qualities from their journal onto each flower petal. They can write their name in the center.

8. When participants have finished writing their qualities on the petals, demonstrate putting glue on the back of center piece and gluing each petal to the back. Direct participants to glue their petals to the back of the center piece of the flower. Assist as necessary.

9. When participants have completed their craft, invite them to share the qualities they love about themselves with the group.

10. Hang the “Qualities I Love” flowers around the Girls Only! space or allow participants to take them home.
Lesson: Conflict Resolution

Materials:
- Role playing scenarios
- Large paper or board to write feelings and ideas

Length of lesson: 30 Minutes

Discussion Summary:
Conflict resolution means working out a problem or disagreement without fighting, running away or going against your feelings. Knowing how to handle conflicts in a positive way can help people stay safe from violence, feel good about themselves, and learn to respect others. Physical violence, name-calling, threats, bullying, teasing, and other forms of negative communication often escalate conflicts and lead to serious consequences, including physical injury, lowered self-esteem, and punishment. Good communication involves being a good listener, considering and respecting the other person’s point of view, working together to think of solutions, and learning to relax the body and calm the mind during high-tension situations. Practicing these positive communication skills can help people make responsible choices during high-tension situations and avoid violence and further problems.

Discussion Questions:
- How can conflicts be resolved peacefully?

1. Begin by asking the participants to raise their hands if they’ve ever been involved in a conflict (ex: a disagreement or a fight with someone). Brainstorm what might cause a conflict (ex: bullying, teasing, gossip, jealousy, prejudice, broken friendships, broken romances, possessions, different points of view, wanting a different outcome to a problem).

2. Ask them to brainstorm some feelings that might go along with being in a conflict (ex: angry, jealous, lonely, scared, confused, disappointed, worried, and sad). Write these feelings on the board or large paper as the students say them.

3. Explain that when we are involved in a disagreement or any conflict, there are choices we can make; every choice we make has a consequence. Explain that learning about conflict resolution, or learning about how to work things out peacefully without fighting, running away, or going against your own beliefs, can keep your safe from violence, make you feel good about yourself, and help you learn to respect others.

4. Explain the role playing activity. For every scenario, watch the set-up scene, have a volunteer come and help resolve the conflict, and then brainstorm ideas together about what choices can be made and what the consequences are of those choices. Demonstrate a scenario and the conflict resolution. Ask if there are any questions.

5. Ask for volunteers or choose participants to be the actors.
6. Read the scenario and then have participants act out the scenario (see sample scenarios below, or come up with your own). Have someone come in to help resolve the conflict. Step in as needed to give suggestions. Have the participants actually say the words of the peaceful conflict resolution to practice.

7. Have the group identify the problem, the feelings that may be involved, and then have the group come up with a list of choices and their corresponding consequences. Ask: What choices can be made to escalate this incident or make it worse? What choices can be made to resolve this conflict peacefully or make it better? What choices could have been made to avoid this incident altogether? When is it helpful to ask someone (a teacher, a friend, and a parent, a trusted adult) to mediate/step in and help solve a conflict?

8. Finish by asking the participants if they have an example of a positive conflict resolution situation they were part of and would like to share.

Scenarios with scripting:

Scenario #1: “I was sitting here first” (problem: stealing)—Sarah was sitting in a chair. She got up to use the bathroom. When she came back, Dana was sitting in that seat. The person who was sitting there first wants their seat back and the other person doesn’t want to give the seat up. (Choices: hit each other and get into a fight → someone gets hurt, they both get in trouble, no one gets the chair. OR Discuss and explain calmly, both people compromise, get another chair → everyone has a chair, no one gets hurt OR Ask a teacher for help → the teacher assists them discussing and explaining calmly, everyone gets a chair, no one gets hurt.)

Scenario #2: “That’s mine” (problem: stealing)—Jolie and Carrie are sitting next to each other eating a snack. When Jolie turns to talk to another friend, Carrie grabs Jolie’s snack and hides it in her lap. Jolie turns back and notices her snack is gone and suspects that Carrie stole it. (Choices: call names, yell to give back the snack, threaten to slap her if she doesn’t give it back, grab the snack back out of her lap → someone gets hurt, both get in trouble, they stay mad at each other OR discuss and explain calmly or get a teacher, Jolie gives the snack back and apologizes, Carrie accepts the apology → they both get to eat the snack, no one gets hurt or in trouble, they stay friends)

Scenario #3: “I heard you said you didn’t like me”
Lesson:
Red Light, Green Light
(Adapted from
youngwomanshealth.org)

Materials:
- Prepared Red Light,
  Green Light Paddles,
  and yellow light paddles
- Large Butcher paper
  and markers

Length of Lesson
20 Minutes

Discussion Summary:
Prompt a discussion about the
criteria the participants used to
categorize the qualities or behaviors
that are healthy or desired in a
relationship. Talk about the qualities
that participants feel fall into
definite categories as well as
behaviors that are worrisome. This
activity is an interactive way to
discuss what can be acceptable and
unacceptable in various
circumstances.

Discussion Questions:
- Why do some behaviors
depend on the situation?
- How can the “red light”
  behaviors be dangerous?

1. Begin by handing out a red, green and yellow light paddles to
   be held up by each girl.

2. Explain:
   - Green light= Acceptable/Healthy Behaviors
   - Yellow light= Sometimes acceptable or based on
     circumstances
   - Red light= Completely unacceptable

Note: it’s helpful to prepare these definitions on a large
butcher paper for the girls to refer to.

3. Following the discussion of healthy relationships ask the girls
   some scenarios from each category and ask the girls to raise
   their paddle to which they think each situation belongs.

4. If there are any outlying answers ask the girl to explain why
   they feel the action belongs in that category.

5. Conclude by reviewing healthy relationships and answering any remaining questions.
<table>
<thead>
<tr>
<th><strong>Green Light</strong></th>
<th><strong>Yellow Light</strong></th>
<th><strong>Red Light</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to each other / Good communication</td>
<td>Embarrasses you</td>
<td>Is clingy</td>
</tr>
<tr>
<td>Trust each other</td>
<td>Is annoying sometimes</td>
<td>Is jealous</td>
</tr>
<tr>
<td>Support each other</td>
<td>Shows off</td>
<td>Feel unsafe</td>
</tr>
<tr>
<td>Feel happy around the other person</td>
<td>Calls you on the phone often</td>
<td>Feel like they are a pain or a nuisance</td>
</tr>
<tr>
<td>Share feelings</td>
<td>Is competitive with you</td>
<td>Have limited trust</td>
</tr>
<tr>
<td>Have freedom within the relationship</td>
<td>Makes plans and then breaks them</td>
<td>Tries to control and manipulate</td>
</tr>
<tr>
<td>Have more good times than bad</td>
<td>Tries to make you more like them</td>
<td>Makes you feel bad about yourself</td>
</tr>
<tr>
<td>Have fun together</td>
<td>Uses sarcasm</td>
<td>Does not make time for you</td>
</tr>
<tr>
<td>Do things together</td>
<td>Disagrees from time to time</td>
<td>Discourages you from being close to anyone else</td>
</tr>
<tr>
<td>Encourage other friendships</td>
<td>Have unequal power</td>
<td>Criticizes you</td>
</tr>
<tr>
<td>Trust and honesty between each other</td>
<td>Ask you to change things about yourself</td>
<td>Uses you</td>
</tr>
</tbody>
</table>
Lesson:
He Loves Me, He Loves Me Not

Discussion Summary:
To a young, impressionable mind, love can look like many things. In order to keep the girls safe and healthy, it is important to explain how love should look. It shouldn’t be possessive or controlling but kind and understanding. Guide the girls into recognizing and understanding the components of a healthy relationship.

Discussion Questions:

- What are some qualities of a healthy relationship?
- What are some warning signs that a relationship is not healthy?

1. Tell the group we are talking about healthy relationships. Ask the girls to raise their hand and suggest a quality that is important to a healthy relationship. For example, trust and communication.

2. Ask the group what a sunflower or a daisy would look like without the petals? The facilitator can then explain that when all of the petals are intact, the flower is whole and that like a daisy, positive situations/qualities in our relationships help to keep our relationships healthy and also to make us feel good about ourselves.

3. Re-direct the girl’s attention back to the petals of the daisy. Ask the group to give their opinion of what each petal should bring to the relationship to make the flower flourish.

4. Conclude by returning to the flower analogy that similar to a daisy that is strong when all of its petals are intact, a healthy relationship is strong and intact when it is made up of positive qualities and situations that make us feel good about ourselves.

Optional
5. To take this activity a step further, bring flower seed, soil, and small cups for the girls to plant and grow their own flower. Explain that any relationships take care, work, and love to grow.
EFFECTIVENESS OF GIRLS ONLY

Discussion Summary:

Violence can range from extreme physical violence such as murder and rape to verbal or emotional abuse such as name calling and constant criticism to institutional violence such as racism and homophobia. All types of violence are used to exert power and control and have profound effects on personal health and well-being. Girls and women are directly or indirectly affected by sexual violence and abuse, physical violence and abuse, and/or emotional abuse sometime in their lives. The OJJDP says, “sexual assault is a risk factor for both boys and girls, but the rate of exposure to this risk factor is greater for girls” (Slowikowski 3). Children, girls and boys, who grow up in communities that face poverty, widespread drug use, and gang presence are also often exposed to general community violence. Community violence—defined by Mental Health Systems, Inc. of San Diego as frequent and continual exposure to the use of guns, knives, and drugs, and random violence—often leads to feelings of anxiety, low-self-esteem, fear, aggression, PTSD, depression, anger, distrust, alienation, betrayal, and impaired body image. These feelings often manifest as behaviors such as learning difficulties, difficulty paying attention, acting out or risk taking behaviors, suicide attempts, fighting, inappropriate sexual activities, involvement in prostitution, and involvement in drugs, making community violence a tragically cyclical problem (Hamblen 1). It is no surprise, then, that girls in the juvenile justice system have higher rates of histories of abuse than girls who are not involved in the system (Slowikowski 3), pointing to the lasting, negative effects of violence. Much abuse of young women especially at the hands of parents or random violence is tragically unavoidable. However, if girls are able to build confidence, learn to respect themselves and their bodies, and make responsible choices at a young age, some violence against them can be prevented. Girls are increasingly becoming perpetrators of violence themselves and must be taught healthy coping skills for anger and other emotions. It is important to teach young people that acting violent is always a choice and it always has consequences. It is also important to teach young people that if they are victims of violence, it is not their fault.

1. Begin by explaining that today you will be talking about different kinds of violence.

2. Write “very violent” on one end of the board and “very peaceful” on the other end. Draw a long line in between the two statements. Explain that you will read statements and the participants will move to whichever side they think goes with the statement. There is not a right or wrong answer and participants can stand anywhere in between the two extremes.

3. Read 5 to 10 examples and have participants move to either side or anywhere in between. Allow participants to discuss as issues come up. Prompt them with questions: Why do you think that is very violent? Why are you not sure? Why do you think that is very peaceful? Does it depend on
the situation? Do you need more information? Why would someone act that way?

**Very Violent or Very Peaceful?**

- A boy hits a girl
- A girl hits a boy
- You get spanked
- Your friend gives you a hug when you feel sad
- A family lives in poverty
- Parents yelling at each other
- Someone spreads a rumor about you
- Someone calls you “stupid”
- The teacher tells the whole class you got an “F” on your test
- Someone kisses you when you don’t want them to
- Your mentor helps you with your homework
- Someone touches your hair after you have asked them not to
- A friend shares their lunch with you
- Your brother steals all the money you’ve saved in your piggy bank
- Your brother calls you “fat”
- A boy shows you his butt and it makes you feel uncomfortable
- Murder

- Your mom tells you she will leave you unless you behave
- Someone you don’t know follows you home every day
- A group of girls give you the silent treatment
- Your sister breaks your favorite necklace
- Someone threatens to choke you if you don’t let them cheat off your homework
- Your brother or sister locks you in the closet
- You lock the dog out of the house without dinner
- Your friend gives you a birthday present
- Your teacher tells you that you aren’t going to succeed
- You wish your friend good luck at their basketball game
4. After discussing 5 to 10 circumstances, have participants return to their seats.

5. Explain that there are many different types of violence. Physical violence occurs when someone uses their body or a weapon to hurt your body. Verbal or emotional abuse occurs when someone uses words (written or said out loud) to hurt your feelings or scare you. Sexual violence occurs when someone makes you do some kind of sexual activity when you don’t want to. Neglect is when someone who is supposed to be taking care of you does not take care of you. Institutional violence occurs when organizations or institutions discriminate against a group of people because of their skin color, gender, or how much money they have. All of these kinds of violence affect our health in many ways.

6. Explain that participants will make a poster showing different kinds of violence, the consequences of the violence, and how to challenge the violence.

7. Divide participants into pairs or small groups. Pass out poster paper, pens, and pencils.

8. Direct participants to draw a picture of at least three different examples of consequences of violence. They can use words too. For each example of violence (ex: 1) teasing, 2) pushing, 3) silent treatment) they should draw a representation of the consequences of that violence (ex: 1) hurt feelings, 2) broken arm, 3) hurt feelings), and what can be done to challenge that violence (ex: 1) tell them how it makes you feel, 2) run away, 3) tell a teacher or counselor).

9. Have participants share their posters and ideas for avoiding violence.

10. Remind participants you are there to talk to in case they ever experience violence or need help avoiding violence.