

## ABSTRACT

Title of Document: THE EASE PROGRAM: THE DEVELOPMENT OF A DISTRESS TOLERANCE INTERVENTION FOR MIDDLE SCHOOL ADOLESCENTS

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Although many middle school adolescents consider the middle school grades to be an exhilarating time of momentous change in their lives, others struggle not only with academic challenges but also with the inability to handle negative emotional states. Middle school adolescents often seek ways to cope with the distress they experience. Evidence indicates that adolescents are rarely adequately equipped with the necessary skills to deal with these stressful situations. Moreover, studies indicate that their distress tolerance, defined as *the ability to persist in goal directed activity while experiencing emotional distress*, is associated with increased risk behavior.

Given preliminary evidence that low distress tolerance is associated with risky health behavior amongst adolescents, the overall goal of this study was to develop an

adolescent appropriate intervention for improving distress tolerance skills, drawing on techniques from Dialectical Behavior therapy, with four main objectives: (1) to enable adolescents to understand the relationship between their emotions and behavior; (2) to educate adolescents on how to identify and label their emotions; (3) to teach skills to adolescents that will enable them to cope with their difficult emotions; and (4) to provide adolescents with skills that will enable them to avoid engaging in later risk behavior.

To aid in the development of this intervention, a multi-method approach was employed using focus groups (n=20), in depth interviews (n=15) and a 3 round Delphi method (n=12). Results from this study were used to develop, modify and finalize a distress tolerance intervention (EASE- Empowering Adolescents to deal with Stress and Emotions) for middle school adolescents.

THE EASE PROGRAM: THE DEVELOPMENT OF A DISTRESS TOLERANCE  
INTERVENTION FOR MIDDLE SCHOOL ADOLESCENTS

By

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## Dedication

This dissertation is dedicated to my parents, Sylvester and Bernadette La Touche and my ever so amazing and dedicated husband Jerry Ray Howard II. To my parents, I thank you so much for being the everlasting, constant and steady “wind beneath my wings”. Thank you for the constant reminder and belief that you instilled in me that “I can do all things through Christ that strengthens me”. Your legacy will remain with me forever. To my loving husband, I could have never asked for a greater gift from God. I thank you so much for being so supportive of me throughout this journey. You never once complained about anything. You were my steady coach and solid rock to lean on when things got rough. I love you more than you could ever imagine! I could have never made it this far without any of you. I am so humbled and grateful to share this accomplishment with the three of you.

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# Chapter 1: Introduction

## 1.1 Statement of the Problem

Adolescence is a time of multiple physical, emotional, mental and social changes. Although an exciting challenge to some, the adolescent period is also characterized as a time of high distress, heightened negative emotional states and vulnerability to poor health behaviors (Brooks, Harris, Thrall & Woods, 2002; CDC, 2008; WHO, 2011; Wills, Sandy & Yaeger, 2002). The majority of risk behaviors associated with many of the leading causes of death for adults are initiated during adolescence (Jones & Shults, 2009; Tapert, Aarons, Sedlar & Brown, 2001; USDHHS, 1994; Zakrajsek & Shope, 2006), and according to Epner, Levenberg & Schoeny (1998), half of adolescents engage in at least one risky behavior during their adolescent life.

Adolescents often seek ways to cope with the distress they experience (Brooks et al., 2008; Kort-Butler, 2009) that stems from their perceived stressful and emotional life dilemmas. Evidence indicates that they are rarely adequately equipped with the necessary skills to deal with these stressful situations (Frydenberg & Lewis, 2004; Kort-Butler, 2009; Wills, Sandy, Yaeger, Cleary & Shinar, 2001). As a result, adolescents often resort to counterproductive and risky health behaviors to deal with their distress (Brooks et al., 2002; Brooks, Gaier Larkin, Kishore & Frank, 2008). An adolescent's level of distress has been found to be related to several maladaptive behaviors such as risky sexual behavior (Brooks et al., 2002; Brown et al., 2006; Ethier et al., 2006; Mazafarro et. al, 2006), alcohol use (Cooper et al., 2008; Kaplow,

Curran, Angold & Costello, 2001; Tschann, Flores, Pasch & Marin, 2005), tobacco use (Sarigiani, Ryan & Petersen, 1999; Siqueira Diab, Bodian & Rolnitzky, 2000), illicit substance use (Crosby et al., 2002) and non suicidal self-injury (Lloyd-Richardson, Perrine, Dierker & Kelley, 2007). Several measures have been used to assess the tolerance of distress including self-report measures (Gratz & Roemer, 2004; Harrington, 2005; Hayes et al., 2004; Peterson & Reiss, 1992; Schmidt et al., 2006; Simon & Gaher, 2005) and behavioral measures (Lejuez, Kahler & Brown, 2003; Strong et al., 2003). Studies indicate that an individual's distress tolerance defined as (1) *the ability to persist in goal directed activity while experiencing emotional distress* (Daughters et al., 2005; Daughters et al., 2009; McPherson et al., 2010) or (2) *the perceived capacity to withstand negative emotional and/or other aversive states* (Harrington, 2005; Schmidt et al., 2006; Simons and Gaher, 2005) is associated with increased smoking behavior (Brown et al., 2008), alcohol use and delinquent behavior (Daughters et al., 2009), eating disorders (Corstorphine, Mountford, Tomlinson, Waller & Meyer, 2007; Salbach-Andrae, Bohnekamp, Pfeiffer, Lehmkuhl & Miller, 2008), non-suicidal self-injury (Nock & Mendes, 2008) and sexual risk behavior (Ethier et al., 2006).

Despite the aforementioned link between distress and risk behavior, the majority of the intervention programs that have been created for adolescents to prevent risk behavior have focused primarily on educating adolescents about the negative consequences of poor health behavior and why avoiding engagement in these behaviors is important (DiClemente, 2008). In addition, very few adolescent intervention initiatives address the underlying relationship between stress, emotional



regulation, and subsequent engagement in negative behaviors as well as provide the adolescent with fundamental skills to cope with such emotions. As such, the purpose of this proposal is to develop an adolescent appropriate intervention for improving distress tolerance skills. Given preliminary evidence that distress tolerance is associated with risky health behavior amongst early adolescents (12 to 14 year olds) (Anfara & Schmid, 2007; Behrendt, Wittchen, Höfler, Lieb & Beesdo, 2009; Davis, Davis, Smith & Capa, 2003; Tucker, Ellickson, Orlando, Martino & Klein, 2005; Wigfield & Eccles, 1996), the overall goal of this study is to develop an adolescent appropriate intervention for improving distress tolerance skills.

## **1.2 Overview of the Proposed Intervention**

The EASE (Empowering Adolescents to deal with Stress and Emotions) program is an adaptation of the SIDI (Skills for Improving Distress Intolerance, Bornovalova et al., 2011) intervention as well as the Children and Adolescent Dialectical Behavior Therapy Skills manual (Christensen, Riddoch & Eggers, 2009). The SIDI program utilizes both education and skill building techniques as a basis for improving an individual's ability to tolerate distress. This program was originally implemented with substance using adults with low distress tolerance. The Children and Adolescent Dialectical Behavior Therapy Skills manual provide several activities and interactive exercises related to teaching distress tolerance skills to middle school adolescents.

The preliminary version of the EASE program had 4 main objectives: (1) educate middle school adolescents on how to identify and label their emotions; (2) enable middle school adolescents to understand the relationship between their

emotions and behavior; (3) teach skills to middle school adolescents that will enable them to cope with their difficult emotions; (4) provide middle school adolescents with skills to enable them to find alternatives to engaging in risk behavior. The program was originally designed to be conducted in six weekly sessions. Each session was designed to build upon each other, while at the same time focus on contained units that were independently beneficial, so that if any participants missed a group session they could still successfully continue with subsequent sessions.

### **1.3 Research Questions and Hypotheses**

According to the National Institutes of Health (2009), the development and pilot testing of new or adapted interventions are necessary for evaluating the feasibility, tolerability, acceptability and safety of novel approaches to improving mental health and modifying health risk behavior, and for obtaining the preliminary data needed as a pre-requisite for large-scale effectiveness intervention. Intervention development can be considered to have three stages: (1) conceptualizing an intervention based on theory and empirical research; (2) developing and standardizing the intervention; and (3) pilot testing (NIH, 2009).

This study was focused on addressing the first two stages. The components of stage one, to “conceptualize an intervention based on theory and empirical development” have been previously stated by evidencing a significant link between distress and risk behavior (Brown et al., 2006; Brooks et al., 2002; Cooper et al., 2008; Crosby et al., 2002; Daughters et al., 2009; Ethier et al., 2006; Kaplow et al., 2001; Llyod-Richardson et al., 2007; Mazafarro et al., 2006; Siqueira et al., 2000;

Sarigiani et al., 1999; Tschann et al., 2005). These findings will be further elaborated on in Chapter 2.

To meet the goal for stage two to “develop and standardize the intervention,” this study proposes to utilize an existing curriculum, named SIDI (Skills for Improving Distress Intolerance, Bornovalova et al., 2011). The SIDI program utilizes both education and skill building techniques as a basis for improving an individual’s ability to tolerate distress. This program was originally implemented with substance using individuals with low distress tolerance. For this study, the SIDI program will be adapted to address the needs of middle school adolescents. Additionally, activities from the Children and Adolescent Dialectical Behavior Therapy Skills manual (Christensen, Riddoch & Eggers, 2009) will also be incorporated into the proposed manual. This study proposed to make further adaptations to the manual based on results of the following methods:

- (1) Conduct interviews and implement a Delphi procedure with expert stakeholders who are responsible for and relate to middle school adolescents (middle school community program planners and stakeholders) to ensure that the intervention meets the study aims and objectives and is considered as an appropriate and feasible intervention for middle school-aged adolescents.
- (2) Conduct focus groups with middle school aged adolescents (between the ages of 12 and 14) to inquire about experiences with negative emotionality and risk behavior and to receive insight on their perceived need for a tailored

intervention. This process will be done to ensure that the intervention meets the study aims and objectives.

The Research Questions include:

- 1) What are the current methods that middle school adolescents are using to deal with negative emotionality? Do they feel that their methods work? How do they perceive their coping skills? How do they perceive the coping skills of their peers and do they believe they are able to identify them and assist them?
- 2) What is the target population's perceived need for an intervention that deals with negative emotionality and risk behavior?
- 3) What are the community stakeholders perceived beliefs of the relationships between negative emotionality and risk behavior?
- 4) What are the issues (pertaining to negative emotionality and risk behavior) that community stakeholders believe should be addressed in an intervention designed for middle school adolescents?
- 5) What are the perceived resources that are available to community stakeholders to deal with middle school adolescents and negative emotionality and do they believe there is a need for an intervention that deals with negative emotionality and risk behavior? If yes, what should it entail? If no, what are their current resources?
- 6) What are the specific knowledge-based and skill-based features in the proposed adolescent distress tolerance intervention that are appealing to the expert stakeholders?

Modifications of the adolescent distress tolerance intervention will be based on the feedback that is received from both the stakeholders and adolescents.

#### **1.4 Theoretical Rationale**

Distress tolerance is an established mechanism underlying substance use and psychopathology among adult populations (Brown et al., 2002; Brown et al., 2008; Buckner, Keough & Schmidt, 2007; Daughters et al., 2005; Lejuez, Paulson, Daughters, Bornovalova & Zvolensky, 2006; Quinn, Brandon & Copeland, 1996). Likewise, recent research indicates that young adolescents with low levels of distress tolerance are significantly *more likely* to report internalizing symptoms, and they are at an increased risk of engaging in alcohol use and conduct problems (Daughters et al., 2009). The objective of this research proposal is to develop an adolescent intervention program that uniquely addresses the relationship between distress and risk behavior. This intervention program will aim to provide middle school adolescents with the skills needed to increase the use of productive and effective coping behaviors when experiencing distress and reduce their likelihood of utilizing nonproductive and ineffective coping strategies.

The outcomes of this study have important implications for school and community curriculum development. Additionally it has the potential to serve as the foundation for larger wide scale implementation initiatives related to middle school adolescents and their distress and coping behaviors.

## 1.5 Definition of Terms

Adolescence	A transitory period between childhood and adulthood often marked by physical, emotional, mental and social change usually between the ages of 11-18 (Brooks, Harris, Thrall & Woods, 2002; Wills, Sandy & Yaeger, 2002).
Delphi Method	A qualitative method of soliciting and combining the opinions of a heterogeneous group of experts (Keeney, 2006)
Distress tolerance	The ability to persist in goal directed activity while experiencing emotional distress (Daughters et al, 2005; Daughters et al., 2009; McPherson et al., 2010) and the perceived capacity to withstand negative emotional and/or other aversive states (Harrington, 2005; Schmidt et al., 2006; Simons, & Gaher, 2005).
Emotional Regulation	The process of adjusting one's emotions to appropriate levels of intensity in order to accomplish one's goals (Gross & John, 2003; Kashdan & Steger, 2006).
Expert Panel	An assembling of persons with known or demonstrable experience and expertise in a particular subject matter or area (Trochim, 2001).

Focus Group	A carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non threatening environment (Kreuger & Casey, 2009).
In Depth Interview	Qualitative research technique that uses open-ended questions to uncover information on a particular topic of interest involving a small number of respondents who are willing to express their opinions and ideas in their own words (Boyle & Neale, 2006; Webber & Byrd, 2010)
Intact Group	Group of individuals who are familiar with one another prior to conducting a study and are kept in their natural setting (i.e. adolescents from a classroom or already existing community program) (Plitchta & Garzon, 2008).
Negative Emotional states	Feelings of anxiety, stress, depression, and irritability
Substance Use	The use of any mood altering substance whether legal or illegal.
Risky Sexual Behavior	Any form of sexual behavior that makes an individual increasingly vulnerable to contracting an STI/STD or causes unexpected pregnancy (Hall, Holmqvist & Sherry, 2004).

## **Chapter 2: Review of the Literature**

The following literature review will describe the adolescent and middle school, and developmental transitions of middle school adolescents. A discussion of negative emotional states will include a definition of negative emotional states, its relation to adolescent risk behavior and more specifically to middle school adolescents. Because the proposed adolescent distress tolerance program deals primarily with distress tolerance and coping, a definition of coping and the effects of effective and non effective methods of coping will be presented. Next, a discussion of distress tolerance, its measurement, and its relationship to risk behavior in both adult and adolescent population will be offered, in addition to its overall importance to the field of behavioral health.

### **2.1 The Adolescent and Middle School**

In the 1960's, the middle school movement became the focus of the Kindergarten through fifth grade, sixth to eighth and ninth to twelfth grade model of education (Lounsbury & Vars, 2003). According to Valentine et al. (2003), there has been a significant increase in schools organized around the sixth, seventh and eighth grade configuration from 15% in 1981 to 59% at the turn of the century (Valentine, Clark, Hackmann & Petzo, 2003).

The middle school years are a critical time in adolescent development. According to the National Middle School Association and the National Association of Elementary School Principals, approximately 88% of early adolescents experience a



critical developmental milestone in the United States-the transition from elementary to middle school (NMSA & NAESP, 2002).

## **2.2 Developmental Transitions of Middle School Adolescents**

The average middle school student faces a myriad of cognitive (Barber & Olsen, 2004; Osterman, 2000), emotional (Anfara & Schmid, 2007; Parker, 2010), social (Ge, Conger & Elder, 2001; Ge, Kim, Brody, Conger, Simons & Gibbons, 2003; Wigfield, Lutz & Wagner, 2005) and physical (Marsh, 1998; Wigfield, Eccles; MacIver, Reuman & Midgley, 1991; O'Dea & Abraham, 1999; Pruitt, 2000) developmental transitions during their years in middle school. Many adolescents consider the middle school grades to be an exhilarating time of momentous change in their lives while others struggle not only with academic challenges but also with the inability to handle negative emotional states (Anfara & Schmid, 2007; Behrendt, Wittchen, Höfler, Lieb & Beesdo, 2009; Davis, Davis, Smith & Capa, 2003; Wigfield & Eccles, 1996; Tucker, Ellickson, Orlando, Martino & Klein, 2005). Negative life events such as disciplinary actions at school, difficulties with parents/guardians, and interpersonal relationship conflicts with peers appear to significantly and steadily increase during the middle school years and adolescents appear to react to these situations with greater emotionality than they did when they were in primary school (Larson & Ham, 1993).

In an investigation of early adolescents' perceptions of self prior to and during their middle grades years, Parker (2010) collected data from 78 fifth grade students (preparing for middle school entry) using the Piers Harris Self-Concept Scale (PHSC, 1994), an 80-item scale containing dichotomous (yes/no) statements. Using fifth

grade as a baseline measure, Parker (2010) explored the self-concept of adolescents across multiple data points in middle school. Results indicated that early adolescents' behavioral self-concepts significantly decreased during the latter part of sixth grade and into the seventh grade year. Additionally, the mean scores for the anxiety and physical appearance and attributes subscale indicated that there was an initial decrease in anxiety and physical appearance and attribute levels in the beginning of middle school followed by a steady increase over the middle school grade years (Parker, 2010). Findings from this study suggest that early adolescence is a critical life stage that can leave an adolescent's self-concept vulnerable to negative influence and change. Young adolescents' perceptions of their social, physical, emotional and social contexts can impact their academic proficiency and future success, their interpersonal relationships and their motivations in prevailing ways.

Research suggests that there is an increased level of negative emotional states during the middle school adolescent period such as anxiety, depression and stress (Allen, Porter & McFarland, 2006; Anfara & Schmid, 2007; Davis, Davis, Smith & Capa, 2003; Duschene & Ratelle, 2010; Grills-Taquechel, Norton & Ollendick, 2010; Parker, 2010; Pruitt, 2000; Wigfield & Eccles, 1996; Zhang & Roberts, 2001). Researchers have attributed the increase in negative emotional states to a cadre of changes in the adolescent's life experience such as physical, mental-emotional, cognitive and social changes (Anfara & Schmid, 2007; Barber & Olsen, 2004; Ge, Kim, Brody, Conger, Simons & Gibbons, 2003; Marsh, 1998; O'Dea & Abraham, 1999; Osterman, 2000; Parker, 2010; Pruitt, 2000; Reuman & Midgley, 1991; Wigfield, Lutz & Wagner, 2005; Wigfield, Eccles, MacIver). Moreover, studies

suggest that an increase in negative emotional states may also be related to an increase in risk behavior in middle school adolescents such as increased alcohol consumption and delinquent behavior (Anderson, Tomlinson, Robinson & Brown, 2011; Kofler, McCart, Zajac, Ruggiero, Saunders & Kilpatrick, 2011). The steady decline in social, physical and social self-concept, and the reported increase of experiences of negative emotional states in addition to its relationship to increase risk behavior through the middle grades are cause for concern. Failure to address these issues may lead to further risk behavior not only during the middle school years but also in later adulthood. Further research surrounding the relationship between negative emotional states and adolescent risk behavior is an essential component to addressing this concern.

### **2.3 Negative Emotional States and Adolescent Risk Behavior**

Negative emotional states are defined broadly here as feelings of anxiety, stress, depression, and irritability. These are commonly viewed as a precursor to multiple forms of risky or problematic behaviors (Cooper et al., 2008), which often lead to poor adult health outcomes (Epstein, Induni & Wilson, 2009; Franko et al., 2005, Keenan-Miller, Hammen & Brennan, 2007; Strine et al., 2008). These include sexually transmitted diseases and infections (Weinstock et al., 2004); cancer (Chapman, Perry & Strine, 2005); alcoholism (Cooper et al., 2008); and substance abuse (CDC, 2009; Willis, Sandy & Yager, 2002).

According to Epner and colleagues (1998), over 50% of adolescents ages 11 to 18 were engaging or had engaged in at least one risky behavior during their adolescent life. Adolescent risk behavior can be defined broadly as any avoidable

behavior that can potentially cause harm or disability to an adolescent (Epner, Levenberg & Schoeny, 1998). Risk behaviors include but are not limited to alcohol use (Mulia, Ye, Zemore & Greenfield, 2008; Shoal, Gudonis, Giancola & Tarter, 2008), tobacco use (Brooks et al., 2008; Finkelstein, Kubzansky & Goodman, 2006; Byrne & Mazanov, 2001), illicit drug use (Skenderian, Siegel, Crano, Alvaro & Lac, 2008; Wills, Sandy, & Yaeger, 2002), risky sexual behavior (Brown et al., 2006; DiClemente et al., 2001; Ethier et al., 2006; Mazzaferro et al., 2006) and non-suicidal intentional injuries (Nock, Teper & Hollander, 2007; Nock & Mendes, 2008).

During the middle school years, many adolescents experience problems with their academic performance such as declining grade point averages (Barber & Olsen, 2004; Osterman, 2000). Declines in academic performances, although sometimes temporary, have been reported to affect an adolescent's self-perception and lead to experiences of negative emotional states and self-concept. (Guay, Marsh & Boivin, 2003; Shapka & Keating, 2005). According to Field, Diego & Sanders (2001), adolescents who experience depression are also reportedly less happy, have lower academic grades and worse peer relationships than their non-depressed peers. Moreover, Chung et al. (1998) report that regardless of gender, as students enter into middle school, their experiences of negative emotional states reportedly increase (Chung, Elias & Schneider, 1998).

Middle school adolescents often face a dilemma between their physical developmental experiences and their maturity level, which often leads to feelings of discomfort and confusion. Puberty, which is often heightened during the middle school years, often brings a growth spurt that includes reproductive systems,

increased height and weight, and numerous other physical changes that have not been previously experienced (i.e. increased body odor, hormonal changes, development of sex organs) (Pruitt, 2000). According to researchers, the physical changes experienced by middle school adolescents are important to consider and often have a direct affect on their behavior. Several studies indicate that early maturing females and late maturing males often experience negative emotional states in relation to their physical development and are often more vulnerable to problems in their social relationships and academic endeavors (Ge, Conger, & Elder, 2001; Ge, Kim, Brody, Conger, Simons, Gibbons, 2003).

Middle school adolescents who experience difficult cognitive, emotional, social and physical developmental transitions are often susceptible to negative school outcomes such as decreases in motivation, dissatisfaction with their school environment, school dropout, substance use, and delinquency (Anfara & Schmid, 2007; Davis, Davis, Smith & Capa, 2003; Wigfield & Eccles, 1996). These circumstances often lead to experiences of negative emotionality which can result in further engagement in risky behavior as a means of dealing with these emotions (Allen, Porter & McFarland, 2006; Kelder, Murray, Orpinas, Prokhorov, McReynolds, Zhang & Roberts, 2001; Saluja, Iachan, Scheidt, Overpeck, Sun & Giedd, 2004). There is substantial evidence to support the role of negative emotional states on risky behavioral outcomes in adolescents (Brooks et al., 2008; Brown et al., 2006; Bryne & Mazanov, 2001; Ethier et al., 2006; Finkelstein et al., 2006; Mazzaferro et al., 2006; Morrison-Beedy, Carey, Feng & Tu, 2008). There are two

areas of adolescent risk behavior that exemplify this relationship, namely risky sexual behavior and substance use.

### 2.3.1 Negative emotional states and risky sexual behavior

Nearly 40 percent of current sexually active high school students did not use a condom during the last time that they had sexual intercourse (CDC, 2008). Moreover, there are roughly 19 million new STD infections, and almost half of them are among adolescents aged 15 and older (Weinstock, Berman & Cates, 2004).

Speaking to the relationship between negative emotional states and adolescent sexual risk behavior, adolescent females with high levels of negative emotional states are more likely to practice unsafe sex (Brown et al., 2006), become pregnant (Turner, Sorenson & Turner, 2000), not use any form of contraception (DiClemente et al., 2001) and have more non-monogamous sex partners (Ethier et al., 2006) than their peers with lower reported levels of negative emotional states. Mazzaferro et al. (2006) reported that adolescent females were significantly more likely to report having multiple sexual partners and significantly less likely to report consistent condom use if they were experiencing high levels of distress. Ethier and colleagues (2006) reported a positive relationship between adolescent females who had practiced risky sex behaviors and their personal level of emotional distress (Ethier, Kershaw, Lewis, Milan, Niccolai & Ickovics, 2006). Furthermore, Morrison-Beedy and associates (2008) reported that despite the general knowledge of HIV/AIDS prevention and transmission, the more likely an adolescent female was to report negative emotional states, the more likely they were to engage in unprotected sexual behavior (Morrison-Beedy, Carey, Feng & Tu, 2008). Adolescent females with increased distress levels

are also more likely to perceive barriers to condom use, be fearful of possible negative consequences of negotiating condom use, experience dating violence and perceive themselves as being less efficacious in negotiating condom use with a new sex partner (DiClemente et al., 2001). It is evident that there is a noticeable relationship between negative emotional states and adolescent risky sexual behavior. The consequential rates of adolescent risky sexual behavior are perceptible and need to be addressed. As such, to reduce this predicament, it is imperative that adolescent tailored intervention programs, which address this relationship, are created and implemented.

### 2.3.2 Negative emotional states and tobacco use

Approximately 40 percent of adolescents aged 12 to 17 years reported experimenting with smoking cigarettes in their lifetime. The prevalence rate for tobacco use is similar for adolescent males (40 percent) and females (39 percent) (Johnston, O'Malley, Bachman & Schulenberg, 2009). If the existing patterns of adolescent smoking persist in this country, more than six million youths will die more than 10 years prematurely due to smoking (CDC, 2006).

Negative emotional states are considered to be the main risk factor in determining whether an experimenting adolescent smoker will or will not continue on the trajectory to be an adult smoker (Myers, Brown & Kelly, 2000; Weinstein et al., 2008). In an examination of the motivational influences of smoking behaviors, Baker, Brandon & Chassin (2004) concluded that one of the major explanations for continued tobacco use among individuals stemmed from their reported expectation that cigarette smoking assisted them in reducing their personal stress level (Baker,

Brandon & Chassin, 2004). Higher rates of cigarette smoking have been found to be related to reported stress in adolescents (Brooks et al., 2008; Finkelstein et al., 2006, Bryne & Mazanov, 2001), and low self-esteem (Bryne & Mazanov, 2001). In a study of adolescent smoking behavior, adolescent smokers had higher rates of perceived stress, negative life events and greater use of negative coping methods of anger and helplessness and less use of positive coping mechanisms (parental support and cognitive coping) compared to adolescents who were considered as experimenters or non smokers (Siqueira et al., 2000). Moreover, Brooks et al. (2008) utilized a cross-sectional design to examine the relationship between cigarette smoking, negative emotional states and future cigarette use in a sample of 4,486 adolescents.

Participants were given a survey to measure tobacco use and the perceived daily life demands of an adolescent and their capability to cope with them. Researchers found that cigarette usage amongst adolescents was viewed as a coping mechanism and was significantly related to adolescent's perceived negative emotional states (Brooks, Gaier Larkin, Kishore & Frank, 2008). In a recent study by Weinstein et al. (2008) adolescent participants who experienced increased mood variability (constantly shifting between high and low moods) also demonstrated an increase in their smoking habits, indicating that mood instability may have a significant effect on tobacco use in adolescents (Weinstein, Mermelstein, Shiffman & Flay, 2008).

### 2.3.3 Negative emotional states and alcohol use.

According to the Department for Health and Human Services, alcohol is used by more adolescents in the United States than tobacco or illicit drugs (USDHHS, 2007). Moreover, according to data from the 2007 Youth Risk Behavior Survey



(YRBS), a national school based survey which measures health-risk behaviors and its' prevalence amongst adolescents, 73 percent of adolescents reported using alcohol at least once in their lifetime, 44.7 percent of adolescents reported drinking at least once in the last year and 26.9 percent reported drinking five or more drinks in at least one drinking period in the last 30 days.

Evidence suggests a relationship between negative emotional states and alcohol use (Shoal et al., 2008). Shoal et al. (2008) examined the relationship between negative emotional states and adolescent drinking behavior among a sample of 499 adolescents in a longitudinal study. Participants completed self-report inventories measuring negative emotional states, coping styles and alcohol drinking frequency. Results indicated that the majority of the participants (93.4 percent) endorsed at least one item stating that negative emotional states can be better managed by alcohol consumption. In follow up assessments, negative emotional states were found to be positively associated with adolescents drinking frequency and drinking in the context of unpleasant emotions, additionally, an adolescent's inability to demonstrate constructive coping skills was also related to overall drinking frequency at follow up (Shoal, Giancola & Tarter, 2008).

Wagner, Myers & McIninch (1999) investigated the coping mechanisms of a sample of 332 substance abusing adolescents and non-substance abusing adolescents when dealing with negative emotional states. Researchers used two self-report measures to assess adolescents' coping style and substance use. Researchers used hierarchical multiple regression analyses to examine whether coping styles could independently account for the significance variance in substance use amongst

adolescents. Results indicated that adolescents who reported a greater reliance on avoidance style coping were more likely to demonstrate alcohol use problems compared to adolescents who reported a greater reliance on approach style coping methods.

Comeau et al. (2001) assessed the relationship between negative emotional states and substance use (alcohol, cigarettes and marijuana) motivations in a sample of 508 adolescents. Participants completed a battery of assessments related to measuring negative emotional states, in addition to completing a self-report measure related to their motivations for substance use. Results indicated that higher scores on negative emotional states measures revealed greater likelihood of engaging in alcohol and marijuana use, additionally adolescents were more likely to use smoking and alcohol consumption as a coping mechanism to deal with negative emotional states (Comeau, Stewart & Loba, 2001). Turner et al. (2005) examined the relationship between negative emotional mood states and alcohol use and marijuana use in a sample of 270 incarcerated adolescents. Participants completed various self-report measures to assess drinking and marijuana motives and negative emotional states. Adolescents were divided into two groups (negative mood subtype versus normative mood subtype) based on their responses. Results indicated that compared to the normative mood adolescent group, adolescents who experienced significantly more negative mood states were also significantly more likely to endorse alcohol and marijuana as a coping mechanism to regulate their negative emotional states (Turner, Larimer, Sarason & Trupin, 2005).

#### 2.3.4. Negative emotional states and marijuana use

According to the Monitoring the Future report, a NIDA funded study of the attitudes, values and behaviors of adolescents (NIDA, 2009), 32.8 percent of 12th graders, 26.7 percent of 10th graders, and 11.8 percent of eighth graders reported using marijuana in the past year. Additionally, the percentage of marijuana use amongst adolescents are no longer on the steady decline once experienced in the 1990's but instead has been at the same percentage rate for the past five years (NIDA, 2009).

In an effort to examine the relationship between marijuana and depression in adolescents, Medina et al. (2007) studied reports of marijuana use and depression scores for 32 adolescent participants. Researchers collected data from 16 adolescent marijuana users and 16 drug-free adolescents. Adolescents were considered marijuana users if they reported that they used marijuana at least 60 times in their lifetime and did not use any other substances other than alcohol, or nicotine more than 25 times in their lifetime. Adolescents were considered as drug free if they reported that they had less than 5 experiences with marijuana, and never used any other drug besides nicotine. Researchers measured for current depression by using both self-report and interview methods. Results indicated that there was a significant relationship between marijuana use and depressive symptoms based on findings that marijuana users reported significantly higher scores on the depression measures than their drug-free counterparts (Medina, Nagel, Park, McQueeney & Tapert, 2007).

Negative emotional states can affect treatment outcome with adolescents who are addicted to marijuana. Through the examination of patient medical records of 59 marijuana dependent adolescents in treatment, White et al. (2004) assessed the

plausible clinical predictors of relapse (defined as marijuana use while in treatment detected by a urine drug screen) in addition to treatment completion (defined as successfully completing the program). Additionally, researchers examined the medical records to identify any negative emotional states reported by the adolescent. Researchers utilized logistic regression analyses to evaluate the relationship between treatment relapse, failure to complete treatment and depression. Clinical diagnoses were made by certified substance abuse clinicians based upon information obtained during interviews with the patient and the patient's family, as well as collateral information from sources pertinent to treatment (pediatricians, psychiatrists, school counselors). Results indicated that adolescents who suffered from depression were nearly five times more likely to relapse than those who did not suffer from depression which also had a significant relationship to treatment completion (White, Jordan, Schroeder, Acheson, Georgi, Sauls, Ellington & Swartzwelder, 2004).

There is a clear relationship between negative emotional states and substance use; it can be argued that regardless of the type of substance (marijuana, alcohol, and tobacco use), adolescents are using substances as a means of dealing with their negative emotional states. Based on the rates of substance use amongst adolescents, it is evident that there is a need to examine the coping mechanisms that are employed by adolescents experiencing negative emotional states. More specifically, early intervention is critical (Fryar, Merino, Hirsch & Porter, 2009; Hingson, Heeren & Winter, 2006; Lindberg, Jones & Santelli, 2008; Wigfield, Lutz & Wagner, 2005). Based on an extensive examination of the developmental changes that middle school

adolescents experience, Wigfield, Lutz & Wagner (2005), made specific recommendations pertaining to the careful considerations that should be made to ease the transition to and through the middle school years for adolescents. Wigfield, Lutz and Wagner (2005) strongly suggest that researchers must engage stakeholders that interact with adolescents during this period (i.e. teachers, administrators, counselors) to be more active and aware, to create programs and curricula that foster their students' development in multiple domains and also to provide resources to assist with adolescent personal issues.

Intervention programs which incorporate teaching adolescents positive coping skills in addition to speaking to the relationship between negative emotional states and substance use may prove to be instrumental in reducing the tendency of adolescents to engage in such behavior when faced with these emotions.

## **2.4 Coping**

### 2.4.1 Definition of coping

Given the relationship between negative emotional states and adolescent risk behavior, the ability to cope with psychological distress in adolescents may be effective in reducing the likelihood of risky sexual behavior, tobacco, marijuana, and alcohol abuse in adulthood. Unfortunately, adolescents use inadequate and insufficient coping skills to deal with many of the stressful situations that they face (Brooks et al., 2008, Kort-Butler, 2009).

Coping skills are behavioral methods that individuals utilize to assist in dealing with uncomfortable and distressful feelings or situations. According to

Lazarus (1993), coping is defined as an individual's ongoing efforts in thought and action to manage specific demands appraised as taxing or overwhelming.

Furthermore, adolescent coping involves the cognitive and behavioral means used to deal with stress, both emotionally and instrumentally, during early and later adolescence (Lazarus & Folkman, 1984, Mulls & Chapman, 2000). A negative relationship exists between stressful situations that an adolescent may experience and their ability to use their psychological resources and cope with their personal situations in an appropriate manner (Kort-Butler, 2009). Specifically, the inability to regulate and express one's emotions is related to high levels of distress (Cooper, Shaver & Collins, 1998).

#### 2.4.2 Categories of coping

Coping skills can be divided into three large categories: (1) action/approach (also known as positive coping), defined as the ability to address the root of a distressing situation which often entails using effective problem solving skills (Kort-Butler, 2009), (2) avoidant (also known as negative coping), defined as the inability to deal with a distressing situation in a direct manner, often ignoring the fundamental problem (Kort-Butler, 2009) and (3) emotion-based, defined as the inability to deal with a distressing situation with a problem solving approach, decisions are often characterized with impulsive behaviors such as engaging in risky behaviors (Simons et al., 2005). An important factor in defining coping skills is whether the individual chooses to internalize their stress (i.e. anxiety, depression or withdrawal) or whether they choose to externalize it (i.e. aggressive behaviors towards others, delinquency or hyperactivity).

### 2.4.3 Consequences of Effective and Non-Effective Coping

An adolescent's ability to deal with stressful situations is often related to their utilization of adaptive or maladaptive coping skills (Brooks et al., 2008, Gonzales et al., 2001; Kort-Butler, 2009; Okuwumambua, 2003). In an examination of the relationship between personality and adolescent coping behavior, avoidance coping behavior strongly predicted involvement in risky behaviors (Brooks et al., 2002; Cooper & Wood, 2006). Avoidant coping skills have also been found to contribute to depressive symptoms both in adolescent females and males (Kort-Butler, 2009).

In another examination of the relationship between negative emotional states, coping styles and well-being, Kort-Butler (2009) analyzed data pertaining to adolescent perceived stress, delinquent behavior, and negative emotional states and coping skills from a sample of 5,954 adolescent males and 6,316 adolescent females who were administered the National Longitudinal Study of Adolescent Health (Add Health). Regression analyses revealed that avoidant coping in both adolescent males and females were related to higher levels of adolescent delinquent behavior, additionally negative emotional states were significantly related to perceived stressful situations amongst adolescents.

Negative emotional states can also effect an adolescent's belief in their ability to make adequate decisions when faced with stressful situations. In an examination of the association between decision-making and adolescent mood states, Okuwumambua et al. (2003) utilized self-report measures to examine the association between depressive symptoms and decision coping patterns among a nonclinical community sample of 276 adolescents. Results indicated that adolescents who experienced

negative emotional states had difficulties in practicing vigilant decision making (ability to adequately use the necessary steps involved in good decision making such as collecting facts, and checking consequences), and were more likely to demonstrate hypervigilant decision making (tendency to make a hasty and impulsive choice) and implement avoidance coping strategies to cope with their mood state (Okwumabua, Wong & Duryea, 2003).

In contrast, the ability to possess effective coping skills has proven to be significantly successful in moderating the behaviors of adolescents who are faced with stressful situations. In a study by Gonzales et al (2001), active coping moderated the relationship between peer stress and depression, between family stress and depression and between family stress and grades in adolescent males. Furthermore, Gonzales et al. (2001) reported that in adolescent females, active coping moderated the relationship between family stress and conduct problems, and the relationship between community stress and grades (Gonzales, Tein, Sandler & Friedman, 2001).

Taken together, it has been found that many adolescents do not have the ability to adequately cope with their negative emotional states and subsequently engage in maladaptive behaviors, however simply evaluating negative emotional states is not sufficient by itself to reducing adolescent risk behavior. To better understand adolescent maladaptive behavior and to augment our effectiveness in addressing this issue, we must further examine constructs which deal with real time measurement of an inability to tolerate distressing situations.



## **2.5 Distress Tolerance**

### 2.5.1 Definition of distress tolerance

One construct that has been used to measure the ability to cope with negative emotional states is distress tolerance (Brown et al., 2002; Daughters et al., 2009; Daughters et al., 2009 Lejuez et al., 2006). Defined as the ability to persist in goal directed activity while experiencing emotional distress and the perceived capacity to withstand negative emotional and/or other aversive states, distress tolerance is associated with a number of life threatening adolescent risk behavior such as parasuicidal behavior (Nock & Mendes, 2008), eating disorders (Anestis et al., 2007; Corostorphine et al., 2007; Salbach-Andrae et al., 2008), substance use, (Buckner et al., 2007; Daughters et al., 2009), and delinquent behavior (Daughters et al., 2009).

### 2.5.2 Measurement of distress tolerance

Several measures have been used to assess distress tolerance including self-report measures (Gratz & Roemer, 2004; Harrington, 2005; Hayes et al., 2004; Peterson & Reiss, 1992; Schmidt et al., 2006; Simon & Gaher, 2005) and behavioral measures (Lejuez, Kahler & Brown, 2003; Strong et al., 2003).

### 2.5.3 Description of self report measures

Self-report measures for distress tolerance include the Distress Tolerance Scale (DTS; Simons & Gaher, 2005), the Discomfort Intolerance Scale (DIS; Schmidt et al., 2006), and the Frustration Discomfort Scale (FDS; Harrington, 2005).

The DTS measures distress tolerance by using a 15 item self-report measure which is based on a conceptualization of responses to distress such as (1) tolerability (i.e. “I can’t handle feeling distressed or upset.”); (2) acceptability (i.e. “ I can tolerate

being distressed or upset as well as most people”); (3) functional interference (i.e., “My feelings of distress are so intense that they completely take over”); and (4) emotion regulation (i.e. “I’ll do anything to stop feeling distressed or upset”). The DTS has established strong psychometric properties with high internal consistency for each factor ( $\alpha = 0.72-0.82$ ) and moderate test-retest reliability over a six-month interval ( $r = 0.61$ ). The DIS measures distress tolerance by utilizing a seven item self-report measure of the ability to tolerate somatic or physical distress on two factors, the avoidance of physical discomfort and the ability to tolerate pain. Consequently, this measure aims to capture distress tolerance as it relates to a defined subtype of distress (uncomfortable physical sensations). The DIS has demonstrated good internal consistency for both factors ( $\alpha = 0.91$  and  $0.72$  respectively) and good test-retest reliability over a 12-week period ( $r = 0.63$  and  $0.66$ ). Lastly, the FDS measures distress tolerance by using a 47 item self-report measure of intolerance of frustration based on the rational-emotive behavior therapy model, which assumes that dysfunctional beliefs can be categorized by frustration intolerance and low self-worth (Harrington, 2005). The FDS has 4 subscales, (1) emotional intolerance (i.e. “I must be free of disturbing feelings as quickly as possible; I can’t bear if they continue”); (2) entitlement (i.e. “I can’t tolerate criticism especially when I know I’m right”); (3) discomfort intolerance (i.e. “I can’t stand having to persist at unpleasant tasks”) (4) achievement (i.e. “I can’t bear the frustration of not achieving my goals”). This measure has demonstrated both strong internal consistency ( $\alpha = 0.95$ ) as well as evidence for discriminant validity.

#### 2.5.4 Description of behavioral measures

As stated previously, distress tolerance has also been assessed by behavioral measures. Researchers have used task persistence as the behavioral measure of distress tolerance. There are two common measures that utilize task failure plus negative feedback to induce psychological distress in individuals namely the computerized Paced Auditory Serial Addition Task (PASAT-C; Lejuez, Kahler, & Brown, 2003) and the computerized Mirror-Tracing Persistence Task (MTPT-C; Strong et al., 2003).

The PASAT-C asks participants to sum numbers sequentially as they appear on a computer screen. Over time, the speed of the task increases and with each error made by the participant, negative feedback is provided. The task consists of three levels, ranging from low difficulty (level 1) to high difficulty (level 3). At the third level, the participant is given the choice to end the task at anytime simply by clicking a quit button that is located on the computer screen. Distress tolerance is measured continuously as time in seconds to terminating the task. To control for the effects of skill on task persistence, the number of points that the participant accrues over the course of the task are recorded.

In like manner, the computerized Mirror-Tracing Persistence Task (MTPT-C; Strong et al., 2003) consists of images on the screen that participants are asked to trace using the computer mouse. This task is considered particularly challenging based on the fact that the movement of the cursor is opposite to the movement of the mouse, in that the task is similar to tracing a mirror image of the object, and with each committed error negative feedback in the form of a computerized “explosion” sound

is provided. The task consists of three rounds; the first two rounds last for approximately one minute each. For the third round, participants are told that they have the choice to end the task at any point that they choose by pressing the space bar on the keyboard. Distress tolerance is measured continuously as time in seconds to terminating the task. To control for the effects of skill on task persistence, the amount of errors per second (the amount of times that the participant must return to the starting position during the task divided by the task time) are recorded.

Based on the high intercorrelations between anxiety, irritability, difficulty concentrating and frustration (Brown et al., 2002), a composite score of these scales, defined as dysphoria, has often been used as a measure for physical and psychological distress (Brown et al., 2002; Daughters et al., 2005; Daughters et al., 2008; Rodman et al., 2009). The dysphoria scale is a Likert scale ranging from 0 (none) to 100 (extreme). Each item on the scale is independently rated and subsequently a total score is obtained by summing the score on each item. Pre and post measures of dysphoria are conducted for the PASAT-C and MTPT-C. Dysphoria scores have significantly increased following the task administration with both the PASAT-C and MTPT-C, which indicates that the tasks do indeed produce distress. Additionally, self-reported distress on the task is uncorrelated with distress tolerance which provides further support for the ability of these measures to capture an individual's inability to tolerate distress and not just distress per se (i.e. Daughters, Lejuez & Kahler, et al., 2005).

One behavioral measure that is of particular importance is the Behavioral Indicator of Resiliency to Distress (BIRD; Lejuez, Daughters, Danielson & Ruggiero,

2006). The BIRD is a computerized task that serves as a behavioral measure of distress tolerance in youth. Modified from the PASAT-C, the BIRD presents participants with ten numbered boxes (one to ten) on a computer screen. Participants are instructed to click on the dot that appears over a numbered dot before it goes to another numbered box. If the participant is successful in clicking on the box before the dot moves, the bird flies out of the cage, a point is gained and the computer produces a pleasurable chirping sound. On the other hand, if the participant is unsuccessful, the computer produces a noisy and unpleasant sound and a point is not gained. Throughout the duration of the task, the total number of points that are gained are made visible on the upper right hand corner of the screen. This task consists of three levels ranging from easiest (level 1) to most difficult (level 3). Before beginning the final level, participants are informed that they can terminate the task at any time simply by clicking the “quit game” button; however the degree of their prize is contingent on their task performance. Distress tolerance is measured by the participant’s persistence on the final level. Participants are considered as having low distress tolerance if they decide to quit the task rather than persist for the entire duration of the task. To control for the effects of the participant’s skill on persistence, the total score on the first two levels are recorded.

The Positive and Negative Affect Schedule-Children (PANAS-C, Laurent et al., 1999) is a self-report measure that consists of positive (i.e. interested, excited, happy, energetic, proud) and negative affect (i.e. upset, frustrated, mad, embarrassed, nervous) subscales on a five point Likert scale ranging from one (not at all or very slightly) to five (extremely). Higher scores on positive affect indicate more positive

emotions, and similarly, higher scores on negative affect indicate more negative emotions. To measure the change in affect with participants in the BIRD task, the PANAS-C is given before the participant attempts to complete Level 1 and after their completion of Level 2. Significant increases in self-reported negative affect (measured by the PANAS-C) have been reported during Level 1 and 2 of the BIRD thus signifying that the task does produce distress (Daughters et al., 2009).

Two common measures that have been used to induce physical distress are the breath holding task (BH) and the cold pressor task (CP). The breath holding task assesses an individual's latency to taking a breath after being asked to hold their breath for as long as they can and to notify the experimenter by holding up a sign when they begin to feel uncomfortable. This task often requires several trials. Participants are assessed on their longest duration of breath holding, and that score is then considered as the relevant measure (Brown et al., 2002). Distress tolerance is measured as the latency in seconds between when the participant begins to feel uncomfortable and when they finally release their breath. The cold pressor task assesses an individual's ability to tolerate pain and as a result has also offered a measure for distress tolerance relative to physical pain. During this task, participants are required to submerge their non-dominant hand (up to their wrist) in cold water. Similar to the MTPT-C and the PASAT-C, participants are informed that they are permitted to discontinue the task at any time however their reward at the end of the session is dependent on their performance; the participant's time to discontinuation is then used as an index of pain tolerance (Willoughby, Hailey, Mulkana & Rowe, 2002). Distress tolerance is measured as the delay in seconds between when the

participant begins to feel uncomfortable and when they finally end the task by removing their hand from the water.

Given the findings from the aforementioned measures, it is evident that distress tolerance is a valid measure and can be measured in several different ways. Additionally, the aforementioned measures enable researchers to have the opportunity to have additional means of assessing an individual's inability to handle distress and not depend solely on self-report measures.

## **2.6 Distress Tolerance and Its Relation to Overall Risk Behavior**

Previous research has established a relationship between distress tolerance and adult public health outcomes such as psychopathology (Anestis et al., 2007; Corostorphine et al., 2007; Daughters et al., 2008), substance use (Brown et al., 2002; Brown et al., 2008; Buckner et al., 2007) and negative emotional states (Zvolensky et al., 2008).

### 2.6.1 Distress tolerance and psychopathology

Distress tolerance has been found to be related to psychopathology such as eating disorders, gambling, antisocial personality disorder and borderline personality disorder in adult populations. Anestis et al. (2007) assessed the relationship between distress tolerance, measured by the composite score from the DTS (Simons & Gaher, 2005) and eating disorders, in a sample of undergraduate students from a large south eastern university. Results indicated that individuals with high negative affect scores combined with low distress tolerance scores were significantly more likely to experience relatively higher levels of bulimic symptoms than those who did not have

low distress tolerance (Anestis, Selby, Fink & Joiner, 2007). Corstorphine et al. (2007) found similar results comparing a sample of non-bulimic and bulimic women where participants were given the EDI and the DTS to assess their ability to tolerate feelings of distress when faced with experiences of negative emotionality. Findings from this study indicated that clinical women were significantly more likely to engage in emotional eating, had lower body dissatisfaction, and low distress tolerance than their non-clinical counterparts (Corstorphine, Mountford, Tomlinson, Waller & Meyer, 2007).

Daughters and colleagues (2008) assessed the role of distress tolerance, measured by the PASAT-C and the MTPC-C as a predictor for the presence of Antisocial Personality Disorder (ASPD) in a sample of 127 residential drug users. Results indicated that distress tolerance was able to significantly predict the presence of an ASPD diagnosis, surpassing key factors (i.e. substance use frequency and associated Axis I and II psychopathology) that are often utilized to predict this behavioral disorder (Daughters, Sargeant, Bornovalova, Gratz & Lejuez, 2008)

Bornovalova and colleagues (2008) further explored the relationship between distress tolerance and psychopathology by extending research on the relationship between distress tolerance and borderline personality disorder (BPD) among 76 inner-city substance users in a residential treatment facility. Participants were assessed for levels of distress tolerance by their performance on two behavioral tasks (PASAT-C; and MTPT-C). Results indicated that BPD participants demonstrated significantly lower distress tolerance than non BPD participants by persisting for a shorter amount



of time on both behavioral tasks (Bornovalova, Trotman, Daughters, Gratz & Lejuez, 2008).

#### 2.6.2 Distress tolerance and substance use

Research has demonstrated a relationship between distress tolerance and smoking behavior. In a study conducted by Quinn et al. (1996), researchers examined the relationship between an individual's ability to demonstrate persistence (high distress tolerance) and its effects on drug use in a sample of 52 smokers (heavy smokers who smoked a minimum of 20 cigarettes per day for at least 1 year) and 57 nonsmokers (individuals who had never been daily smokers). Participants were given self-report measurements to assess substance abuse history (Quinn, Brandon & Copeland, 1996). Participants were also given two behavioral tasks; the Anagram Persistent Task (APT; Eisenberger & Leonard, 1980) and the Mirror-tracing persistence task (MTPT; Strong et al., 2003) that was used to increase their level of distress. Findings indicated that even when all demographic traits, intelligence scores and substance use problems were covaried out, nonsmokers were more persistent on both behavioral tasks. Additionally, compared to individuals who did not have a substance use history, individuals who had a history of substance use were also less likely to be persistent on a behavioral task (Quinn, Brandon & Copeland, 1996).

Brown et al. (2002) investigated the relationship between distress tolerance and early relapse from smoking cessation in a sample of 16 immediate relapsers (current smokers who had failed to maintain their prior quit attempts for more than 24 hours) and 16 delayed relapsers (smokers who had at a minimum of a one prolonged quit attempt of three months or longer). Measures included a psychological (PASAT-

C) and physical stressor (breathing task) that was given to each participant. Results indicated that when participants were faced with tasks that were related to increased distress, immediate relapsers displayed less behavioral perseverance than did the individuals who were characterized as delayed relapsers. Additionally, results from the physical stressor task indicated that delayed relapsers were significantly more successful with the breath holding duration than the immediate relapsers (Brown, Lejuez, Kahler & Strong, 2002).

Distress Tolerance has also been reported to have an effect on substance use relapse. In a study on distress tolerance and its relation to substance use abstinence, Daughters et al. (2005) examined the relationship between distress tolerance (as assessed by performance on the PASAT-C, (Lejuez, Kahler & Brown, 2003) and the duration of an individual's most recent drug and alcohol abstinence attempt among 89 individuals in an inner-city residential substance abuse treatment facility. Findings from this study indicated that lower levels of distress tolerance was related to abbreviated abstinence duration even beyond the effect of substance use level, negative affect or demographics (Daughters, Lejuez, Kahler & Brown, 2005).

In a subsequent study utilized to intentionally address treatment failure, Daughters et al. (2005) examined levels of distress tolerance (assessed by performance on the PASAT-C and the MTPT-C) at a substance abuse treatment center as a predictor of early treatment dropout with 122 illicit drug users in the same residential substance abuse treatment facility. Participants also completed a battery of self-report measures and a diagnostic interview. Results indicated that distress tolerance served as a strong predictor for 30-day treatment dropout and surpassed

several other relevant self-report predictors of residential substance use treatment dropout such as demographic variables, mood variables, psychopathology, substance use severity, treatment readiness, and social support (Daughters, Lejuez, Bornovalova, Kahler, Strong & Brown, 2005).

Distress tolerance has also been found to be related to the use of other substances such as alcohol and cannabis. In a study conducted by Buckner et al. (2007) researchers examined the effect that discomfort and distress tolerance had on the relationship between alcohol and cannabis problems among 265 undergraduate students. Participants completed self-report measures related to substance use issues. These self-report measures included The Rutgers Alcohol Problems Index (RAPI; White & Labouvie, 1989) which assesses the frequency and alcohol use problems; The Marijuana Problems Scale (MPS; Stephens, Roffman & Curtin, 2000) which evaluates the negative social, occupational, physical, and personal consequences associated with cannabis use in the past 90 days frequency. Participants also completed questions that related to whether the participants had ever used alcohol/cannabis, typical frequency of alcohol/cannabis use in the past month, and typical quantity of alcohol consumed. Participants also completed the DIS, the DTS and a measure for depression. Results indicated that distress intolerance was significantly related to alcohol problems, cannabis problems and depression. High distress tolerance was significantly related to decreased alcohol quantity and fewer alcohol and cannabis problems. Moreover, distress tolerance mediated the relation between depression and both alcohol and cannabis problems (Buckner, Keough, & Schmidt, 2007).

### 2.6.3 Distress tolerance and adolescent risk behavior

Similar to adult studies, distress tolerance has been found to be associated with various components of adolescent risk behavior. Previous research examining the relationship between distress tolerance and adolescent risk behavior has mostly been conducted in clinical settings. For example, Nock & Mendes (2008) examined the relationship between distress tolerance, physiological arousal and social problem solving skills in a group of 62 adolescent non-suicidal self-injurers (adolescents who engage in deliberate destruction of one's own body tissue in the absence of intent to die and outside the context of socially or medically sanctioned procedures) and 30 non self-injurers. Distress tolerance was measured by a behavioral task that was developed for the study that consisted of using the stimulus cards to induce distress for participants. To measure physiological arousal, skin conductance data was collected during the distress tolerance and problem-solving portions of the laboratory session. To assess social problem-solving skills, researchers used a behavioral task that measured a participant's range of problem-solving skills using behavioral performance as its foundation. Participants were given various situations based on eight social scenarios in four different domains: (1) potential problems with peers; (2) potential problems with a boyfriend or a girlfriend; (3) potential problems with parents; and (4) potential problems with a teacher or boss. After completing the task, participants were given several problem-solving tasks to solve and perform. Participants' responses were measured for content and motives. Results indicated that self-injurers showed higher physiological reactivity when faced with a distressing task, had a poorer ability to tolerate this distress, and also had deficits in several

social problem solving abilities than non-injurers. Additionally, self-injurers showed significantly poorer distress tolerance than non-injurers (measured by their decision to stop the distress tolerance task earlier than non-injuring controls).

Daughters et al. (2009) examined the relationship between low distress tolerance and rates of alcohol use, delinquent behavior, and internalizing symptoms amongst a socioeconomically and ethnically diverse sample of 231 Caucasian and African American youth. Participants completed self-report measures that were used to examine the prevalence of delinquent behavior and substance use (alcohol, smoking, marijuana and illicit drug use) in the past year and examined symptoms of the DSM-IV (anxiety disorders and depression). Results indicated that adolescents with low distress tolerance, as assessed by persistence on the BIRD, were significantly more likely to report greater rates of alcohol use, delinquent behavior, and internalizing symptoms than adolescents with high distress tolerance. Moreover, low distress tolerance was also significantly related to delinquent behavior among African American adolescents, an increase in alcohol use amongst Caucasian adolescents and internalizing symptoms among females (Daughters, Reynolds, MacPherson, Kahler, Danielson, Zvolensky & Lejeuz, 2009).

MacPherson et al. (2010) examined the relationship between distress tolerance and an adolescent's inclination to engage in risk taking behavior (risk taking propensity) in a sample of 230 adolescents. Participants were administered the BIRD for distress tolerance, the Youth Risk Behavior Surveillance System for risk taking behavior (YRBS; Centers for Disease Control and Prevention, 2001), and a behavioral measures of risk taking propensity (BART; Lejeuz et al., 2001) at baseline

and a one year follow-up assessment. Results from this study indicated that there was a significant increase in adolescents' risk taking behavior between baseline and the one year follow up assessment. Researchers found that there was a significant two-way interaction between risk taking propensity and distress tolerance in the relationship with risk behavior engagement, explaining 27% of the variance in adolescent risk behaviors. These results indicate that adolescents who had low distress tolerance and high risk taking propensity were found to engage in the largest amount of risk taking behaviors (MacPherson, Reynolds, Daughters, Cassidy, Mayes, Wang & Lejuez, 2010).

There are clear links between distress tolerance and negative emotional states both in adults and adolescents; moreover distress tolerance has been found to be the underlying cause of several risk behaviors across gender and life span. Based on the aforementioned links between distress tolerance, adolescent negative emotional states, coping and adolescent risk behavior, it is imperative that current adolescent interventions are examined to better understand any existing limitations and programmatic gaps. In so doing, further adolescent interventions can be created to address these issues. To date however, current adolescent intervention approaches have been limited to being either primarily education based or skills based rather than being based on the pertinent relationships between negative emotional states and risk behavior.

## **2.6 Current Intervention Approaches**

Over the last several years, significant attention has been focused on the development of prevention approaches that target risky adolescent behavior. There

are mainly two types of programs that have been implemented, namely (1) education based programs and (2) skills training based programs (Kumpfer, 2008).

#### 2.6.1 Education based programs

The main focus of education-based programs are to provide adolescents with information regarding the components of various risk behaviors, prevalence rates surrounding the risk behavior and possible health outcomes that are often related to engagement in various risk behaviors. Two examples of education-based programs are the Rochester AIDS Prevention Project for Youth (RAPP: Siegel, Aten & Enaharo, 2001) and Morrison-Beedy et al's 2008 study. In an effort to examine the long-term effects of a HIV/risky sexual behavior education program for adolescents Siegel, Aten & Enaharo (2001) recruited over 4,000 adolescents to examine the effectiveness of the RAPP program. Adolescents were randomly assigned to one of four groups: (1) program curriculum implemented by highly trained health educators; (2) program implemented by extensively trained adolescent peers; (3) program curriculum taught by regular health teachers; and (4) control group with the regular health education curriculum taught by a classroom teacher. The RAPP intervention was comprised of 10 (middle school) to 12 (high school) sessions of consecutive health class sessions (typically two or three sessions per week) delivered for a maximum duration of seven weeks and integrated into the regular school curriculum. Although the curriculum addressed issues surrounding self-esteem and decision-making, the majority of the sessions consisted of education regarding sexuality, sexually transmitted diseases, pregnancy, and HIV/AIDS. Participants engaged in discussions and were also given take-home assignments. Adolescents completed a

self-report evaluation at the beginning of the program implementation, immediately after completion of the program and at a follow up assessment. Results from the study found that adolescents had significant long-term knowledge scores and greater sexual self-efficacy. Conversely, with regards to an adolescent's intention to be safe when engaging in sexual behavior, results were only significant for younger adolescents (middle school age) moreover none of the four program conditions were able to yield significant results regarding the ability to predict the engagement in risky sex behavior.

Morrison-Beedy et al. (2005) evaluated the feasibility of an adolescent HIV risk reduction education program with 62 adolescents. Participants were randomly assigned to either the HIV risk reduction group (experimental group) or the health promotion group (control group). All participants completed a self report questionnaire which included measures on (1) demographics; (2) HIV-related knowledge, measured by the HIV Knowledge Questionnaire (HIVKQ; Carey, Morrison-Beedy & Johnson, 1997); (3) motivation, which was based on general perception statements of HIV risk regarding risk perception, general readiness to change sexual behaviors, behavioral intentions to reduce risk and pros and cons of condom use; (4) behavioral skills (confidence in condom use); (5) risk-related behaviors (sexual risk behaviors and substance use).

The program was comprised of four two-hour sessions and was implemented in small groups of six to eight participants. Sessions were held at a local community education center. Participants also met after school hours. Group facilitators were health professionals and trained by the primary investigator of the research team.



Facilitators used a standardized written training manual. The research team made routine observations and also offered accompanied feedback to the group facilitators. The program consisted of educational lessons, role-play, homework assignments and some practice of other behavioral skills. Upon completion of the program, researchers found that adolescents who received the HIV-related education program significantly improved their HIV-related knowledge, augmented their motivation for risk reduction and had lower mean scores for engagement in risk related behaviors compared to adolescents who received the control program. At follow up, however, there were only minimal significant differences between both groups and no significant difference between groups regarding engagement in risk-related behavior (Morrison-Beedy, Nelson & Volpe, 2005).

#### 2.6.2 Skill based programs

The main focus of skill based programs are to provide adolescents with skills that are deemed essential by a researcher or research team namely refusal skills and assertiveness skills in an effort to prevent engagement in later risk behavior. Three examples of adolescent skill based programs are the Alcohol Misuse Prevention Study (AMPS; Wynn et al., 2000); the Life Skills Training program (LST; Williams et al., 2005); Project Toward No Drug Abuse (TND; Rohrbach, Gunning, Sun & Sussman, 2010).

Williams et al. (2005) evaluated the effectiveness of a multimedia skill based intervention (The Life Skills Training Program: LST) on adolescent substance use with 123 adolescents. Participants were recruited from their school and were randomly assigned to either receive the CD-ROM preventive intervention or to the

control group. Although the LST CD-ROM program was designed for home and after-school settings, participants in the intervention group were asked to use the CD-ROM program at home over a six-week period. The LST CD-ROM consisted of 10 sessions that taught general social skills, personal self-management skills, and drug resistance skills, in an effort to develop overall competence and enable the foster the proposed characteristics associated with decreased risk of future substance use. Subsequent to the program conclusion, researchers administered the Life Skills Training Questionnaire (LSTQ; Macaulay et al., 2002). Results demonstrated that participants in the LST program reported significantly lower overall pro-drug attitudes, lower overall peer drug norms and marginally significant intervention effects on drug knowledge compared to adolescents in the control group. Conversely, there were no significant effects on drug use behavior amongst the intervention group at the conclusion of the program (Williams, Griffin, Araxi, Macaulay, West & Gronewold, 2005).

Rohrbach et al. (2010) assessed the direct outcomes of a dissemination and implementation trial of Project Toward No Drug Abuse, a prevention program considered as a SAMSHA model program which targets substance use and through the use of a motivation skills and decision-making approach for adolescents. The curriculum consists of 12 classroom sessions, approximately 45 minutes each, which were designed to be implemented over a four-week period. Facilitators in the comprehensive implementation condition and the regular condition took part in a one-day workshop created to present the foundational concepts and skills needed to

conduct the program. Workshops were led by certified Project TND trainers and conducted at the TND project's worksite.

Using a sample of 2,983 adolescents across 65 high schools and 14 school districts across the United States, students were recruited and then randomly assigned to one of three experimental conditions: (1) comprehensive implementation support for teachers; (2) regular workshop training only; or (3) standard care control. Participants received both pre and post measurements on 10 immediate outcome variables (program related knowledge, intentions regarding cigarette use, intentions regarding alcohol use, intentions regarding marijuana use, hard drug use, addiction concern, negative coping strategies, pro-drug myths, immorality of drug use and health as a value). Results demonstrated that relative to the controls, both intervention conditions yielded significant effects towards some of the proposed outcomes (program-related knowledge; greater reductions in short term cigarette, marijuana and hard drug use intentions; and more positive changes in drug-related beliefs), however there were no differences between groups with regards to other skills such as negative coping strategies, pro drug myths and addiction concern (Rohrbach, Gunning, Sun & Sussman, 2010).

It is evident that recent education based and skills based adolescent programs have proven to be somewhat effective in knowledge creation and motivation enhancement amongst adolescents. The long-term effect on adolescent risk taking behaviors seems to be minimal and often unclear. Current research however has given evidence to the strong links between negative emotional states and adolescent risk behavior (Brooks et al., 2008; Brown et al., 2006; Byrne & Mazanov, 2001; Ethier et

al., 2006; Finkelstein et al., 2006; Mazzaferro et al., 2006; Morrison-Beedy et al., 2008), and yet there are still very few interventions that are appropriately tailored to address both concerns (Brown et al., 2008; Miller et al., 2007; Rathus & Miller, 2002). An attempt to incorporate the link between both negative emotional states and adolescent risk behavior as a basis for adolescent program creation could prove to be effective in increasing knowledge, skills and reduction of risk taking behavior.

## **2.7 Distress Tolerance**

Distress tolerance skills are used to teach an individual how to tolerate distress in a skillful manner without engaging in maladaptive behaviors (i.e. risky sexual behavior and substance use). An individual's ability to recognize and tolerate distress is vital for an individual's emotional state. Linehan (1993) establishes two reasons why distress tolerance skills are essential: (1) Negative emotional states are an intricate component of an individual's life and cannot be completely ignored or eliminated and (2) distress tolerance is a necessary component to changing oneself, if an individual fails to do so they will engage in impulsive actions which most often will lead to negative and harmful outcomes. Dialectical Behavior Therapy (DBT) utilizes distress tolerance skills to significantly address dangerous risky behaviors (Miller, 2000). DBT has also proven to be effective in addressing several issues that face adolescents such as adolescent self-harm (Nock, Teper & Hollander, 2007; Nock & Mendes, 2008), eating disorders (Salbach-Andrae et al., 2008) and borderline personality disorders (Stepp et al., 2008). Specifically, distress tolerance skills focus on the ability to tolerate and endure negative emotional states. In particular, four sets of distress tolerance strategies include: (1) Distracting (ex: engaging in constructive

activities); (2) Self-Soothing (via their human senses-touch, taste, smell, seeing and hearing); (3) Improving the Moment (ex: through the use of imagery, relaxation, meditation, self-encouragement) and; (4) Thinking of Pros and Cons (evaluating the positive and negative outcomes of possible decisions).

#### 2.7.1 Distress tolerance skills and adult interventions

The use of distress tolerance skills as an essential component in adult interventions has proven to be effective in at risk adult populations (Brown et al., 2008). Brown et al. (2008) utilized a distress tolerance intervention which consisted of skills that facilitated tolerance of the symptoms of nicotine withdrawal, negative affect and other feelings and thoughts that are associated with quitting smoking with early relapsers who did not have a quit attempt in the last 10 years that had lasted for longer than 72 hours. Findings from this intervention revealed that over 80 percent of the participants who completed the program indicated that the distress tolerance skills that they had acquired were very or extremely useful in helping them to quit smoking.

Bornovalova et al. (2011) utilized a distress tolerance intervention (Skills for Improving Distress Intolerance, SIDI) to examine its effectiveness with treatment dropout reduction with 66 individuals who were in residential treatment for substance use. All participants received a baseline assessment. Participants engaged in six treatment sessions over a three-week period, each session lasting approximately one and a half hours. To ensure the standardization of the intervention, facilitator manuals were used at all times and the facilitator received feedback regarding their adherence during each supervision session. During the first session, participants were given an overview of the intervention, its goals and the rationale for the program. In Session 1,

participants were taught to identify distressing situations and emotions and to examine a model that pertained to the relationship between negative emotions and negative behaviors. In Session 2, participants were taught how to experience acceptance and willingness and how to identify distressing situations and emotions that they were currently facing. In Session 3, participants were taught how to develop realistic behavioral alternatives to negative behaviors. In Session 4, participants were taught effective and healthy ways to interact with others and how to solve their interpersonal difficulties, regardless of the presence of distress. In Sessions 5 and 6, participants were taught how to “layer” their skills (i.e. recognizing that there are multiple skills that can be used in a distressful situation) and implement them. Throughout sessions 2 and 6, participants also engaged in mood induction, behavioral and progressive muscle relaxation exercises. At the post-treatment assessment, participants in the SIDI intervention were compared to two groups of individuals (1) individuals who received no intervention at all and (2) individuals who were engaged in a non directive intervention (participants spent the same one and a half with a facilitator but no distress tolerance skills were taught or suggested). Bornovalova et al. (2011) found that individuals in the SIDI intervention demonstrated greater improvements in levels of distress tolerance measured with behavioral tasks than individuals in the other two conditions and had higher rates of treatment retention.

Distress tolerance skills are included in traditional Dialectical Behavior Therapy interventions which have been effective in treating eating disorders (Chen, Matthews, Allen, Kuo & Linehan, 2008; Palmer, Birchall, Damini, Gatward, McGrain & Parker, 2003; Safer, Lively, Tech & Agras, 2002; Telch, Agras &

Linehan, 2001), suicidal behaviors (Harned, Chapman, Dexter-Mazza, Murray, Comtois & Linehan, 2009; Schinagle, 2002; Sneed, Balestri & Belfi, 2003), aggression (Shelton, Sampl, Kesten, Zhang & Trestman, 2009; Evershed, Tennant, Boomer, Rees, Barkman & Watson, 2003) and borderline personality disorder (Ben-Porath, Wisniewski & Warren, 2009; Harned, Alexander, Dexter-Mazza, Murray, Comotis & Linehan, 2009; Nee & Farman, 2007).

### 2.7.2 Distress tolerance skills and adolescent populations

More recently, distress tolerance skills have been examined for its effectiveness with adolescent populations (Rathus & Miller, 2002; Miller et al., 2007; Safer, Lock & Coturier, 2007) in clinical settings. Miller et al. (2007) used distress tolerance skills as an intricate component for an adolescent intervention for 27 adolescents who had recently engaged in parasuicidal behavior or suicidal ideation and were dealing with issues of borderline personality disorder. Adolescents engaged in a 12-week intervention that included various facets (weekly individual therapy and multifamily skills training group and telephone-based skills coaching with the individual therapist on an as-needed basis to facilitate skill generalization in vivo). In an examination of both pre and post self-report measures, researchers found that there were significant reductions in self report ratings of impulsive behavior, emotional instability and interpersonal behavior as a result of the integration of the distress tolerance skills (Miller, Rathus & Linehan, 2007).

Rathus & Miller (2002) also utilized a distress tolerance based intervention with suicidal adolescents with borderline personality features. Adolescents either received a distress tolerance based intervention (DBT) or treatment as usual (TAU).

Both groups received 12 weeks of weekly therapy twice a week (24 sessions). All facilitators for the DBT group received intense training in DBT prior to conducting the intervention sessions. To enhance adherence, all facilitators followed a skills training protocol and groups were recorded for supervision. In the DBT group, facilitators used DBT to address life-threatening behaviors, therapy-interfering behaviors, and distress tolerance skills. Researchers found that despite reports of more severe pre-intervention severe symptoms in the DBT group, adolescents who received the distress tolerance intervention demonstrated significantly greater reductions in suicidal ideation.

Additionally, in an adolescent case study examining effective techniques for adolescent binge eating disorder, Safer, Lock and Coturier (2007) introduced distress tolerance skills for four sessions of treatment. The sessions centered on assisting the adolescent in utilizing distress tolerance skills when they felt as if they were experiencing negative emotional states and unable to cope with these emotions. New behaviors (i.e. listening to music, looking at photos, surfing the internet) were introduced as alternate behaviors to replace the desire to indulge in binge eating to resolve the negative emotional states. At both pre-test and post-test evaluations, the Eating Disorder Examination (EDE; Fairburn & Cooper, 1993) was administered to measure behavioral tendencies of binge eating. In a post treatment evaluation, researchers found that using distress tolerance skills to reduce binge eating behavior was associated with a reduction in adolescent binge days or episodes (from 22 binge episodes to 4 binge episodes). These results were sustained at a three month follow up evaluation.



In the aforementioned studies (Rathus & Miller, 2002; Miller et al., 2007; Safer, Lock & Coturier, 2007), it is evident that the integration of distress tolerance skills had a significant effect on reducing risk behavior in adolescents. One important aspect to consider however is that these interventions served a clinical adolescent population in a controlled setting and does not indicate whether the participants were able to maintain their behavior change outside of a controlled environment.

In recent years, researchers have also conducted skill-based sessions that incorporated distress tolerance skills with clinically diagnosed adolescents in outpatient settings (Goldstein et al., 2007; Nelson-Gray et al., 2006; Woodberry & Popenoe, 2008).

Nelson-Gray et al. (2006) conducted a 16-week outpatient skills training program using distress tolerance skills as a prominent component of the intervention for non-suicidal adolescents who met criteria for oppositional defiant disorder (ODD). The program was conducted in a group format with 32 adolescents who were engaging in negative behaviors and were experiencing negative emotional states. The standard format of each session was a review of the previous week's homework and previously learned material, during which the participants had refreshments. This was followed by the introduction of new material, including didactic instruction, discussion, and illustrative activities. If a participant was absent from a session, the participant was invited to come early to the next session to review any missed material with the facilitator. Booster sessions were also provided for the participants. In an evaluation of both pre-and post self-reports, Nelson-Gray et al. (2006) reported that adolescent participants demonstrated a decrease in their negative behaviors and

an increase in their positive behaviors. Adolescents also reported that they experienced a significant reduction in their experiences of negative emotional states (Nelson-Gray, Keane, Hurst, Mitchell, Warburton, Chok & Cobb 2006).

Goldstein et al. (2007) conducted a one-year outpatient treatment program with 10 adolescents who were being treated for bipolar disorder. The researchers adapted a previously used intervention for adults and adapted it to meet the needs of adolescents. Distress tolerance skills were used as one of the main components of the intervention. Participants in the study received family therapy and also individual therapy as a means of addressing the various issues that the participants were dealing with. Researchers were also interested in the feasibility and acceptability of the intervention for the target population. Pre and post test results demonstrated that there was a significant change in reported symptom severity and functioning in that participants exhibited significant improvements in their suicidal tendencies, non-suicidal self injuries and negative emotionality. Ninety percent of the participants attended all of the scheduled sessions and also reported high satisfaction rates with the intervention program (Goldstein, Axelson, Birmaher & Brent, 2007).

Woodberry & Popenoe (2008) conducted a 15 week outpatient treatment program with 46 suicidal and self-injurious adolescents who were dealing with negative emotionality and unstable relationships within the last 3 to 6 months. Woodbury & Popenoe (2008) also utilized a previously implemented adult intervention that was used for adults with borderline personality disorder. Distress tolerance skills were utilized as an essential element of the treatment program. Researchers adapted the intervention by reducing the amount of sessions (1 year to 15

weeks), the amount of time in each session (2 ½ hours to 1 ¾ hours) and adding a family skills training component. Pre and Post test results revealed that there were significant reductions in depressive symptoms, anger, dissociative symptoms, overall symptoms and functional difficulties (Woodberry & Popenoe, 2008).

## **2.8 Importance of Further research**

A review of the aforementioned studies provides evidence that distress tolerance skills have proven to be effective in reducing several behaviors in adolescents with clinical diagnoses in controlled settings (Rathus & Miller, 2002; Miller et al., 2007; Safer, Lock & Coturier, 2007) and in naturalistic settings (Goldstein et al., 2007; Nelson-Gray et al., 2006; Woodberry & Popenoe, 2008).

Despite the promising findings of many of the abovementioned interventions using distress tolerance with at-risk populations, most of the interventions that have been created and implemented have been done with clinical populations. These programs have been designed to exist over an extended period of time, ranging between twelve to twenty-one weeks, and involve an intense commitment from family members such as attending all meetings with the adolescent and committing to completing homework tasks. Moreover, because of the clinical nature of the aforementioned programs, most participants attended the sessions on a non-voluntary basis. The study of the degree to which an adolescent distress tolerance program designed for non clinical middle school adolescents is relatively absent within the literature. The above-mentioned studies, although effective were not implemented with a population as young as middle school aged adolescents. As is evidenced by the

aforementioned findings regarding negative emotional states, risk behavior and middle school adolescents, there is a need for a distress tolerance intervention that is designed specifically for this population which addresses these factors.

## **2.9 Related Adolescent Studies**

Despite the need for effective and feasible adolescent intervention programs, there are very few programs to date which focus on adolescents who have not yet demonstrated significant behavioral issues but may be at risk for developing later risk behavior. One of the programs that have been designed with the intention to address this need is the Preventure program (Conrod, Castellanos & Mackie, 2008; Conrod, Stewart, Comeau & McLean, 2006; O’Leary-Barrett, Mackie, Castellanos-Ryan, Al-Khudhairy & Conrod, 2010).

The Preventure program, a manual based intervention focusing on personality factors as a contributing risk factor to future alcohol use, has demonstrated promising results in randomized trials with high-risk high school students (median age =14) in the UK and Canada (Conrod, Castellanos & Mackie, 2008; Conrod, Stewart, Comeau & McLean, 2006; O’Leary-Barrett, Mackie, Castellanos-Ryan, Al-Khudhairy & Conrod, 2010). The Preventure Program is relevant to the study of adolescent interventions for risk behavior because it addresses the relationship between personality and risk behavior. The program is a school-based intervention which consists of two 90 minute group sessions which include three main components (a) a psycho-educational component which addresses personality traits; (b) a motivational intervention component; and (c) a coping skills component. Participants are assigned

to an intervention group that is tailored to one of four personality traits reportedly related to substance use: sensation seeking, anxiety sensitivity, hopelessness, and impulsivity. The adolescent's personality trait is determined by receiving a score of one standard deviation over the average score for the Substance Use Risk Profile Scale (SURPS; Woicik, Conrod, Phil, Stewart & Dongier, 1999), a scale created to determine one of the four aforementioned personality traits. Substance use is targeted in all four interventions as a problematic way of coping; however it is discussed in a personality-specific context in each of the interventions.

Recent studies that have been conducted (Conrod et al., 2008; Conrod et al., 2006) on the Preventure program have had significant results in that participants who were characterized as sensation seeking were approximately 45 percent less likely to engage in binge drinking behavior than the control group (Conrod, Castellanos & Mackie, 2008). Researchers attribute these findings to the fact that the Preventure program focuses on issues that are related to substance use and keep alcohol and drugs as a minor focus of the intervention, a component considered to be quite distinct from existing alcohol abuse prevention programs (Comeau et al., 2006). Although these brief interventions have demonstrated an overall reduction in drinking quantity (average number of standard alcoholic beverages an adolescent consumed on a single drinking occasion) and binge drinking (reporting a consumption of five or more standard units of alcohol for males and more than three to four drinks for females on one occasion) rates at a 4 month follow up, it has not had a significant effect on drinking frequency (how often an adolescent drank alcohol over a 4 month period) at follow up assessments (Conrod, Stewart, Comeau & McLean, 2006).

Findings from a recent study (Woicick et al., 2009) regarding the Preventure program found that there was a significant relationship between consuming alcohol and the inability to cope with negative emotional states (Woicik, Stewart, Pihl & Conrod, 2009). Research indicates that in order to effect change in preventing a targeted risk behavior, the negative emotional states that are often related to the risk behavior must be explicitly discussed in the intervention as a factor that often leads to dysfunctional methods of coping (Castellanos & Conrod, 2006; Conrod et al., 2008). According to Conrod et al. (2008), the development and evaluation of variations of an intervention that extends the amount of sessions or a booster session in addition to focusing on personality factors, coping and risk behavior could serve to be quite beneficial.

## **2.10 Limitations to related research studies**

There are some limitations to the Preventure program as it pertains to a distress tolerance intervention for middle school adolescents. The Preventure program is tailored towards adolescents in high school, although the study does include 14 year olds, the program is tailored towards the needs and concerns of older adolescents who are in a specific educational setting (high school). The proposed intervention will be designed to specifically deal with adolescents in a middle school environment which as is evidenced in the literature (presented in Chapter 2) is a unique period of time for adolescents and there is a need for tailoring programs specifically for those needs.

While the Preventure program is brief, it is only tailored towards dealing with alcohol risk reduction and does not emphasize other risk behavior (e.g., other substance use behavior and risky sexual behavior) neither does it focus on issues

pertaining to negative emotionality, an important factor that has been proven to have a significant relationship with adolescent risk behavior (Brooks et al., 2008; Brown et al., 2006; Bryne & Mazanov, 2001; Ethier et al., 2006; Finkelstein et al., 2006; Mazzaferro et al., 2006; Morrison-Beedy, Carey, Feng & Tu, 2008). Lastly, the Preventure program although proven effective with Canadian and European adolescents has never been tested with American adolescents, therefore its effectiveness with American youth cannot be stated.

## **2.11 Conclusions**

The majority of distress tolerance based interventions that have been created and implemented to deal with adolescent issues have been conducted with clinically-diagnosed adolescents. Additionally, they have all been created to deal with already existing clinical issues. Conrod's research does examine the effects of an intervention program that is tailored more specifically to preventative behaviors and contains a psycho-educational component, a motivational intervention component and a coping skills component. Moreover, Conrod's work focuses on a non-clinical population in a non-clinical setting (school) and focuses only on one risk behavior (alcohol use). Conrod's research demonstrates that shorter programs can be done effectively with adolescents (compared to other DBT trainings for adolescents whose shorter programs range between 12 to 15 weekly sessions). Conrod et al. (2008) postulate however that extending the amount of sessions for the adolescent participant could serve to be instrumental in yielding sustained results pertaining to alcohol risk reduction. Lastly, despite the aforementioned evidence of the relationship between distress tolerance and adolescent risk behavior, to date, there has not been a program

specifically tailored for non-clinical middle school adolescents that speaks to the needs of addressing the importance of distress tolerance skills as it relates to adolescent risk behavior.



## Chapter 3: Methodology

This chapter discusses the research design and methodology for this study. It includes the research questions, purpose of the study, setting, participants, data collection and ethical considerations. The data for this study was collected through the use of a multi-method approach. Data collection included different sources and methods that served to increase the validity of the study.

According to Addis and Krasnow (2000), a disconnect often exists between the individuals that create treatment and intervention manuals (researchers) and the clinicians and practitioners who are expected to implement the programs. The National Institutes of Health (2009) posits that there are three stages involved in the developing and pilot testing of a new or adapted intervention: (1) conceptualizing an intervention based on theory and empirical research, (2) developing and standardizing the intervention involving the development or adaptation of the intervention protocol including iterative refinements based on feedback and (3) piloting and conducting feasibility studies involve testing and further refining of the intervention. In an effort to merge the gap between researchers and practitioners, Carroll and Nuro (2002) also created a stage model for treatment manual development with three stages: (1) preliminary evaluation of feasibility and efficacy; (2) preliminary clinical trials; and (3) transportability and dissemination to the clinical community. In stage one, the goal is to prepare the manual and define the intervention in broad strokes for preliminary evaluation of feasibility and efficacy. In stage two, the goal is to utilize the manual as the basis for training facilitator, reducing the magnitude of facilitator

effects in clinical efficacy trials, sharpening the distinction between interventions, dismantling intervention elements, or linking the process to the outcome. In stage three, the goal is to utilize the manual in various conditions with varied populations and to eventually achieve broad dissemination to the community at large. As Table 1 illustrates, stage one is subdivided into seven sections. Sections one through four are subsumed in stage 1 of the National Institutes of Health (NIH) stage model and sections five through seven are subsumed in stage 2 of the NIH model. The purpose of this study was to complete the development of an intervention manual to teach distress tolerance skills to middle school adolescents in alignment with both the National Institutes of Health and Carrol and Nuro's stage model. Further elaboration of the association between both models and its application to the study can be found in Table 1.

### **3.1 Intervention Manual Development**

Stage one of creating a treatment manual consists of addressing seven sections: (1) overview, description and rationale for the intervention; (2) conception of the problem; (3) treatment goals; (4) contrast to other approaches; (5) specification of defining interventions; (6) session content; and (7) general format.

To meet the aforementioned goals for stage one, the following methods were employed:

#### **3.1.1 Literature review**

Section one (overview), a review of the literature pertaining to middle school adolescents, negative emotional states, risk behavior and distress tolerance was

conducted and was presented in Chapter two serving as an overview, description and rationale for the proposed intervention.

### 3.1.2 Focus groups with middle school adolescents

Section two (conception of the problem): Focus groups with middle school adolescents were employed. The specific aims of this methods was to first, elicit the opinions of middle school adolescents regarding negative emotionality and risk behavior and, second, to incorporate findings into a potential intervention for middle school adolescents. The researcher also provided the goals and learning objectives to the focus group participants to solicit their feedback regarding their perceived need for an intervention that met the potential goals and learning objectives.

### 3.1.3 In depth Interviews

Section three (treatment goals): The researcher presented the suggested goals for the proposed intervention (based on the literature review and conception of the problem) and solicited feedback from the expert panel regarding the suggested goals and learning objectives. The goals and learning objectives of the program were based on the literature that was reviewed in Chapter two. The original content for the adolescent distress tolerance program comprised of (1) an adaption from the SIDI program (described in detail in Chapter one and two) and (2) an integration of activities from Christensen et al's (2009) DBT adolescent manual. Expert panelists were also given a preliminary view of the session outline for session 1. The researcher also asked the expert panel to assess whether they believed that proposed goals were acceptable and attainable and whether any goals should be removed or

added to the list. Additionally, the researcher elicited the opinions of a panel of experts regarding (a) their perceived need for an intervention for middle school adolescents dealing with negative emotionality and risk behavior and (b) the needed content and acceptability, feasibility and sustainability of an intervention created for middle school adolescents.

#### 3.1.4 Literature review

Section four (contrast to other approaches): The researcher reviewed other approaches with similar aims and compared and contrasted them to the proposed intervention, which was introduced in chapter two.

#### 3.1.5 Delphi method

Section five (specification of defining interventions): Once the preliminary manuals were prepared, the researcher solicited the opinions from expert panelists regarding what aspects of the intervention: (1) were essential for middle school adolescents; (2) were unique for the target population; and (3) were inappropriate for middle school adolescents and should be modified or removed.

Section six (session content): The information that was gathered during the focus groups and the in depth interviews pertaining to adolescent negative emotionality, coping skills, risk behavior and session structure were used to navigate the content restructuring and refinement of the preliminary adolescent distress tolerance manual. Panelists had the opportunity to review each session's lesson plan (e.g., script, activities and assignments), and offer their contributions to enhance the manual to better meet the goals of the intervention.

Section seven (general format), expert panelists had the opportunity during each of the three rounds of the Delphi method to address all issues pertaining to the general format (e.g., format for delivery, frequency of sessions, flexibility in content, session format, level of structure and extra sessions tasks) of the intervention.

### **3.2 Focus Groups**

The purpose of the focus group stage was to further illuminate the phenomenon of negative emotionality in adolescence according to the adolescent perspective and to provide direction for the development of the current adolescent intervention. Focus groups elicit a wealth of views and emotional processes within a group context. This interaction is a vital feature of focus groups because the interaction between participants highlights their views of the world, the language they use about an issue, and their values and beliefs about a situation (Kitzinger, 1995).

Focus groups conducted at the beginning of the research project were used to develop a deeper understanding of the type of experiences that adolescents had with negative emotionality and risk behavior so that the examples that were used in the intervention program would be considered relevant to middle school adolescents. Additionally, the researcher was interested in the perceived need of middle school adolescents for an intervention program that addressed the aforementioned issues. Negative reinforcement theory and the fundamentals of Dialectical Behavioral Therapy guided the process of capturing important areas such as negative emotionality and risk behavior. The questions in the focus group and in depth interview guide were based on the literature findings presented in chapter two (e.g. coping skills, risk behavior).

According to Kreuger & Casey (2009), three to four focus groups are considered the “rule of thumb.” However, focus groups should be conducted until the researcher believes that saturation has been met. It has been suggested that focus groups should consist of between five and eight individuals (Kruger & Casey, 2009; Patton, 1987) as this serves to form a relatively homogeneous group. Focus groups have been used as a method of gaining deeper insight on issues related to middle school aged adolescents and negative emotional states (Byrne, Davenport & Mazanov, 2007; Fornos, Mika, Bayles, Serrano, Jimenez & Villarrel, 2005); sexual behavior (Stanton, Rixardo, Black, Feigelman, Galbraith & Romez, 2003); dating violence and coping methods (Fredland, Ricardo, Campbell, Sharps, Kub & Yonas, 2005) and substance use (Marcus, Walker, Swint, Smoth, Brown, Busen, Edwards, Liehr, Taylor, Williams & Von Sterberg, 2004; Spruijy-Metz, Gallaher, Unger & Anderson-Johnson, 2004). The researcher intended to have a better understanding of the following issues by conducting the focus groups:

- (1) The language that middle school adolescents used to describe the emotions that they and their peers experience.
- (2) The adolescents’ perceived ability to identify their personal emotions and the emotions of their peers.
- (3) The methods that middle school adolescents were utilizing to deal with their negative emotional states.
- (4) The extent to which risk behavior is used as a means of dealing with a middle school adolescent’s negative emotional states.

- (5) The middle school adolescents' perceived need for an intervention that deals with negative emotionality and risk behavior and the format (e.g., activities, discussions, amount of sessions per week, topics for discussion) that it should entail.

### **3.3 Pilot Group for Focus Groups**

#### 3.3.1 Participants

To ensure the appropriateness of the focus group questions, ease of survey completion and focus group procedures, purposive sampling was used to solicit individuals for the pilot group. A group of four 12 to 14 year olds were asked about their comfort level with the proposed questions and their perception of whether their peers would be willing to answer the questions in the proposed focus group guide. Further demographic information pertaining to the pilot group participants are presented in Table 2.

#### 3.3.2. Procedures

One of the community stakeholders was asked to recruit three to five participants who met the pilot group eligibility requirements. To be eligible for participation in the pilot group, the individuals had to meet the same eligibility criteria as the focus group participants which were: (1) to be English speaking; (2) to be between the ages of 12 and 14; (3) to be in middle school and not yet matriculated to high school; and (4) to live in the Prince George's county/Washington, D.C. area. The researcher explained the purpose of the pilot group to the community stakeholder and provided them with all the materials for recruitment (ie-fliers to be distributed, description of the study, assent and consent forms). The community stakeholder

announced the upcoming pilot group to the adolescents at their community setting. Table 3 (FG2) provides a description of the setting for the pilot group. The community stakeholder distributed fliers and contacted parents to ask if their adolescent would be able to participate in the pilot group. On the day of the pilot group, five adolescents attended the session, however one adolescent did not meet the eligibility criteria, therefore four adolescents participated in the pilot group. A description of the pilot group participants is presented in Table 2.

### **3.4 Focus group guide development**

Expert panelists were given the focus group guide and were queried about their opinions about the appropriateness of the questions for the target population. All participants were reminded that the questions were meant for a group setting. Participants were asked to rate each question on a dichotomous scale (appropriate/not appropriate). If the expert panelists considered the questions to be inappropriate for a group setting (more than 30 percent of questions); then the researcher planned to ask the questions to the target population in a one one-on-one interview format. However, this did not occur as all questions were deemed appropriate. The final focus group question guide is presented in Appendix A.

### **3.5 Focus Group**

#### **3.5.1 Recruitment**

To be eligible for participation in the focus group, participants had to be: (1) English speaking; (2) between the ages of 12 and 14; (3) be in middle school and not yet matriculated to high school; and (4) live in the Prince George's county/Washington, D.C. area. The age range of 12 to 14 was selected based on



reports that there is a need for earlier interventions for adolescent risk behavior among middle school students because adolescents are engaging in many risky behavior practices at a very early age (Fryar, Merino, Hirsch & Porter, 2009; Hingson, Heeren & Winter, 2006; Lindberg, Jones & Santelli, 2008).

### 3.5.2 Participants

All eligible adolescents who had parent/guardian consent (see Appendix B) and had completed an assent form (see Appendix C) were allowed to take part in the focus group. A total of 20 middle school adolescents participated. 10 were female (50%) and 10 were male (50%). Table 4 provides an overview of the demographic characteristics of the adolescent participants. All focus groups were homogeneous in gender. According to Kreuger & Casey (2009), it is wise to keep adolescents (ages 15 and younger) separated by gender even for discussion of mundane topics. A total of four groups were conducted, two female groups and two male groups. Each focus group had five participants. No other groups were needed because saturation was met.

## **3.6 Procedures**

### 3.6.1 Sampling

A flow chart about the recruitment process can be found in Figure 1. A purposeful sampling approach (Patton, 1990) was utilized to identify participants for the focus groups. The adolescents were recruited from community centers and organizations in Prince George's County and Washington, D.C. that provided services for middle school aged adolescents. In order to gain access to the adolescent groups that met the eligibility criteria, the primary researcher recruited community liaisons that would assist in the research study. To be eligible for participation as a

community liaison, participants had to: (1) be English speaking; (2) have an active relationship with community stakeholders and organizations who served middle school adolescents in the Prince George's County and Washington, DC area (3) willing to make initial contacts with community stakeholders and organizations for the primary researcher and (4) serve on at least one community coalition or organization in the Prince George's County and Washington, DC area. The role of the community liaison was to assist in recruiting individuals who would help to recruit individuals who would assist in the recruitment of focus group participants and/or could serve as an expert panelist. The primary researcher contacted two advisory boards - (1) the university's School of Public Health's community advisory board and (2) a Prince George's county non-profit organization that serves as an affiliated foundation of the University System of Maryland (USM) and serves as a resource and advocate to the citizens, institutions and communities in Prince George's county. Two community individuals volunteered from the university's community advisory board and two individuals volunteered from the non-profit organization to serve as liaisons between the primary researcher and the Prince George's county/Washington, DC community centers and schools. Further details pertaining to the characteristics of the community liaisons can be found in Table 5.

Through the assistance of the community liaisons the primary researcher was given a list of names and contact information for individuals who facilitated or directed adolescent programs that were targeted at middle school adolescents who met the eligibility criteria and that were either in a middle school or a community setting. The community liaison made the initial contact with the community

stakeholders. If the community stakeholder said that they were willing to learn more about the study, then the primary researcher was given the names and contact information for those individuals and permission to utilize the community liaisons name when contacting them. Once the primary researcher made initial contact with an individual from the contact list, she explained the purpose of the project and offered to send (or bring) any additional required information (i.e. Institutional Research Board approval, approved consent forms, a sample of the focus group questions). If the contact individual was not able to make a decision at the initial contact, the primary researcher asked if they would be able to follow up with them at a later date (within the next week) and what would be the best time and/or mode to contact them.

Once the community stakeholder agreed that recruitment could take place at their respective location, a thorough explanation of the purpose of the project and the eligibility requirements for the focus group study were given. The community stakeholder agreed to be responsible for the recruitment procedure for the focus group participants. To assist in this process, the primary researcher sent fliers to the community stakeholder to be placed or distributed at the respective locations. All community stakeholders were encouraged to use the following methods to recruit potential participants for the focus group study: (1) distribute fliers to eligible participants at their respective community setting; (2) post fliers in visible areas where eligible participants could view the information and make further inquiries about the upcoming group; (3) make announcements at group meetings that served the target population and (4) contact parents and inform them about the upcoming focus group. All potential participants were encouraged to contact the community

stakeholder with any questions or inquiries about the focus group. Community stakeholders offered their phone numbers, email addresses and times when they would be available so that the adolescents could sign up for the group if they were interested. All community stakeholders were informed that if there were any questions they could not answer that they could direct all inquiries to the primary researcher. Each community stakeholder kept an active sign-up sheet with the names of individuals who expressed interest in the focus group and were willing to participate.

A description of the focus group settings can be found in Table 3. For each potential focus group, the primary researcher and the contact individual scheduled a potential focus group date (no less than two weeks in advance) so that the contact individual would have enough time to recruit enough adolescents who were willing to participate in the study. Each contact person was told that the focus group could not occur unless there were at least five eligible adolescents for the study. Follow up calls and emails were sent to each contact person one week and one day prior to the scheduled focus group date. On the day prior to the scheduled focus group, the primary researcher asked the contact person whether there would be a need for both a female and male interview team or only male or female. If the contact person had a clear understanding on which gender would be represented, based on the number of parent/guardian consent forms received (i.e. they were only able to recruit females) then only that assigned interview team appeared for the focus group session. If the contact person did not have a clear sense as to who would attend the focus group (but that they were sure that there would be enough eligible participants) both the male

and female research team were then scheduled and prepared to facilitate a focus group session at the respective location. On the actual date of recruitment, all potential participants were screened to confirm their eligibility. Five to ten adolescents were considered an acceptable size to conduct a focus group (Kreuger, 2002). If there were enough adolescents to participate in a focus group (minimum five participants who met eligibility) then the focus group consent and data collection occurred. The facilitator and assistant facilitator were also gender matched to the group (i.e. female facilitator and assistant facilitator for female groups and male facilitator and assistant facilitator for male groups). Facilitators and assistant facilitators were gender matched to provide a sense of trust and personal identification for the participants based on the nature of the material and the age of the participants (Kreuger & Casey, 2009).

### 3.6.2 Facilitator and assistant facilitator training

All focus groups were lead by a moderator and an assistant moderator. All moderators had a post baccalaureate education and a minimum of three years of experience in assessments and working with the target population. All assistant moderators had a minimum of two years of undergraduate education and prior experience with conducting and assisting with self-report assessments in community settings. Prior to conducting the focus groups, the primary researcher met with the moderators and assistant moderators for an orientation session. In the orientation session, five main topics were discussed: based on Kreuger and Casey (2009) and a manualized focus group training from a faculty member expert: (1) a review of the purpose, aims, and objectives of the projected focus groups; (2) a review of all of the

assessment material-consent forms, participant measures and observation sheets; (3) a review of possible verbal and non verbal communication (based on Kreuger & Casey, 2009); (4) the roles and responsibilities of the moderator and assistant moderator; (5) a review on the procedures in case there were any demonstrations of distress. Role plays were also conducted during the orientation to give each focus group facilitator a chance to observe and to participate. The role play allowed practice of the role of the moderator to facilitate the discussion and the role of the assistant moderator to take notes of nonverbal activity throughout the discussion and take responsibility for all equipment and supplies (e.g., monitoring the recording equipment).

### **3.7 Data Collection**

Focus groups were conducted at the respective locations at a time that was agreed upon with the primary researcher and was also most convenient for the participants and the leaders of the respective groups. A description of the focus group settings can be found in Table 3. Prior to beginning data collection, a brief orientation session with the adolescent participants was conducted in order to: (1) establish rapport; (2) explain the purpose of the study and confidentiality procedures; and (3) respond to questions and concerns from the participants. Due to the timing (after school program) of most of the groups it was considered imperative to feed the participants; therefore light refreshments were given which provided an icebreaker period in which the participants could feel more relaxed and become more comfortable with the facilitator and observer. Once all of the participants had arrived and had the light refreshments, the moderator announced that the focus group would begin in approximately five minutes and the participants were asked to take a seat in

the focus group circle. After approximately five minutes, the researcher announced that focus group was about to begin and that everyone should be seated. The moderator asked participants to complete questionnaires before the focus group began.

Prior to conducting the focus groups, all participants were advised to only use their first names. The discussion was audio-taped with the consent of all focus group participants for later transcription. Focus group participants were advised that if anyone felt uncomfortable with the format, they were not obligated to participate and would still be compensated for their time.

The moderator emphasized three specific points to the participants: (1) their information would be kept confidential and that they should not include their names anywhere on the sheets of paper; (2) they should not share their answers with anyone else; (3) they should simply turn over their questionnaires upon completion and the assistant moderator would collect them and put them in an envelope for confidentiality purposes; and (4) that they should remain silent until everyone is finished.

The script was as follows:

“Thank you everyone for taking your seats. Before we begin our focus group, we have five brief questionnaires for you to fill out. They will not take long and your completion will help us a lot. Just a few reminders everything you write will be kept confidential, we would like to keep it that way so please do not put your name anywhere on any of the sheets of paper. Also, seeing the questionnaires are about you, please do not share your answers with anyone. If you need help with any of the questions, please just raise your hand and my assistant will come over and help you. Lastly, once you are done, simply, turn over your sheets and (the assistant’s name) will pick them up and then please sit silently until everyone else is finished. Thank you so much.”

Prior to engaging in the focus group discussion, all participants were asked to complete five self-report questionnaires. These questionnaires were used to provide a demographic profile and an understanding of the internalizing and externalizing factors of the adolescents that participated in the focus group. Additionally, these questionnaires were used to inform the researcher about the generalizability of the findings. The assessments that were given pertained to demographics (demographic questionnaire), risk behavior (Youth Risk Behavior Survey), distress tolerance (Distress Tolerance Scale (DTS)), depressive symptoms (Center for Epidemiologic Studies Depression Scale for Children (CES-DC)), and anxiety (the Screen for Child Anxiety Related Emotional Disorders (SCARED)). The complete questionnaires can be found in Appendix D. A description of each measure is found in the focus group measures section.

Once the last participant has completed the questionnaires, the moderator began with an introduction about him or herself and the observer, and then proceeded to ask the participants to introduce themselves. The participants were asked questions pertaining to emotions (e.g., stress, anxiety and depression), coping abilities, coping methods, and risk behavior and their acceptability of a program to assist them with dealing with the aforementioned issues. Questions for the focus groups (see Appendix A) were based on the questioning route format (Kreuger & Casey, 2009). Kreuger and Casey (2009) posit that a good questioning route should: (1) begin with a question that everyone in the group should feel comfortable to answer; (2) be sequenced in an order that would enable conversation to flow from one question to the next; (3) begin with general questions and then subsequently narrow to more



specific and important questions; and (4) wisely use the time allocated. Questions fell into one of five categories (Kreuger & Casey, 2009):

- (1) Opening Question: The purpose of this question was to stimulate dialogue in the early part of the discussion, the response to this question would not be analyzed, rather it will be used to engage conversation and enable people to be more comfortable with the individuals in the group and their surroundings.
- (2) Introductory Questions: The purpose of these questions was to introduce the discussion topic and to allow individuals to begin thinking about their connection with the topic. These questions are typically open-ended.
- (3) Transition Questions: The purpose of the transition question was to shift the conversation towards the key questions that were salient to the study.
- (4) Key Questions: These questions were most paramount to the study and required the most attention in the analysis.
- (5) Ending Questions: The purpose of the ending questions were to facilitate the opportunity for focus group participants to contemplate on previous comments and offer any further comments or suggestions that may have been seen as important for the analysis. The ending questions also brought a sense of finality to the discussion.

Examples of the above-mentioned questions are found in Table 6.

Both focus group facilitators worked together to conduct each group in the same manner (neutrality). At the end of each session, the focus group participants were asked if they had any specific questions for the research team. Participants were

given a handout with a list of resources that were known to be helpful for adolescents who were facing some of the issues that had been discussed. Upon completion of the focus group, all focus group participants received a gift card (value of \$15.00) to express appreciation for their participation.

Debriefing of the research team was conducted after each session and observation sheets were written to complement each transcript. The information from the observation sheets was based on literature from Kreuger and Casey (2009). The observation sheets included three sections (1) Environment factors, (2) Non verbal factors and (3) Additional observations. There were four environmental factors: (1) silence (i.e. Were there any periods during the focus group interview where the group became silent? Was it related to a question that was asked or a comment that was given by one of the participants?); (2) noise factors (i.e. How was the noise level in the room? Were there external noises in the room that could have been distracting or disturbing to the participants?); (3) lighting (i.e. Was there adequate lighting in the room? Could the lighting have affected the mood of the participants?); (4) setting (i.e. What was the setting like? How were the seats arranged? Were there any observations regarding the seating arrangement that possibly enhanced or hindered the group discussion?).

Moderators and assistant moderators also made notes regarding three nonverbal factors: (1) shift in bodily posture (i.e. were there any noticeable shifts in bodily posture amongst the participants as a group or individually? Was it pertaining to a specific question?; Did participants seem noticeably uncomfortable? Engaged? If so, at what point of time during the focus group? How was the overall demeanor of

the group participants?); (2) facial expression (i.e. Were there any noticeable facial expressions, such as shifting eyes, looks of worry); (3) gestures (i.e. Were there any noticeable gestures that were made (i.e. shrugging) that may have influenced some of the responses by other participants?). Lastly, moderators and assistant moderators recorded any additional information that they believed may have influenced the focus group and would not have been captured by the audio recording. Both the primary and secondary group facilitator made individual observational notes after each focus group was conducted and then discussed their observations as a unit. Each electronic recording was uploaded as a secured file and was later transcribed.

#### 3.7.1 Self-report measures

In order to characterize the focus group participants, each adolescent completed a demographic questionnaire, measures from the Youth Risk Behavior Survey (CDC, 2009) and three instruments to assess psychological factors relating to anxiety, depression and distress tolerance. Below are details about each instrument including their purpose, scoring guidelines and psychometrics from previous studies.

#### 3.7.2 Demographic questionnaire

Each adolescent completed one 16-item demographic questionnaire regarding personal information about the adolescent. The form included information pertaining to the age, gender, education level, academic achievement, home occupants and personal attributes of the adolescent.

### 3.7.3 The screen for child anxiety related disorders (scared) - child version (Birmaher et al., 1999)

The Screen for Child Anxiety Related Disorders (SCARED) - Child Version screens children and adolescents age 8 and older for anxiety disorders. The SCARED inventory consists of 41 items that measure five factors: general anxiety; separation anxiety; social anxiety; school avoidance; and somatic anxiety. Each factor showed good internal consistency, with coefficient alpha values ranging between .78 and .87 and fairly good test-retest reliability ( $p = 0.6-0.9$ ). The scales are explicitly designed to map onto specific DSM-IV-TR anxiety disorders (Hale III et al., 2011). The Screen for Child Anxiety Related Disorders (SCARED) can be administered on an individual or group level and takes an average of five to ten minutes to complete. The items on the SCARED are on a three-point Likert scale in relation to their occurrence during the last 3 months (0= “not true or hardly ever true”, 1= “somewhat true or sometimes true” and 2= “very true or often true”). A total score “Anxiety score” is calculated by summing up the unweighted 41-item scores. A total score of greater than 25 may indicate the presence of an anxiety disorder.

Numerous research studies have shown that SCARED is a reliable tool. Most of the research findings reported reliabilities in the range  $\alpha = .70- .85$  across factors, and showed fairly good convergent validity when it was related to other anxiety scales such as the State-Trait Anxiety Inventory for Children or the Revised Children’s Manifest Anxiety Scale (Birmaher et al., 1999; Boyd, Ginsburg, Lambert, Cooley & Campbell, 2003; Hale, Raaijmakers, Muris & Meeus, 2005; Muris,

Merckelbach, Gadet & Meesters, 2000; Muris, Merckelbach, Ollendick, King & Bogie, 2002; Wren et al., 2007; Wren, Bridge & Birmaher, 2004).

### 3.7.4 The center for epidemiological studies depression scale for children (CES-DC) (Weissman et al., 1980)

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a modified version of the adult Center for Epidemiologic Studies Depression Scale (Radloff, 1977). This scale is applicable for individuals ages 6 to 17. The CES-DC is a self-administered instrument and consisting of 20 items. The CES-DC was not developed directly for children and adolescents, but was derived from the CES-D for adults developed by Radloff (1977). The CES-DC has been developed especially for the screening of depressive symptoms corresponding to different depressive disorders in population-based samples (Weissman, Orvaschel & Padian, 1980). This scale can be administered on an individual or group level and takes an average of five minutes to complete. All of the items on the CES-DC consist of short and simple statements that relate to emotional, cognitive and behavior-related components of depression. The items on the CES-DC are evaluated on a four-point Likert scale in relation to their occurrence during the last week (0 = “not at all,” 1 = “a little,” 2 = “some,” 3 = “a lot”).

A total score “Depressiveness” is calculated by summing up the unweighted 20-item scores (items 4, 8, 12 and 16 with reversed polarity). The higher the total score, the more depressive the tested individual is. The total score should not be calculated when more than four items are not answered, (Radloff, 1977). The CES-DC has demonstrated high correlations with other depression tests ( $r = 0.44$  and  $r = 0.58$  for

the CDI (Doerfler, Felner, Rowlison, Raley & Evans, 1988), respectively; and  $r = 0.81$  for the Beck Depression Inventory (BDI) Beck, Ward & Mendelson, 1961). Internal consistencies of the total score vary between Cronbach's alpha = 0.77 and 0.91 (Faulstich, Carey, Ruggiero, Enyart & Gresham, 1986; Fendrich, Weissman & Warner, 1990; Olsson & von Knorring, 1997; Schoenbach, Kaplan, Wagner, Grimson & Miller, 1983).

### 3.7.5 The distress tolerance scale (DTS; Simons & Gaher, 2005)

Simons and Gaher (2005) developed the Distress Tolerance Scale (DTS) to measure an individual's perceived ability to experience and endure negative emotional states. The DTS measures distress tolerance by using a 15 item self-report measure which is based on a conceptualization of responses to distress such as (1) tolerability (i.e. "I can't handle feeling distressed or upset."); (2) acceptability (i.e. "I can tolerate being distressed or upset as well as most people"); (3) functional interference (i.e. "My feelings of distress are so intense that they completely take over"); and (4) emotion regulation (i.e. "I'll do anything to stop feeling distressed or upset"). The items on the DTS are evaluated on a five-point Likert scale ranging from 1 (Strongly Agree) to 5 (Strongly Disagree), with lower scores indicating a tendency to experience psychological distress as unacceptable. A total score "Distress tolerance" is calculated by summing up the unweighted 15-item scores (item 6 is reverse scored). High levels of distress tolerance are indicated by higher scores on the DTS. The DTS has evidenced convergent validity with measures assessing emotion regulatory processes (Simons & Gaher, 2005). Recent research findings (e.g., Anestis et al., 2007) indicate that the total DTS score ( $\alpha = .94$ ) can be employed as a global

index of perceived distress tolerance. The DTS has established strong psychometric properties with high internal consistency for each factor ( $\alpha = 0.72-0.82$ ) and moderate test-retest reliability over a 6-month interval ( $r=.61$ ; Simons & Gaher, 2005).

3.7.6 The centers for disease control and prevention youth risk behavior surveillance system for middle school (YRBS; CDC, 2009)

The Youth Risk Behavior Surveillance System (YRBSS) includes a national school-based survey conducted by the CDC, state, territorial, tribal, and local governments and local education and health agencies. According to the CDC (2009), the standard measures six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, namely behaviors that contribute to (1) unintentional injuries and violence, (2) tobacco use (3) alcohol and other drug use (4) sexual risk behaviors (5) unhealthy dietary behaviors (6) physical inactivity. The YRBSS data is often used to assess the progress toward achieving national health objectives for *Healthy People 2020* and other program and policy indicators, in addition to assessing health risk behaviors in adolescents. Results from the YRBSS often help to inform the support for new legislation and policy implementation regarding adolescent health.

The middle school YRBSS is a shortened version of the Youth Risk Behavior Survey (50 questions) and focuses on middle school risk behavior practices. For the purpose of this study, a subset of the questions was used (25 questions). Participants were asked demographic questions pertaining to their age, grade level, ethnicity and gender. Participants are also queried about behaviors across their life history such as their safety practices (i.e. Have you ever ridden in a car driven by someone who had

been drinking alcohol?), their smoking behaviors (i.e. Have you ever tried cigarette smoking, even one or two puffs), their alcohol history (i.e. Have you ever had a drink of alcohol, other than a few sips?), their illicit drug use behavior (i.e. Have you ever used marijuana?) and their sexual behavior (i.e. Have you ever had sexual intercourse?). Participants were asked to answer “yes” or “no” to the aforementioned questions. A “no” response was given a score of “0” and considered as “no risk” and a “yes” response was given a score of “1” and considered as “at risk”. Each risk behavior was weighted equally. Each risk behavior was weighted equally and combined into a score. This score consisted of a count of affirmative responses to questions about these risk behaviors. Individual scores ranged from 0 (no risk behaviors present) to 10 (all ten risk behaviors reported). Based on the number of risk behaviors exhibited, each participant was classified as having a high level of risk behavior (4 or more risk behaviors) or a low level of risk behavior (fewer than 4 risk behaviors) (Williams, Dunn, B, Mundfrom & Kronauge, 2006; Zullig, Pun, Patton & Ubbes, 2006 ). The mean kappa for all items is 62.6%, and the median kappa is 66.5%. 89.2% of the items in the middle school YRBS are considered to have at least moderate reliability (kappa  $\geq$  41%, Zullig et al., 2006).

### **3.8. Data Analysis**

Each file was transcribed verbatim (unless the excerpt was incoherent or inaudible) and included ambient noises and silences. Content analysis was used to organize the information into emerging categories.

Figure 2 demonstrates the coding methodological process for focus group data. Data Analysis progressed through the stages of attribute (Bazeley, 2003;



DeWalt & DeWalt, 2002; Gibbs, 2002; Lofland et al., 2006); structural (MacQueen, McLellan-Lemal, Bartholow & Milstein, 2008; Namey, Guest & Thairu et al., 2008); descriptive (Miles & Huberman, 1994; Saldana, 2003; Wolcott, 1994) and in Vivo (Charmaz, 2006; Corbin & Strauss, 2008; Strauss & Corbin, 1998) coding.

### 3.8.1 Attribute coding

Attribute coding included the descriptive information of the focus group such as participant characteristics (i.e. gender, age), field setting (i.e. community center), and time frame (i.e. time of day) (Saldana, 2010). Attribute coding was considered useful for data that was collected from the various sites and participants and was intended as “coding grammar” (Rubin & Rubin, 1995). All focus group transcripts began with attribute coding.

The coding process was conducted by three researchers. Two researchers (primary researcher and an assistant) were doctoral trained university students with several years of research experience. These two individuals were involved in reviewing the materials and creating the initial code list. The third researcher (secondary researcher), a university professor with extensive research experience, reviewed the codes, offered feedback and approved the finalized code list.

The primary researcher was responsible for (1) cataloguing all of the focus group audio recordings and (2) ensuring that all of the corresponding transcripts were completed and made available for the other two researchers. Each focus group transcript had accompanying data pertaining to the field setting, time of day and date of the focus group. Participant characteristics were available to the researchers but

were limited to the information that was provided on the demographic questionnaire that each focus group participant was asked to complete.

### 3.8.2 Structural coding

Structural Coding is a question-based coding system that was used when the researcher had specific research questions that were used to frame the interview (MacQueen, McLellan-Lenal, Bartholow & Milstein, 2008, p.124). Structural coding allowed the researcher to label and index the data so that it was easily accessible to the researcher (Namey, Guest, Thairu & Johnson, 2008). This coding method resulted in the selection of segments of text on broad topics and formed the foundation for later in-depth data analysis. Based on recommendations from Namey et al. (2008), researchers based the frequencies of themes on the basis of the number of individual participants who mention a particular theme, rather than the total number of times a theme appeared in the text.

Recognizing the fact that the coding process is based on the coder making a judgment call and that each coder “brings their own subjectivities, personalities and predispositions” (Sipe & Ghiso, 2004), both doctoral level researchers initially read each transcript individually to identify themes related to the research questions and then came together to discuss their coding. The two researchers were particularly interested in information pertaining to (1) the language that middle school adolescents use to describe their emotions; (2) adolescent coping skills for dealing with negative emotionality; (3) adolescents abilities to identify their emotions and the emotions of their peers; (4) the extent that risk behavior was used as a means of coping with negative emotionality and (5) an adolescent’s perceived need for an intervention that

addressed coping skills, risk behavior and negative emotionality. The audio recordings from all focus groups were also available for review. Each researcher was encouraged to pre-code the transcripts using techniques such as circling, highlighting, bolding and underlining to identify any “rich” or “significant” quotes from the transcripts that could be considered as salient to the research findings. There are no fixed rules or formulas for the average number of codes that can be found per transcript or per page (Saldana, 2010). Based on the aforementioned, coders were encouraged to choose quotes based on the following decision rules: (1) participant quotes should be used to illustrate a salient point that is related to the question and possible emerging theme; (2) the quote must be able to “tell a story” if it had to “stand alone”; (3) quotes must never be taken out of context and (4) the quote should be representative of the sentiment of the group that is being studied rather than a single individual unless otherwise stated (Bloomberg & Volpe, 2006). As a research team, the researchers also decided on the wording that would be used to describe the frequency of the findings (in the transcripts) amongst the focus group participants. The primary researcher met with the secondary researcher periodically to discuss the emerging themes and supporting data.

### 3.8.3 Descriptive coding

Descriptive coding was used to summarize the essential components of a portion of qualitative data, the codes and subcodes were intended to be descriptors of the topic (Tesch, 1990) and led to a categorized inventory of the data’s content for further analysis and interpretation (Wolcott, 1994, p.55).

Data was sorted and recorded allowing the researchers to identify themes specific to individual focus groups as well as to identify themes salient across all focus groups thereby indicating thematic saturation. The research team developed a code list with tentative codes for each of the research questions that matched text segments within the transcript. This process aided in organizing future participant responses into discrete categories. The use of several individuals conducting data analysis was done with hopes that saturation of data would emerge in addition to enhancing the credibility (internal validity) and transferability (external validity) of the data (Botes & Otto, 2003).

The doctoral level researchers met to reach an understanding regarding the major themes and minor subthemes identified in the transcript which surrounded the issues of: (1) language used to describe emotions; (2) ability to identify personal and peer emotions; (3) methods used to deal with negative emotional states; (4) risk behavior as a means of dealing with negative emotional states; and (5) perceived need for an intervention that deals with negative emotionality and risk behavior. When coding collaboratively, it is important that the research team works collaboratively to create and share interpretation and understanding of the phenomenon being studied (Weston et al., 2001) As a result, although there was no clear base percentage or standard of agreement amongst qualitative researchers for consensus, it was decided that all data would be analyzed and discussed until there was 100 percent agreement. The secondary researcher was also involved in this process by continuously guiding the study and the coding procedure. This allowed for the process of triangulation to ensure that appropriate interpretation of the data occurred.

#### 3.8.4 In vivo coding

In-Vivo coding was used to frame the researcher's interpretation of terms that were used by the participants as they used it in their everyday life instead of terms used in academic settings (Stringer, 1999). In Vivo coding was considered as a strong compliment for other coding methods (Charmaz, 2006; Corbin & Strauss, 2008; Strauss & Corbin, 1998). In-vivo coding provided an important verification of whether the information that was collected and helped to highlight and extract significant meanings (Charmaz, 2006).

Once all the themes were decided and all of the relevant quotations were extracted, the coding team decided on the maximum number of quotes that would be used to illustrate a theme (n=3), in this text. Table 7 illustrates the words that were used in chapter 4 to demonstrate consensus amongst the participants (i.e. "A large majority" represents 75-89% of participants shared the same opinion or sentiment) (Bloomberg & Volpe, 2010). The researchers reviewed each theme and decided on which quotations would be used.

### **3.9 In depth Interviews**

In-depth interviewing is a qualitative research technique that uses open-ended questions to uncover information on a particular topic of interest involving a small number of respondents who are willing to express their opinions and ideas in their own words (Boyle & Neale, 2006; Webber & Byrd, 2010). In-depth interviews are considered to be extremely useful when detailed information about an individual's thoughts and/or behaviors is needed to explore a particular issue in depth (Boyle & Neale, 2006). There are several advantages of utilizing the in-depth interview process.

One of the main advantages is the notion that they provide much more detailed information than what is available through other data collection methods, such as individual surveys because it gives the researcher the opportunity to ask extensive questions if clarification is needed.

### 3.9.1 Participants

To be eligible for participation in the in depth interviews, participants had to be: (1) English speaking, (2) had a work history of 5 years or more in a professional capacity (which included work in the community and/or middle school or a researcher in the field, (3) were able to make a verbal commitment to dedicate the allocated time (5-10 hours) to the study and (4) work in the Prince George's/Washington, DC area. Demographic information of the interview participants including their mean age, gender, educational level, years of experience in the field and their professional role can be found in Table 8. Previous research has suggested that there is an increased potential for participant dropout because of the continued commitment for participants over multiple rounds (Hasson, Keeney & McKenna, 2000) and that the average response rate for health related surveys is 60 percent, in order to maximize the potential to obtain commitment from 10 participants, a 15 member multidisciplinary panel representative of individuals who work with and serve middle school adolescents were selected. The expert panel consisted of stakeholders (community leaders, health professionals, teachers, and administrative professionals) who attend to the needs of middle school adolescents in the Prince George's county/Washington, DC area.

### 3.9.2 Sampling

A purposeful sampling approach (Patton, 1990) was utilized to identify participants for the in-depth interviews. The sampling procedure was very similar to the focus group procedure detailed above (see focus group section) and is illustrated in Figure 3. All participants were contacted via email and/or telephone to describe the intended process, expected time commitment, and confirm their interest in being involved (Appendix E). All expert panelists were asked a series of screening questions to verify their eligibility for participation in the study (Appendix F). Once the potential expert panelist qualified for involvement in the study, a script was read to them that contained the overall purpose of the study, its goals, objectives and information regarding the time commitment for the study.

Upon agreement to participate in the in-depth interview, all panelists received a consent form (Appendix G) and an introductory letter that explained the overall purpose of the study and the goals and objectives for the intervention manual (Appendix H). Panelists also received a session outline (Appendix I) of the program in addition to a sample lesson plan of one of the program sessions.

### 3.9.3 Data Collection

The goal of the in-depth interviews for this study were to solicit the opinions of the stakeholders regarding negative emotionality and risk behavior amongst middle school adolescents and the perceived need of an intervention that would address these issues. Based on research mentioned in chapter two, the researcher created an interview guide (see Appendix J) to answer questions pertaining to the subsequent four themes.

- (1) The community stakeholder's perceived belief of the relationships between negative emotionality and risk behavior.
- (2) The issues (pertaining to negative emotionality and risk behavior) that community stakeholders believe should be addressed in an intervention designed for middle school adolescents.
- (3) The perceived resources that are available to community stakeholders to deal with middle school adolescents and negative emotionality.
- (4) The perceived need for an intervention that deals with negative emotionality and risk behavior, in addition to the format (e.g., implementation, structure) that it should entail.

Using face to face interviews as a potential segue into the Delphi process has been recommended as a means of achieving a 100 percent response rate for a Delphi method and to establish a rapport that is essential to increasing the likelihood of continued commitment from the participant (McKenna, 1994).

Each panelist engaged in an interview regarding the program materials in addition to questions pertaining to middle school adolescents, coping skills and negative emotionality. Expert panelists were given two weeks to evaluate the documents and have their interview conducted (Appendix J). A tentative timeline was sent to each expert panelist pertaining to the overall project and their role in meeting the preset goals.

#### 3.9.4 Data Analysis

The data analysis for the in depth interviews followed the same methodological process as the focus group interviews (attribute, structural,



descriptive and in vivo coding). The researchers met to reach an understanding regarding the major themes and minor subthemes identified in the transcript which surrounded the issues of: (1) the community stakeholder's perceived belief of the relationships between negative emotionality and risk behavior, (2) the issues (pertaining to negative emotionality and risk behavior) that community stakeholders believe should be addressed in an intervention designed for middle school adolescents, (3) the perceived resources that are available to community stakeholders to deal with middle school adolescents and negative emotionality and (4) the perceived need for an intervention that deals with negative emotionality and risk behavior, in addition to the format (e.g., implementation, structure) that it should entail.

The research team developed a code list with tentative codes for each of the research questions that matched text segments within the transcript. This process aided in organizing future participant responses into discrete categories. The use of several individuals conducting data analysis was done with hopes that saturation of data would emerge in addition to enhancing the credibility (internal validity) and transferability (external validity) of the data (Botes & Otto, 2003).

Any differences of opinion with the coding that arose were discussed until an agreement was reached. Trustworthiness of data analysis was obtained through the comparison of coding results and discussion by the research team until 100 percent agreement was reached.

### **3.10 Expert Panel and the Delphi Method**

An expert panel is composed of a group of individuals who demonstrate experience and expertise in a specific area or domain (Trochim, 2001). The Delphi technique is a method of soliciting and combining the opinions of a group of experts (Keeney, 2006). There are several advantages to using the Delphi technique as a means of collecting data to create an intervention manual for middle school adolescents. The Delphi technique provides the opportunity of gaining consensus on important facets of the intervention manual while avoiding group think, allowing the researcher to provide confidentiality for the participants, provide quasi-anonymity for expert panels and the opportunity to have geographical reach (Keeney, 2006).

#### **3.10.1 Participants**

For the purpose of the study, an expert panelist was considered as one who was considered to be knowledgeable about risk behavior and emotion based issues among adolescents between the ages of 12 and 14. To meet criteria, expert panelists were required to have a minimum of five years of experience with adolescents between the ages of 12 and 14 in an organized setting and be currently involved in settings that influenced the target population either through community involvement or in an educational setting. No other exclusion criteria will be utilized. The expert panel for the Delphi method consisted of the same individuals who participated in the in depth interviews.

### 3.10.2 Sampling procedure

According to Williams and Webb (1994), there is not a lot of agreement about the sampling method to be used to choose the expert panel, the size of the expert panel or the relationship of the expert panel to the population. A conventional Delphi consists of a heterogeneous sample and is used to ensure that there is a gamut or opinions that will be provided. An expert panel that consists of different groups of experts can also ensure heterogeneity (Moore, 1987). The same individuals that participated in the in-depth interviews were used for the Delphi method.

### 3.10.3 Data Collection

The main Delphi study included three rounds. Each round consisted of a survey administered to a group of expert panelists. Table 9 provides a description of the Delphi Method Panel including their assigned transcription code, gender, professional field and their respective level of participation throughout the Delphi process.

After each round, a summary of results informed the next round of the survey. At the end of the final round of the Delphi study, a consensus emerged from the study that revealed the expert panel's perception of the feasibility, sustainability and acceptability of the distress tolerance program for adolescents. All surveys were administered, collected and analyzed using the Qualtrics survey tool; a secure hosted research based Web site. The expert panel members provided anonymous responses based on their perceptions of the facilitator manual and student workbook. As a result of each round of data collection and further inquiry, the panel of experts agreed upon

the programmatic structure and content for the distress tolerance program grounded in their collective perceptions and views.

### **3.11 Delphi Round 1**

#### 3.11.1 Participants

Of the 15 panelists (10 females (66.6%) and 5 males (33.3%) who completed their in-depth interviews, 13 responded to the evaluative questions in Round 1. 10 were female (77%) and 3 were male (23%). Table 10 provides an overview of the characteristics of the expert panelists. A full description of the expert panelists can be found in Table 10.

#### 3.11.2 Procedure

For Round 1, all experts were presented with the proposed format, layout and content for the facilitator manual and the student workbook (Appendix K). All expert panelists were sent an electronic letter with details on participating in the first Delphi round. The letter reiterated the purpose of the study, contained all the information from the informed consent with an option to choose whether or not the panelist agreed to the conditions of the Delphi round and instructions on how to access and complete the survey. Participants were required confirm that they read and understood the informed consent form prior to continuing with the survey.

#### 3.11.3 Measures

Expert panelists were asked to take the survey (see Appendix L) and comment on the appropriateness (potential ability to be suitable or fitting) and effectiveness (extent to which the activity fulfills its intended purpose or function) of each session's

content and student activities. Additionally, expert panelists were asked to evaluate whether the program met its proposed objectives. Panelists were asked to rate each activity on a 4 point Likert scale ranging from 1 to 4 where 1 was “Very Appropriate/Effective” and 4 was “Very Inappropriate/Ineffective.” Participants were asked to complete the survey within two weeks. An e-mail reminder was sent at the beginning of week two. Since the response rate was 33% (5 out of 15 participants) beginning of the second week, another reminder was provided. Participants who had not completed the Round 1 survey by the day prior to its closing were left voicemail messages using the phone numbers that they had provided during the in-depth interview process. Once the voicemail messages were left, the reminder e-mails were forwarded again to the participants for their convenience.

#### 3.11.4 Data Collection

Data collection concentrated on the overall feedback of the expert panelists regarding the proposed facilitator manual and accompanying student workbook. More specifically, expert panelists were presented with open-ended sections after each proposed session to offer and express their perceptions of the materials and their desired overview and overall outcome for the proposed curriculum. The open-ended questions generated a collection of responses in Qualtrics. These responses were exported into Word, reformatted and then categorized for further analysis. The resulting themes became the foundation for the Round 2 survey. The closed ended questions (Demographic Information) were analyzed using SPSS v.19.0 software. All question sets informed the final conclusions of the overall study.

## **3.12 Delphi Round 2**

### 3.12.1 Participants

Of the 13 remaining panelists who completed Round 1, 12 responded to the evaluative questions in Round 2. 9 were female (75%) and 3 were male (25%). Table 11 provides an overview of the demographic characteristics of the expert panelists in Round 2.

### 3.12.2 Procedures

After all of the round 1 responses were collected, the quantitative responses were analyzed using SPSS 19.0. All qualitative data was analyzed by the primary researcher and a secondary researcher. Both individuals independently examined the panel's feedback and made independent decisions regarding (1) what was considered as a comment that did not require further modification to the manuals and (2) what was considered a suggestion/request that would require further refinement and modification to the manuals. The researchers reconvened to discuss their observations and decisions and arrive at a consensus as to which suggested modifications needed to be addressed and how the modification should be made in the manuals.

Additionally the researchers worked together to craft the responses to each comment or suggestion that was made from the expert panel. All comments were placed in one of three categories: (1) Changes Resulting from Comments; (2) Clarification Needed from Expert Panel; and (3) Additional Summary and Responses. As illustrated in Appendix M, a document (Response to Reviewers-Round 1) was prepared by the primary researcher (and approved by the secondary researcher) consisting of the aforementioned categories and was subsequently sent to the expert panel. The

Changes Resulting from Comments section included all recommendations that had been made regarding the proposed program and the modifications that had been made as a result. The Clarification Needed from Expert Panel section included recommendations that the researcher requested further clarification/elaboration from the expert panel if indeed they felt that further changes had to be made even after the presented modifications had been done. The Additional Summary and Responses section included additional comments that were made by the experts that may have been interesting to the panel. All panelists were asked to choose whether they were (1) satisfied or (2) not satisfied with the comments and/or modifications that had been made to the manual. The expert panel was also encouraged to give additional feedback and/or suggestions if they felt that further modifications needed to be made.

### 3.12.3 Measures

A new survey was created using the Qualtrics survey tool. As illustrated in Appendix N, the survey contained (a) closed and open ended questions pertaining to their perceived satisfaction with the modifications and responses that were presented to them; (b) demographic information; and (c) an opportunity to vote for the name of the program. As a result of the individual interviews and feedback received during Round 1, expert panelists were given the opportunity to vote on a new name (15 names were provided including the original name) or suggest another one for the distress tolerance curriculum. Expert panelists were contacted via email and asked to review the contents of the Response to Reviewers and complete the accompanying survey. Participants were asked to complete the survey within two weeks. As in Round 1, an e-mail reminder was sent at the beginning of week two. Participants who had not completed the Round 2 survey by the day prior to its closing were left

voicemail messages. Once the voicemail messages were left, the reminder e-mails were forwarded again to the participants for their convenience. Once the time frame for completion of the Round 2 survey expired, the researcher closed the survey, and compiled and analyzed the results. One of the expert panelists contacted the researcher to inform them that although they participated in Round 1 they would not be able to participate in the Delphi procedure.

#### 3.12.4 Data Collection

Data collection for Round 2 followed the same format as the data collection process for Round 1. The open-ended questions generated a collection of responses in Qualtrics. These responses were exported into Word, reformatted and then categorized for further analysis. The results became the foundation for the Round 3 survey. The closed ended questions (Demographic Information) were analyzed using SPSS v.19.0 software. All question sets informed the final conclusions of the overall study.

### **3.13 Delphi Round 3**

#### 3.13.1 Participants

Of the 12 remaining panelists who completed Round 2, all 12 individuals (100%) responded to the evaluative questions in Round 3. Nine were female (75%) and three were male (25%). Table 12 provides an overview of the demographic characteristics of the expert panelists in Round 3.



### 3.13.2 Procedures

After the Round 2 responses were collected, the quantitative responses were analyzed using SPSS 19.0. All qualitative data was analyzed by the primary researcher and a secondary researcher. Both individuals independently examined the panel's comments and suggestions and then reconvened to discuss their decisions and arrive at a consensus. As illustrated in Appendix O, a document (Response to Reviewers-Round 2) was prepared by the primary researcher consisting of three categories. Two of the same categories from the previous round were also utilized in Round 3: (A) Changes Resulting from Comments and (B) Additional Summary and Responses. A new category, (C) Program Name Recommendations and Results, was added.

### 3.13.3 Measures

For Round 3, all experts were presented with the modified format, layout and content for the facilitator manual and the student workbook. Expert panelists were given a survey and asked to comment on the appropriateness (potential ability to be suitable or fitting) and effectiveness (extent to which the activity fulfills its intended purpose or function) of the entire program and student activities. Additionally, expert panelists were asked to evaluate whether the program met its proposed objectives. Panelists were asked to rate each activity on a 4 point Likert scale ranging from 1 to 4 where 1 was "Very Appropriate/Effective" and 4 was "Very Inappropriate/Ineffective." Data collection concentrated on the overall feedback of the expert panelists regarding the modified facilitator manual and accompanying student workbook.

A new survey was created using the Qualtrics survey tool. As illustrated in Appendix P, the survey included three sections: (a) closed and open-ended questions

pertaining to their perceived satisfaction with the modifications and responses that were presented to them; (b) the overall satisfaction, perceived acceptability, feasibility and sustainability of the proposed program and materials based on all of the modifications that have been made in Rounds 1 and 2; and (c) demographic information. Expert panelists were contacted via email and asked to review the contents of the Response to Reviewers and complete the accompanying survey. Participants were asked to complete the survey within two weeks. Upon completion of the Delphi rounds, all panelists were sent a thank you card and a gift card (\$30 in value) as a token of appreciation.

#### 3.13.4 Data collection

Data collection for Round 3 followed the same format as the data collection process for Round 1 and 2. The open-ended questions generated a collection of responses in Qualtrics. These responses were exported into Word, reformatted and then categorized for further analysis. The closed ended questions (Demographic Information) were analyzed using SPSS v.19.0 software. All question sets informed the final conclusions of the overall study. The results from this round solidified the modifications to final facilitator and student manual.

## **Chapter 4: Results**

This chapter presents the key findings obtained from four focus groups with middle school adolescents, fifteen in depth interviews and three rounds of a Delphi method procedure with expert panelists. Several major findings emerged from this study. Illustrative quotations extracted from the interview and focus group transcripts attempt to portray multiple perspectives and capture some of the richness and complexity of the subject matter that are presented in detail throughout this chapter.

### **4.1 Focus Groups**

The goal of the focus groups was to solicit the opinions of middle school adolescents regarding negative emotionality, coping skills and risk behavior amongst middle school adolescents and their perceived need for an intervention that would address these issues.

#### **4.1.1 Participant Characteristics**

Table 13 highlights the level of self-reported risk behavior that the focus group participants engaged in based on the Youth Risk Behavior Survey for Middle School Adolescents. Table 14 highlights the mean self-report scores of negative emotionality based on reports from the Distress Tolerance Scale (DTS), Center for Epidemiologic Studies Depression Scale (CES-DC) and the Screen for Child Anxiety Related Emotional Disorders (SCARED).

## 4.2 Themes

Upon completion of the questionnaires, the research team explored five major themes: (1) the language that middle school adolescents use to describe the emotions that they and their peers experience; (2) the adolescent's perceived ability to identify their personal emotions and the emotions of their peers; (3) the methods that middle school adolescents are utilizing to deal with their negative emotional states; (4) the extent to which risk behavior is used as a means of dealing with middle school adolescents' negative emotional states; and (5) the middle school adolescent's perceived need for an intervention that deals with negative emotionality and risk behavior and the format (e.g., activities, discussions, amount of sessions per week, topics for discussion) that it should entail. Each theme is discussed using supporting quotations taken from the focus group transcripts that provide a glimpse of the perception of middle school adolescents.

### 4.2.1 Theme 1

#### **The language that middle school adolescents use to describe the emotions that they and their peers experience**

Understanding the language that middle school adolescents use to express their emotions is a vital component of curriculum development (CCE, 2011). Participants were asked to generate several words that were associated with feeling “good” or “bad” and to share experiences that illustrated these feelings. There were some similarities and differences across genders.

In all of the focus groups, both male and female adolescents were able to share several words that described the emotions that they believed felt “good”. The

word “happy” was mentioned in all focus groups. Other emotions that females mentioned that felt good were “joyful” and “being bold”. Males referred to words such as “superior”, “popular” and “having power”. Males were able to share several emotions that did not make them “feel good” such as “anger”, “hate”, “envy”, “bored”, “unwanted”, “nervous”, “shy”, “lonely”, and “jealous”. Females shared very different emotive words such as feeling “sad”, “depressed”, “worried”, “anxious” and “frightened”. Both male and female groups mentioned interpersonal activities (e.g., spending time with friends) as the source of their positive emotions. Females also mentioned “spending time with family”, “shopping”, social gatherings”, “parties” and “sleepovers”. In addition to interpersonal activities, males also mentioned activities that involved a competitive nature such as “sports”, “winning a trophy” and “winning a fight against someone” as a source of positive emotionality.

Both groups were able to share experiences that could (or had) made an adolescent experience feelings of negative emotionality. Both groups mentioned that interpersonal conflicts with peers, death and school related issues (bad grades, projects, teachers and detentions) were a source of negative emotionality for their cohort. Male adolescents also mentioned being “backstabbed”, “teased” and “bullied”, breakups, getting an STD, becoming an underage parent, going to jail, feeling ignored, being punished, being talked about or feeling as if someone was “talking down” to them and being involved in gang fights as other sources of negative emotionality.

#### 4.2.2 Theme 2

### **The adolescent's perceived ability to identify their personal emotions and the emotions of their peers**

Both male and female participants believed that as adolescents they would be able to recognize whether another adolescent was experiencing negative emotionality. Most adolescents agreed that they would be able to tell by observing certain facial or bodily expressions. Following are some of the ways that participants described the cues that they looked for in their peers to detect negative emotionality:

*“Like tears they be looking down their eyes like eye contact they probably wouldn't make eye contact they would be staring in space” (FG1, Female)*

*“Something bad things happen to someone and they get really quiet. If you try to have a conversation with them, they'll just sound mad. If you ask them a question that's too personal that they would usual answer. They'll just “kirk” off and tell you to get out of their face.” (FG2, Male)*

*“Yeah, you can tell when the person is really happy compared to when they get really quiet and keep to themselves” (FG4, Male)*

A few adolescent participants mentioned that they would probably hide their negative emotions by pretending to express positive ones that were met with nods of agreements from their peers. This concept is best illustrated by the following comments from both a female participant who stated *“they try to act happy”* (FG3) and a male participant who shared *“I try to play it off like I'm happy, but when I'm by myself I get sad.”* (FG2).

Most adolescents believed that they were able to understand the emotions of other adolescents their age. All groups mentioned that they believed that most adolescents would be willing to share their positive emotions with others however; sharing negative emotions would be less likely for fear of being judged. These two

comments reflect some of the adolescents reported feelings of resistance towards sharing feelings of negative emotionality with their peers or others:

*“some people laugh at their embarrassment”* (FG3, Female)

*“Some people just cover up their emotions with other emotions. Like if they’re sad, they just want to be mad at everything or the other way around. If they do that, you probably just think they’re mad but something else could really be going on.”* (FG2, Male)

Most adolescents shared that over the past 12 months, they did have peers

who were experiencing negative emotionality. The following excerpts represent some of their experiences:

*“One of my friends was crying but he didn’t tell anybody what was wrong with him but he found out he was sick. They had family problems and school just was stressing them out.”* (FG1 Female)

*“Yes- one girl in my class is kind of stressed. She’s pregnant.”* (FG2, Male)

*“This boy in my ROTC class, but something he did got into a fight. People wanted to jump him so he ended up just transferring to another high school. The other people wanted to get revenge on him and wanted to jump him. I didn’t get involved because I don’t know who they were. They were running after him once, but the sergeant I have caught them and saw their faces. I don’t really know. After that he was quiet and didn’t say anything.”* (FG2, Male)

#### 4.2.3 Theme 3

### **The methods that middle school adolescents are utilizing to deal with their negative emotional states**

When adolescents were asked about the methods that they used to deal with experiences of negative emotionality, very few adolescents mentioned action/approach methods of coping such as “talk on the phone” and “talk to friends” and “journaling”. Both male and female adolescents shared very limited approaches to dealing with their experiences of negative emotionality. Very few adolescents mentioned approach- style coping methods such as the following:

*“I write...about anything, even a funny story that can relate to my situation. I write something I can laugh about so I don’t need to get angry.” (FG4, Male)*

The majority of adolescents mentioned avoidant behaviors such as “sleep”, “go to my room and scream into my pillow”, “eat”, “watch tv”, using drugs or self-mutilation:

*“Some people have different outlets for their pain like drugs, or self-mutilation. Or people act out getting their ears and belly button pierced.” (FG2, Male)*

*“They settle into different outlets – like alcohol, cutting yourself.” (FG2, Male)*

Many adolescents also mentioned engaging in social media such as Facebook and Twitter as ways of coping with their negative emotions. One focus group participant shared:

*“It’s like you have someone to talk to but you don’t have to {really} talk to anybody, you are just letting your feelings out.” (FG3, Female)*

#### 4.2.4 Theme 4

### **The extent to which risk behavior is used as a means of dealing with a middle school adolescent’s negative emotional states**

A large majority of the target population stated that they had peers who engaged in risky behaviors. Middle school adolescents shared numerous activities that they considered risky. The main activities that were mentioned and agreed upon by the target population included consuming alcohol, smoking and fighting. Many adolescents did not believe that their peers engaged in risk behaviors because they were experiencing negative emotionality. When they were queried as to what they believed the risk behaviors were related to however, they mentioned incidences or relationships that could possibly lead to experiences of negative emotionality.



*“It {their behavior} is related to peer pressure.”* (FG2, Male)

*“{they have} Issues at home”* (FG3, Female)

Some adolescents believed there was a direct relationship between the risk behavior of their peers and negative emotionality.

*“...they are just trying to fit in sometimes it is stress but most of the time they are just trying to fit in. Stress or sadness or something happening in their life”* (FG1, Female)

*“{they want} to escape from everyday life”* (FG3, Female)

*“They are feeling sad or have too much pressure.”* (FG3, Female)

#### 4.2.5 Theme 5

**The middle school adolescent’s perceived need for an intervention that deals with negative emotionality and risk behavior and the format (e.g., activities, discussions, amount of sessions per week, topics for discussion) that it should entail**

Most focus group participants shared that they would attend a program that was designed for them to help them better deal with feelings of negative emotionality and risk behavior. When participants were asked what would motivate them to attend such a program, a large majority of adolescents shared that they believed that it could help them to be better individuals. Some of the reasons expressed were as follows:

*“To make me feel better”* (FG2, Male);

*“To fix me”* (FG2, Male);

*“It could probably help you* (FG2, Male).

Similarly, another participant said:

*“Yes, because you learn about others and if you have problems that they have and they have problems that you have and they have already been through it. They may have advice for that...”* (FG3, Female)

Both male and female groups believed that issues surrounding interpersonal relationships were important, they emphasized “gangs”, “fights”, violence”, “peer pressure” and “bullying”, “conflicts with friends” and “problems at home”. Issues surrounding substance use was also highlighted. Adolescents shared topics such as “smoking-weed and cigarettes” and “use of drugs”. A large majority of focus group participants also believed that intrapersonal topics were important mentioning subjects such as “stress” and “emotions”.

A large majority of adolescents were comfortable with attending the proposed program either once or twice a week. A majority of the participants were willing to attend a session that was an hour in duration while some participants were willing to attend a session for an hour and 15 minutes. A large majority of the participants believed that the ideal location for a program that dealt with risk behavior, coping skills and their emotions would be better suited in an environment where they felt most comfortable. Participants shared the following potential locations: “A *community center or a church*” (FG2, Male); “A *School- but not your own school*” (FG2, Male); “A *park when the weather is nice*” (FG1, Female); “{...} *a building some place safe and warm*” (FG1, Female). ; “{...} *a youth center for ages 13 to 24. They have after school programs to keep people off the streets. They teach people about sex and other stuff.*” (FG4, Male). Focus group participants reported that their ideal program would allow them to play games (90 percent), engage in group discussions (80 percent), create their own campaign/poster (75 percent) and engage in role playing (75 percent).

### **4.3 In-depth Interviews**

The goal of the in-depth interviews was to solicit the opinions of expert stakeholders regarding negative emotionality, coping skills and risk behavior amongst middle school adolescents and their perceived need for an intervention that would address these issues. A total of 15 expert stakeholders participated in the in-depth interview process.

Four major themes were examined: (1) the relationship between negative emotionality and risk behavior; (2) perceived issues that should be addressed in an intervention; (3) perceived available resources; and (4) perceived need for an intervention that deals with negative emotionality and risk behavior. Specific questions were presented to all expert panelists. Each theme is discussed using statements that were taken from interview transcripts that provide a glimpse of the stakeholders' perceptions and how their perception was shaped by their experience with the target population.

#### 4.3.1 Theme 1

#### **The community stakeholder's perceived belief of the relationship between negative emotionality and risk behavior**

Across gender and professional occupation, there was a unanimous agreement (100 percent), that there was a strong relationship between negative emotionality and risk behavior. Most experts were able to vividly describe observations or encounters that they had had with middle school adolescents over the past 12 months that they believed were attributed to negative emotionality manifested in various forms of risk behavior. Experts believed that middle school adolescents were often unable to

understand, control or verbalize their feelings of negative emotionality and unfortunately, rather than dealing with these issues, it resulted in risk behavior.

One expert stakeholder framed their beliefs of the relationship between negative emotionality and risk behavior by stating, *“Youth after many years in a negative environment may start to develop low self worth which research shows this can lead to risky behavior,”*(EP4). Another expert stakeholder stated, *“Yes, there is a relationship. This is because of elements that affect youth such as home environment, diet, family structure, peer group, lack of education and resources all (of these) can have an emotional effect,”*(EP1).

Most expert panelists (87 percent) believed that middle school adolescents had a difficult time verbalizing most feelings of negative emotionality. One expert believed that the rate of negative emotionality amongst middle school adolescents was very high. She expressed her concerns by saying, *“I would say 50 percent of them are able to articulate it. Others are less clear with their feelings. There is certainly stress and depression. They just don’t know how to share those thoughts,”* (EP6). One expert believed that the deficit for coping with negative emotionality was deeply rooted in a middle school adolescent. He stated, *“...It depends on the youth; some are able to express themselves easier than others, goes back to family structure,”* (EP5). A collection of other comments illustrates the difficulties that experts believed that adolescents experienced when struggling to deal with negative emotionality:

*“Well, I think they verbalize them {negative emotions} in ways that are probably not the most appropriate, if you understand what I am trying to say with that. I think that some of them are better and I think that it depends a lot on maturity level like communicating with the staff or feeling depressed or*

*anxious. Others kind of manifest it in behaviors that once you pull them aside and talk to them you find out that there was another source for that behavior than what you may have thought.” (EP 7)*

*“I don’t think any feelings are easy for an adolescent, simply because they are learning what it is to be depressed. A lot of them don’t know what to do, so they can’t adjust their physical behavior with that, they just don’t know what to do. Physically they might do something, like hit or shove. Then you get the emotional component as well- the screaming, the yelling, the talking-back to the parent. I don’t think that they are really able to handle it so you can sometimes get that verbal outburst when you get a person who is withdrawn. Then the conversation is completely cut off. It’s really hard for them to adjust.”(EP6)*

*“They are violent. They are very physical. They use their fists and not their words. The adolescents I work with don’t know how to differentiate their emotions of feeling depressed or feeling stressed, anxious. They just display it in the form of anger.” (EP14)*

Most expert panelists (93 percent) were able to share experiences where they had observed an adolescent who appeared to be experiencing feelings of negative emotionality that led to a negative behavior in the past 12 months. Various other comments demonstrate the complexity of some of the incidences that have been observed:

*“I do group therapy with a lot of counseling of domestic violence. There is a variety of ways because it’s varying. You might wind up having a child who doesn’t talk to his mother. He sits in his room all day long or he will be {the} one that stays on the phone, and not doing his chores or whatever his mom wants him to do. He is very abusive to his siblings, or he’ll start to stay out late. He won’t come in on time. His homework is not completed. Mom is working two jobs to make ends meet. By the time she’s home or a week later, she’ll realize he didn’t do his work because there was no one there to monitor him. A pattern will form.” (EP6).*

*“I had a student last year who said that he was very upset because he had too many people in his household and he never got any attention at home so during class he would just be having outbursts, not paying attention, and trying to get other students off task and trying to get in verbal arguments with teachers, so those are the way I see these feelings come out and it wasn’t until later when I was able to sit down with the student that I could see that there was a larger problem behind those feelings.”(EP7)*

*“Yes. Just about every day, especially in the females. The females are more emotional than males. Whereas the male will keep things bottled up, and if they get angry, they walk out of the classroom and don’t want people to see them reacting. Whereas the females will allow themselves to be the center of attention and want to be the center of attention to show how they’re responding to whatever situation so I’ve seen both ends of the spectrum.”* (EP13)

*“I guess coping a lot of times- finding a place or situation or that gives you that relief, sometimes it’s substance abuse, sometimes it’s finding a group of peers with similar activities- it might be gangs or substance abuse or risk-taking sexual behavior to some of the stress. I’ve seen youth that have been involved with substance abuse, risky sexual behavior, criminal behavior, gang activities.”* (EP15).

#### 4.3.2 Theme 2

### **The issues that community stakeholders believe should be addressed in an intervention designed for middle school adolescents**

Expert panelists believed that there were several issues that needed to be addressed in an intervention for middle school adolescents. A few expert panelists believed that the way adolescents dealt with their feelings of negative emotionality has not changed much over the last decade (20 percent), while others believed that some of the issues and coping skills had evolved (73.3 percent). Four main issues of concerns emerged. One of the main issues that expert panelists believed should be addressed was helping adolescents cope with their feelings of negative emotionality. When asked this issue, one expert shared that feelings of inadequacy was salient to adolescent risk behavior. He stated “{...} they know that they feel inadequate so the way that they cope is to get out of the situation no matter what the means,” (EP1). Experts believed that addressing this issue could potentially help the other three issues of concern, namely peer pressure/peer relations, problems at home and risk behavior. Following are illustrations of stakeholder comments regarding the needs

that they feel are imperative in an intervention designed for middle school adolescents:

1) Dealing with feelings of negative emotionality:

*“Definitely sadness. Definitely nervousness or anxiety. Frustration. Alternatives to displaying anger or acting out anger. Anger is completely fine. People should understand that, but regret also is a powerful emotion. It is ok to be angry but it’s not ok to hit someone in the face. Understanding what would be an acceptable way to communicate the feelings that you’re having as well as get feedback.” (EP10)*

*“Emotional safety and physical safety. That’s more important than anything you’re going to do- make the adolescent feel emotionally and physically safe.” (EP3)*

2) Problems at home:

*“Well, I see a lot of single parent households, one of the students that I have there are a lot of siblings who are very different in age and you know a few who don’t have parents at all who are either living in foster homes or living with their grandparents I think that could be one aspect. I also teach a large immigrant population, I {also} see a lot of cultural barriers coming in a lot of pressures from home which are different from school and there is some missing link between people at home understanding what is going on in school.” (EP7)*

3) Peer Pressure/Peer Relations:

*“Bullying....cyber bullying, it has been a big focus for all of us. As teachers it is very interesting for us to try to deal with it without compromising our professionalism and telling them just to keep it out of school but it is the people at school who are engaging in this kind of behavior so there is a lot of boundaries I think that are being crossed with this cyber bullying aspect.” (EP7)*

*“There are lots of gangs. They see those kids that are vulnerable, looking for love, attention. Some families are single-parent homes. Gang members are being very strategic at recruiting members at a very young age- {they influence them to} skip school, do drugs, and/or become a gang member. It’s been going on for years and it’s getting bigger and bigger and worse and worse. Children have to try to stay away {they}, struggle. I want to stay in school, I want to learn but then I have a group of gang members in my classes and in the hallways of the schools. They try to juggle and stay away from that. Some kids have strong powers and they will overcome that and keep a straight*

*mind. Others won't. That's one of the main things going on in schools today.” (EP11)*

#### 4) Risk Behavior:

*“We need to talk about drugs, alcohol and sex. That can also contribute to their feelings. We have younger teens getting pregnant. Sometimes when you talk to somebody and they say, “I didn't think it would happen to me” but they weren't using any protection. When we talk about sex, we need to talk about STI's because there are outbreaks of Chlamydia and AIDS in the community. That leads to depression. That leads to emotions when they think that somebody might not love them or want them, but then they get pregnant and the other person says “That's not mine”, “I don't want you anymore.” All those things contribute to their depression. Their sadness, their anger... not only what's going on in schools, but also what's going on with them.” (EP11).*

#### 4.3.3 Theme 3

### **The perceived resources that are available to community stakeholders to deal with negative emotionality and risk behavior involving middle school adolescents**

Most expert panelists expressed their opinions regarding the resources that are available to adequately deal with the issue of negative emotionality and risk behavior amongst middle school adolescents. Some stakeholders shared that some existing resources were underutilized because of lack of access, stigma and the inability of parents/guardians and adolescents to realize that they are actually in need of primary and secondary preventative assistance. Most stakeholders believed that their respective communities and educational systems were lacking much needed resources to assist in improving this situation but feared that they may not be addressed based on funding issues in both settings.

Most expert panelists (93 percent) reported that they were aware of available resources for adolescents to assist them in addressing their feelings of negative emotionality for middle school adolescents; however they did not feel that it was



sufficient. Some of the ways that experts summarized their experiences were as follows:

*“There’s sufficient resources for children who are addicted to some kind of drug or perhaps alcohol, but there are not a lot of resources for children who are just depressed or for anger issues. There are behavioral instruments we use in the school system, but our behavioral modification is a checklist. Well we just say maybe he needs a few things here or there, but it’s not concrete enough to service the needs of the child.”(EP6)*

*“They also have a health teacher in 7<sup>th</sup> grade and she does a lot of stress management in her classes, how much do they get out of it who knows? I think she has a unit that she gets through quickly as well. But that is really the only time that it is communicated in the academic setting. Apart from a teacher taking it upon themselves, I don’t see it in any {other} curricula.” (EP7).*

Some expert panelists (33 percent) believed that although there were resources, individuals did not know how to access them. This is illustrated in some of the following quotations:

*“All depends on the connections that the family has with the community, YMCA, sports, church, {all} important for sense of connectedness. In the schools, the usual route of referrals, reach out to the child or refer them to the counselor or the school therapist. When kids are stressed out that is the first line of defense. [...] There are not enough resources. One of the major problems is {a} lack of continuity with resources (i.e. child seeing therapist right before summer break) what happens to that child? Do their problems go on break?”(EP 8)*

*“Not a lot, they aren't getting it from home, parents are hardly there, parents think kids will get it from school, but the school is overwhelmed so they don't have the resources to detect the depression or stress in each kid, years ago you had the church as a cornerstone in the community but that is no longer.” (EP5)*

*“The resources are all out there. You just don’t know where they are or how to access them. It’s a lack of knowledge. It’s a lack of accessibility and due to the economic crisis our country is under, these kids and their families are going to fall through the cracks, and this is going to cost us money because we will have to pay for the care they are going to cost us. Society will say- that’s not my child, but your child may be the one that gets robbed by that child you just ignored.”(EP14).*

A majority of expert panelists (60 percent) believed that funding was a serious issue that impeded on the availability of resources for dealing with negative emotionality and risk behavior. Some individuals voiced their frustration with the budgetary constraints that they were faced with. Some expert panelists conveyed this view when they said:

*“I think it boils down to budget and a lot of these programs are being cut, you know, a lot of people who are on the front line they love what they do and that’s why they hang in there to do what they do but you know they can’t always do that. That’s where the rubber really meets the road or even worse the programs are there but are the kids even ready to even deal with these programs?” (EP1)*

*“We don’t put money in the right areas. We put the money in what we think we hear often. When there are things like depression, like we don’t hear about, but we know it’s going on, it’s just that it’s not so blatant as it is when you’re on drugs because it’s apparent physically. If you’re on alcohol, if you’re purchasing alcohol as a young person and you’re drunk, that’s physical; you can see it since it’s a visual thing. Depression is not always visible, so that’s kind of left behind the scenes. That’s why money is pushed in some areas and not in others.” (EP6)*

*“At my school we have the counseling center where students can go during lunchtime, or if it’s an emergency, go at the time of whenever the incident occurred, or if they can’t make it through class, they can go talk to a counselor. That’s the extent of the services we offer at the school system. They can talk to a teacher they’re comfortable with. For a structured type of program- we don’t even offer that anymore. We don’t have the peer-counseling- they could talk to their peers about their problems. We only have the counseling center and talking to the teacher... Budget cuts. I know that some counselors haven’t been into the program as they were before because funds are low. It takes more time out of the schedule of when they usually meet- before, during, and after school. With other, I guess, positions lost in the building, the counselors have more responsibilities and less time to monitor the program.”(EP13).*

Some expert panelists (40 percent) believed that although there was a constraint on the available resources, there were certain components that could be vital in ameliorating the services for middle school adolescents. They did admit

however, that these components would not necessarily be easy to implement.

Following are some of the factors that they believed were essential:

*“I would say it’s very complex. We need someone to be able to go in and slowly pull back that onion and understand what’s going on. When you get to the middle of it, when you start pulling back the pieces, you have to go in knowing what interests the people. You have to be able to and have the patience to let the people guide you. They will guide you and they will lead you to the core, but you have to let them lead you.”(EP5)*

*“I think in the ideal, if you could have counseling- maybe that’s not the right word- safe atmosphere for kids to talk about their feelings, what they’re going through. I think any child can articulate or say from their perspective the things they think are lacking for that. Just a safe, trusted environment for kids to talk about that. Especially boys. About the pressures they have- and their emotions. That would be a really good first start.” (EP12).*

#### 4.3.4 Theme 4

### **The perceived need for an intervention that deals with negative emotionality and risk behavior, in addition to the format (e.g.: implementation, structure) that it should entail**

Across gender and professional occupation, there was a unanimous agreement that there was a need for a middle school adolescent intervention that addressed the issues surrounding negative emotionality. Expert panelists were very supportive of the proposed program; however, they did have mixed feelings regarding the implementation and programmatic details.

Most expert panelists (93 percent) believed that it would be relatively simple to implement the proposed program because of its content and the void it had the potential to fill. Some expert panelists conveyed this view when they said:

*“I definitely think so {...} I think it would be a great idea, it would be well received. I would suggest that the method of contact would be to go through the counseling office at the school, it is necessary in schools because the*

*behaviors are really important in determining the academic that they are getting.” (EP7)*

*“I think they would just because there aren’t many organizations within the schools that have a focus like this anymore. I guess there’s a big focus on lowering the amount of suspensions and trying to increase the amount of time the students spend in school. I think schools would try methods that would let them be more pro-active than reactive. I think this would be an excellent program for them to use.” (EP13)*

*“If there was no funding requirement and man power{requirement}. If you were able to offer services to their populations with no cost to them at a time convenient to them- then you’ll make the opportunity pop.” (EP15).*

A few expert panelists (27 percent) shared that although they believed that the proposed program could fill a programmatic void, it would be difficult to implement based on programmatic matters and regulations.

*“I believe they would let you implement the programs but there is a lot of consent that needs to take place. I’m having the same issue with a program I’m trying to start at my school. There’s parent and district consent that I have to deal with. Even though the principal may agree, you have to go the Prince George’s County Board of Education. It’s a long process.[...] At times it’s a lot of red tape for even free programs.”(EP9)*

*“In my past experience, no I don’t think they will be easy to implement it. School systems are designed to look at something they think has a strong research base. So if the program has been here for a while and it’s been tried in 2 or 3 states and there has been success. Then they are more apt to use it. {...} If you decide to do an after-school program and you are collecting data on a small sample of the students, and you find that it has been productive or useful, you can show that to the teachers and regional administrators, then there is the possibility that they will implement it in a small way. School systems have such a limited fund, and they have been chastised for putting in gobs of programs that don’t work. They are now a little weary of that. They aren’t likely to jump on the bandwagon. They want someone else to jump on it first and that the wheels are moving. Then they will jump on it.”(EP6).*

A large majority of expert panelists (87 percent) believed that the parents/guardians of middle school adolescents would support the implementation of the proposed program.

*“I don’t think parents would have a problem. If I had a child who is having problems in the classroom, I would cherish anything that I could get that would benefit my child.” (EP6)*

*“I think there would be mixed reviews. I think some parents are at their wit’s end with their children, we all had our rebellious stage at one stage or another so some parents are overwhelmed with all the responsibilities that they have, that’s one thing that I notice my students complaining that their parents work late hours and they hardly ever get to see them. So I think there will be a lot of parents who would receive it very well and there are always a few parents who are oblivious to their child’s behaviors in class they may show a little resistance but once you explain the purpose of the program they will get on board.” (EP7)*

*“I think it depends on the parent because some parents who definitely are open to getting any type of help especially for these transition years which are very trying for some families and some may be very open to it and some might not. I think it has a lot to do with when and who is doing the implementation. Parents are normally very open to things offered at the school level, and if they have a trusting relationship with a CBO or a program in their community- definitely. They are open to those things.”(EP8).*

All expert panelists (100 percent) believed that the proposed program would be beneficial for middle school adolescents. They believed that they would be likely to participate in such a program if it was presented to them in an appropriate manner.

*“They would be open, the facilitator would need things to entice them and open up...kids always like something in return for what they do.” (EP5)*

*“I think that the ones that are more likely to participate are the ones who are more proactive themselves and are already putting in methodology to cope with their problems. The ones who I may think may need the program the most might show a bit of resistance and may need some sort of incentive to be a part of this would be something that would be needed.” (EP7)*

*“Some of them may be reluctant at first because it’s something different. It may seem like another class, there’s something else I need to do afterschool. But once they get into it and realize that it’s going to benefit them in some way, just like any other activity, they will get into it and start to really appreciate what it’s purpose is. I think it would take a growing period to let it grow on them, but I think they will enjoy it.” (EP13).*

Upon review of the sample session and program outline, all expert panelists (100 percent) shared that the belief that middle school adolescents would be able to grasp the concepts and possessed the ability to put them into practice. Experts did vocalize their belief that although the content would be appropriate, the way the program was presented would highly determine the sustained interest of the target population. Following are some of the features that were mentioned:

*“I think they will be able to grasp it as long as there are hands on activities and it applies to their daily life.” (EP9)*

*“If you get a facilitator that can reach out to the kids then they will open up.”(EP5)*

*“They aren’t going to be able to grasp all the concepts but they’re going to get some of it because they hear some of it in the classroom. It’s with anything; it has to be taught in such great detail. There must be analogies to help them understand. Kids are very visual. They have to see how this model affects my family. How does it work? What situation would I use it in? Is it something I can use daily? Do I understand this? They have to be able to connect it to something, and kids have that strange ability and certain experiences in their head to share the opinions of things.” (EP6).*

The original format for the proposed program session was between 60 to 75 minutes in length. Experts were asked their opinion on the length of each session. Most panelists (93 percent) strongly agreed with the proposed length as the best way to ensure maximum effectiveness of the program. This notion is illustrated below:

*“I wouldn’t make it longer than that. They don’t have much attention. Minds wander, and you’ve lost them.” (EP6)*

*“I think the amount of time is good because you know again, if it were 2 hour sessions, they might be like “oh that’s too much (EP2)*

*“That should be fine. Especially when you’re doing things like talking and discussing and having activities, that hour goes really fast. I think it’s just enough time so the kids don’t get too restless, but enough to be effective.” (EP13).*

A few expert panelists (13 percent) emphasized the importance of being aware of the varying ability to read and comprehend the proposed program materials. This notion was illustrated by one expert panelist who was very adamant about the importance of reading comprehension:

*“Keep it like at a 4<sup>th</sup> grade, 4<sup>th</sup> -5<sup>th</sup> grade reading level and incorporate visuals, images, not that all of the kids are at that level and stuff but there is a very strong majority that are because the ones that are...are the ones that are, they have the potential to be the disruptors in the group” (EP1)*

All of the panelists (100 percent) shared that if the entire program was structured in a similar manner as the first session then it could be effective. All expert panelists (100 percent) stressed creativity and consistent engagement of the target population to maximize effectiveness. Participants framed their observations below:

*“I think the lesson plan that I saw a few breaks and the opportunity to get up and move along would keep them on task.”(EP7)*

*“The fact that they can establish their own rules and can change them is a good” (EP3)*

*“I think it needs to include 2 different factors: avoid the lecture approach to engaging people because I know that some people associate education with lecturing- like if I talk at you for an hour then they will get it. The deposit style of education. So I’m going to tell it to you and you regurgitate it. People like hands-on and talking through experiences like I did in conversations. They like things to do to display that they’ve learned.” (EP10).*

#### **4.4 Construction and Refinement of Manual Based on Expert Panel and Focus Group Feedback**

The following adaptations were made to the facilitator manual based on the feedback of both the expert panelists and focus group participants.

- 1) All lesson plans were scaled to fit a 60-minute session structure.

Based on the recommendation of the majority of the expert panelists and the focus group participants to keep the sessions at approximately 60 minutes for each session, the manual was revised and adjustments were made to the script to ensure that the lesson objective was met within the suggested period. Each program component was given a recommended time period so that the facilitator would be able to adequately prepare and execute each session in a timely manner.

- 2) The relationship between negative emotionality and risk behavior was emphasized in every session.

Based on reports from the focus group participants, it was evident that although most middle school adolescents believed that they were able to notice when their peers were experiencing negative emotionality they were not aware of distress tolerance skills that would be useful in reducing these emotions. Additionally, middle school adolescents did not appear to provide much active coping skills that could be used to alleviate their personal situations or that of their peers. Expert panelists also felt strongly that many middle school adolescents did not understand the relationship between negative emotionality and risk behavior and that this was an important component to introduce and emphasize in any program that was intended to prevent or reduce (current or later) risk behavior. As a result, throughout the proposed



program, the relationship between negative emotionality and risk behavior was emphasized and illustrated in several different examples and highlighted in many of the individual and group activities, for example, the introduction of the program model in Session 1; discussing the common outcomes of holding back feelings in Session 2; group activity to create a skit depicting the relationship between interpersonal conflict and risk behavior in Session 4.

3) Interactive activities were planned for each session.

Based on the recommendation of the expert panelists and focus group participants, at least one group activity was incorporated into each session to ensure that the target population was given an opportunity to interact with their peers and to internalize the material through experiential learning (i.e. creating poster board campaigns which demonstrate using distress tolerance skills to address distressing situations in Session 5). All of the expert panelists stressed creativity and consistent engagement to capture the attention of the target population and to maximize effectiveness. As a result, creative group activities were incorporated into each session and considered as an essential component. Some activities from Christensen, Riddoch and Eggers (2009) were adapted or directly integrated into the lesson plans. Based on the recommendation of the focus group participants, group discussions, the creation of campaigns and/or posters and role-playing were incorporated throughout the six sessions of the manual in the group activity sections.

4) Incentives were incorporated into the program.

Based on the recommendation of the majority of the expert panelists and focus group participants, incentives were incorporated into the program. A large majority of

the adolescents (85 percent) and expert panelists (86 percent) believed that incentives were essential for a program for middle school adolescents. Focus group participants reported that they would appreciate receiving gift cards (85 percent), t-shirts (85 percent), pens (80 percent), a membership card (75 percent ), journals (75 percent ) and text messages and/or emails. Refreshments were also suggested from both expert panelists and focus group participants.

5) Group rules section was revised.

Based on recommendations from a few expert panelists, the group rules section was revised to include not only what the participants believed were not acceptable for their group (the Don'ts) but also what they would like to encourage (the Do's). The group rules segment was incorporated into the first 15 minutes of session one.

6) Suggested issues of concerns were listed in the manual as possible examples and topics to be used during the interactive activities with the target population.

Both expert panelists and focus group participants shared several issues of concern (i.e. problems with peers, problems at home, intrapersonal issues, etc.) that they believed were important to discuss and incorporate into the proposed program. These issues were incorporated throughout the entire facilitator manual as examples that the facilitator could use to better relate to the target population (for example: dealing with feelings of anger and emptiness in session 2; doing poorly in school in session 3; dealing with disappointment and interpersonal conflict in session 5; dealing with substance use in session 6). Additionally, two important notes were listed in the *Note to Facilitators* section in the beginning of the facilitator manual: (1) The

importance of having a list of relevant resources readily available for all participants, which is an important factor based on the expert panelists' reports that many adolescents and their family members are unaware of available resources and (2) The importance of creating a safe and “judgment free” zone for their participants. Many focus participants shared that they would be willing to engage in an intervention that addressed feelings of negative emotionality and risk behavior because they felt that they could learn a lot about themselves and others. On the other hand, focus group participants also expressed that they felt that it was difficult for an adult (and even sometimes their peers) to understand them, thus the need to be intentional about building trust and a nurturing environment was emphasized.

7) Issues surrounding stigma were addressed in the proposed program and the student workbook.

Expert panelists shared that they believed that the issue of stigma contributed to a reduction of use of available services for adolescents and their families. Additionally, focus group participants also mentioned that some of the reasons why they did not express their emotions were based on a fear of the labeling of their peers. This deeper understanding of stigmatization and its consequences is addressed in the facilitator manual and serves as the underlying reasoning behind some of the activities in the student workbook (see examples for the introduction of the program model in session 1 and the examples used to reiterate the model in session

8) Ease of implementation and budgetary concerns were incorporated into the creation of the proposed program.

Based on the reports from many expert panelists, budgetary constraints was cited as one of the reasons why there was a lack of much needed resources in the community or middle school setting. Additionally, a program that required extensive training for prospective facilitators may also cause resistance in program adoption. Based on the concerns of the expert panelists, it was apparent that if the proposed program required extensive resources and funding that it would be less likely to be implemented in a community or school setting. Based on the aforementioned, most individual and group activities required low cost materials (see materials needed section in the beginning of each lesson plan) and the overall program was structured in a manner that could be easily implemented in either a community or school setting.

9) Reading level of Student Activity manual was re-examined and reformatted to fit an average 5<sup>th</sup> grade reading level.

Based on recommendations from a few expert panelists, the facilitator manual and the student activity book were re-examined using the Flesch-Kincaid Grade Level to ensure that the material was at a 5<sup>th</sup> grade reading level. This analysis examines text on a U.S. school grade level.

## **4.5 Delphi Method**

### 4.5.1 Delphi Round 1

Round 1 of the Delphi study (see Appendix L) included three parts: (a) the Informed Consent; (b) the open- and closed-ended questions pertaining to the programmatic structure of the distress tolerance program; and (c) the demographic profile information. This section presents the data collection process and data analysis pertaining to Round 1.

#### 4.5.2 Round 1 findings

*Session 1.* In Session 1 of the proposed adolescent distress tolerance program, participants are introduced to the program model, which demonstrates the connection between individuals' emotions, behaviors, and their consequences. The mean appropriateness and effectiveness ratings of the expert panelists are illustrated in Table 15. Expert panelists offered additional comments and suggestions concerning session 1 which are listed below:

- 1) *"You have given the "instructor/leader" a script to follow, and you have made it clear that there is flexibility in delivering the program. Perhaps, not all can be accomplished in six sessions. I think it's an excellent program. The identification of feelings is critical and provides the names and language needed to talk about find feelings, normal, distressful, and good."*
- 2) *"Maybe for Ice Breaker each member of group can be given 2 to 3 minutes".*
- 3) *"The exercises although structurally adequate, tend to assume a much younger population."*
- 4) *"It would be helpful to me and maybe to others to give a secondary title to each session (helpful in terms of remembering the sequence of the activities and what is most important). e.g., Session 1 "A model and activities for learning skills to deal with difficult feelings, for example, sadness, frustration, fear (anxiousness), anger." Session 2 "Expressing feelings in a constructive way: consequences of holding back feelings."*
- 5) *"I would consider requesting only two situations rather than three. The handout pictures might be an incentive to shadow the student's true feelings. For instance, a child might feel encourage to make up a situation if he can't think of a "good" story to tell".*

*Session 2.* In Session 2 of the proposed program, participants are introduced to strategies that will enable them to express their feelings in a constructive manner. Participants are taught the difference between suppressing and expressing one's emotions and the health consequences that may result from making poor choices. The

mean appropriateness and effectiveness ratings of the expert panelists are illustrated in Table 16.

Expert panelists offered additional comments and suggestions concerning session 2 which are listed below:

- 1) *“The shift from "controlling" our feelings to "understanding" our feelings is an important feature of your program.”*
- 2) *“The ‘introductions’ as students will call them, are a little "wordy".*
- 3) *“Willingness may need further examples.”*
- 4) *“Love the idea of interactive and group activities.”*
- 5) *“Some areas need to lend more to the maturity level of the student.”*
- 6) *“Ratings are okay for younger students; however the 1-10 rating is probably too wide of a range. Many children have a hard time working with extremes.”*
- 7) *“The information for the most part is appropriate, however because it requires long term memory may give false results.”*
- 8) *“With children heavily involved in technology I think it proper to utilize technology to express points of interest. I think that at times that youth can feel bored by some of the paper work. If they can be lead into the activity by youtube/ or thoughts on video games etc. Otherwise I think it is good.”*

*Session 3.* In Session 3 of the proposed program, participants are introduced to the difference between a healthy distraction and avoidance. Participants are taught how to apply these concepts in their daily lives. The mean appropriateness and effectiveness ratings of the expert panelists are illustrated in Table 17.

Expert panelists offered additional comments and suggestions concerning session 3 which are listed below:

- 1) *“The acronyms seem to be helpful--giving meaning to and clarifying the main concepts. I wonder if that will be the case during the sessions with*

*the participants. As you point out, there are good "healthy" distractions and other kinds of "inappropriate" distractions."*

- 2) *"Once again I look at the level of sophistication for the task. A restructuring of the content might provide that sophistication that is missing in a couple of areas."*
- 3) *"I really think that youth choosing their own activities is good."*
- 4) *"I would infuse more of a structural setting--story-like."*
- 5) *"Little stronger"*

*Session 4.* In Session 4 of the proposed program, participants are introduced to strategies that will enable them to positively deal with distressing feelings caused by interpersonal conflict. The mean appropriateness and effectiveness ratings of the expert panelists are illustrated in Table 18.

Expert panelists offered additional comments and suggestions concerning session 4 which are listed below:

- 1) *"Session 4 (Interpersonal effectiveness skills and strategies for resolving conflicts) is especially relevant/important at these ages. I think that your GIVE and FAST acronyms provide helpful, very practical advice for middle school students for whom interpersonal relationships are so important."*
- 2) *"I believe that a word like "distress" is difficult to comprehend, because it leans more to cultural awareness of problem-solving."*
- 3) *"More directions needed for challenge activity."*
- 4) *"I would lean more to reorganizing the task to be completed."*
- 5) *"I would question how the youth can retain and engage/ define the acronym when they needed it".*

*Session 5.* In Session 5 of the proposed program, participants are introduced to assertiveness skills can be used when faced with distressing situations and emotions

caused by negative interactions with others. The mean appropriateness and effectiveness ratings of the expert panelists are illustrated in Table 19.

Expert panelists offered additional comments and suggestions concerning session 5 which are listed below:

- 1) *“The advice and training with respect to assertiveness is important. DEAR MAN does provide a way of teaching the important skills. However, I don't like the fact that your acronym "Dear Man" gives preference to the assertive male and that your example of assertive behavior is "Robert" asking for a position on the basketball team. I would much prefer that Julia or Mezelda are asserting their rights, requesting a place on the team; and that your acronym is . . . "Dear Mam" or even "Dear Mum." but not Dear Man.”*
- 2) *“More Clarity.”*
- 3) *“Too many acronyms, I would like to see a more comprehensive way for youth to understand, retain and use the acronyms.”*

*Session 6.* In Session 6 of the proposed program, participants have the opportunity to demonstrate their understanding and acquisition of the skills from the adolescent distress tolerance program. The mean appropriateness and effectiveness ratings of the expert panelists are illustrated in Table 20.

Expert panelists offered additional comments and suggestions concerning session 6 which are listed below:

- (1) *“Reviews are very important; putting them into practice is even better!”*
- (2) *“I agree and we will only be able to evaluate how well the adolescents put these behaviors into “practice” once we are able to pilot the program and do follow up studies.”*

***Facilitator manual/adolescent workbook.*** In addition to reviewing the appropriateness and effectiveness of each session, expert panelists were asked to rate the appropriateness and effectiveness of the program materials for both the facilitator



manual and adolescent workbook materials. The mean appropriateness and effectiveness ratings of the expert panelists are illustrated in Table 21.

Expert panelists offered additional comments and suggestions concerning the appropriateness and effectiveness of the program materials that are found below:

- 1) *“Ensure when it asks to list 3 feelings, there are three separate spaces rather than one large paragraph style box.”*
- 2) *“Be prepared to provide technology support with some of these exercises.”*
- 3) *“Ask feedback from group members to reason why/no completing the task at hand.”*
- 4) *“Please keep in mind students written skills.”*
- 5) *“Keep them up to date.”*
- 6) *“Make sure handouts are up to date and are relevant with the current group.”*
- 7) *“The relevancy seemed dependent on participant background.”*

*Goals and Objectives.* After reviewing the content of the program, expert panelists were asked to judge whether the content of the program met its four planned objectives. Expert panelists were given a Likert scale that ranged from 1 (To a Great Extent) to 4 (Not at All). The mean rating scores for the programmatic goals and objectives of the adolescent distress tolerance program are illustrated in Table 22.

Expert panelists offered additional comments and suggestions concerning the programmatic goals and objectives of the program which are listed below:

- 1) *“It needs to be more age-appropriate. Some part could be more mature and others less.”*
- 2) *“I really like how each student is asked to identify a current feeling for each session.”*
- 3) *“I am sure that there are other factors that have not been considered.”*
- 4) *“There are many other contributing factors to engaging in risky behavior.”*

- 5) *“Many people are aware of their feelings but have trouble articulating them in a comfortable and understanding environment.”*
- 6) *“Needs to be Specific and Measurable.”*
- 7) *“Follow up studies of students having participating in the program will be important to the evaluation of its effectiveness. On paper it looks like an excellent program, especially for young people ages 13 and 14. The charades, the acronyms, the carryover from one session to the next are well thought out and contribute to the program's fun and overall integrity.”*
- 8) *“The objective sounds more like an overall goal. My definition of an objective would include measurable, preliminary steps taken to achieve the main goal. For instance a possible objective would be - 'To provide students with meaningful activities that address the link between emotions and behavior' or 'Students will participate in role playing activities in order to learn anger management techniques.’”*
- 9) *“I really like how each student is asked to identify a current feeling for each session.”*

#### 4.5.3 Modifications made after Round 1

A total of 12 changes were made to the manual as a result of the feedback received from Round 1 of the Delphi process (see Appendix M for all changes). Some of the concerns were the following: (1) there was concern regarding the time allocation for each session’s activities and whether everything could be accomplished in sixty minutes. To address this concern, the panelists were informed that a program integrity checklist was provided for each session to enable the facilitator to duly note what time the program started and concluded. Additionally, facilitators are encouraged to take note any difficulties that they may have experienced so that further adjustments could be made to the program if necessary;(2) Several programmatic changes were made such as developing the ice-breaker activity in session 1 so that every adolescent would have the opportunity to participate in the activity without feeling overwhelmed. The “Note to Facilitators” section was re-

worded to include an explanation of the program integrity checklist, importance of available resources and a brief outline for each session was also provided before each session. These modifications were made to support the facilitator; (3) Based on the ratings from the expert panel, the challenge activities had the potential of being both acceptable and effective; however there was a request that the activities were reiterated in each subsequent session. As a result, all sessions were revised to incorporate a review and reiteration of the previous session's challenge activity (i.e. When ACCEPTS is presented in session 3 and assigned as a challenge task, it is then reviewed again in session 4) to encourage learning of the proposed concepts.

## **4.6 Delphi Round 2**

### 4.6.1 Round 2 Findings

#### Satisfaction ratings

All of the panelists (100%) reported that they were satisfied with all of the modifications and responses that were made and presented in the Responses to Reviewers document, Facilitator Manual and Student Activity Workbook. As illustrated in Appendix O, expert panelists offered a total of 5 further suggestions for enhancements to the proposed program. Three of the suggestions pertained to programmatic detail; one suggestion pertained to training and logistics and one suggestion pertained to the layout of the facilitator manual. The suggestions are listed below:

### Programmatic Detail

- 1) *“You are using a lot of acronyms and I am not sure if the students will remember everyone. Consider using the full wording more often.”*
- 2) *“Add more detail when using the word “Trigger”. Even though you have explained its definition in previous paragraphs, a student still needs reminding. It is a little abstract in thought.”*
- 3) *“It feels great to be useful and included. Most community centers in Washington, DC and PG County have access to media, projectors and sound. Some, many don't allow access to youtube however the videos can be downloaded in advance and played via laptop (re: including technology).”*

### Program Layout

- 4) *“It sounds good. The format could use a little work. Maybe a different font and add a few boxes, overall it is pretty good.”*

### Training & Logistics

- 5) *“I think that facilitators should also view a video which simulates extreme behaviors which aids them in taking their task seriously.”*

Proposed name for the program. Fifteen names were presented to the expert panel as possible names for the proposed Distress Tolerance program for middle school adolescents. Panelists were also given the option of suggesting another name if they were not satisfied with the options that were presented to them. Out of the 15 options, 8 were selected as possible names for the proposed program. No additional names were suggested. Table 23 provides a summary of the voting results. The top two proposed program name options were EASE and ESCAPE. These two names were then presented as the final options for the expert panelists to choose from in Round 3.

#### 4.6.2 Modifications made after round 2

To address the suggestions that were made by the expert panel in round 2 regarding programmatic detail, the following modifications were made: (1) the term “trigger” was defined in session 1 and reiterated in session 2 with several examples used each time the term was mentioned; (2) The use of acronyms throughout the program was readdressed and thorough explanations were given for each acronym and the meanings were reiterated at least once in the subsequent session.

Additionally, there were challenge activities and group activities that surrounded the meaning of the acronyms; (3) the incorporation of technology into the program was not implemented due to the researcher’s desire to maintain a low cost for the program and to address the incorporation of technology with the program. With regards to the suggestion of training for facilitators, a decision was made that a training session should be developed at a later time for facilitators prior to implementation of the proposed program. Lastly, further formatting and design changes were made to the facilitator and student manual to provide ease of use (i.e. clear demarcations within the script such as adding text boxes and more white space).

## 4.7 Delphi Method Round 3

### 4.7.1 Round 3 findings

Satisfaction ratings. All of the panelists (100%) reported that they were satisfied with all of the modifications and responses that were made and presented in the Responses to Reviewers document and Facilitator Manual.

**Proposed name for the program.** Expert panelists were asked to choose one of two potential names for the proposed Distress Tolerance program for middle school adolescents. The two names were *EASE*-Empowering Adolescents (to deal with) Stress and Emotions and *ESCAPE*-Empowering Skills for Adolescent Pressures and Emotions. The panelists' decisions were evenly split between the two names, *EASE*-1<sup>st</sup> choice (n=6) and *ESCAPE*-1<sup>st</sup> choice (n=6). The final decision was left to the research team.

**Program Ratings.** As illustrated in Table 24, expert panelists responded to their perception of the proposed program's ability to meet its programmatic goals. Experts were asked "To what extent does the ENTIRE program meet the objective of (one of the four program goal and objective)?" One expert panelist commented, "*This will take some repetition outside of the sessions, but it does the job.*"

Expert panelists were asked to evaluate the appropriateness and effectiveness of the facilitator and student manual based on the modifications that had been made from the previous rounds. Table 25 provides a summary of the ratings of both the facilitator and student manual. Lastly, expert panelists were asked to evaluate the appropriateness and effectiveness of the overall program. Panelists were also asked to offer their perception of the relevancy, feasibility and potential sustainability of the

EASE program curriculum for middle school adolescents. Table 26 provides a summary of the ratings of the expert panel.

Expert panelists responded to questions regarding their perception of the overall proposed manual. Two expert panelists offered comments regarding the relevancy of the program. One expert panelist commented, *“I believe that this would also be beneficial in high school also. Most school counseling programs are generally “management” rather than student preparedness.”* Another expert panelist stated, *“Working with this population, I feel this program is very relevant.”* One expert panelist commented regarding the potential sustainability of the proposed program by stating, *“The program has great potential. The challenge would be-who would provide the management.”*

## **Chapter 5: Discussion, Recommendations and Conclusions**

In the current study, findings from four focus groups with middle school adolescents and fifteen in-depth interviews with expert panelists were utilized to create a preliminary facilitator and student manual for a distress tolerance intervention curriculum for middle school adolescents. Subsequently, three extensive rounds of a Delphi method procedure with expert panelists were conducted to evaluate, critique and modify final curriculum. Insights regarding the development of the adolescent distress tolerance curriculum are shared including strengths, challenges and recommendations for future research.

The purpose of this study was to create a manualized intervention program for middle school adolescents that focused on teaching and utilizing distress tolerance skills to deal with issues surrounding negative emotionality, coping skills and adolescent risk behavior. Research indicates that a better understanding of this phenomenon would allow for a more informed decision of the creation of a manualized intervention that would highlight and address the aforementioned issues (Goldstein et al., 2007; Miller et al., 2007; Nelson-Gray et al., 2006; Rathus & Miller, 2002; Safer, Lock & Coturier, 2007; Woodberry & Popenoe, 2008). As a result, a multi-method approach was employed to explore the perceptions of both expert panelists and middle school adolescents regarding issues surrounding negative emotionality, coping skills, adolescent risk behavior and curriculum development.



## **5.1 Summary of In-depth Interviews, Focus Groups & Delphi Method Findings**

### **5.1.1 In-depth Interviews & Focus Groups**

In alignment with existing research (Brown et al., 2006; Daughters et al., 2009; Ethier, Kershaw, Lewis, Milan, Niccolai & Ickovics, 2006; Myers, Brown & Kelly, 2000; Weinstein et al., 2008; Turner, Sorenson & Turner, 2000), all expert panelists (n = 15) believed there was a strong relationship between negative emotionality and risk behavior and expressed strong concerns about the middle school adolescents inability to verbalize negative emotionality and to address various concerns such as peer pressure, interpersonal problems, risk behavior and problems at home. Expert panelists shared personal accounts regarding several experiences where they witnessed adolescents who were experiencing negative emotionality and did not have the adequate coping skills to deal with their problems. Expert panelists expressed their frustration with the continued decline in funding for community and school based programs and shared that it was difficult to deal with many of the emerging adolescent concerns which they strongly believed were hindering interpersonal and academic performance. Most expert panelists believed that such situations were getting worse and that the available resources were becoming increasingly limited, leaving adolescents vulnerable to becoming engaged in risky behavior.

Expert panelists believed there were several interpersonal and public health issues that needed to be addressed in an intervention that was intended to deal with issues of negative emotionality and increase distress tolerance for middle school adolescents. Some of the issues that they believed that middle school adolescents

were dealing with revolved around bullying, depression, anxiety, interpersonal conflict, risky sexual behavior and substance use. Expert panelists also believed that in most cases these matters were increasingly worse than it had been a decade ago. Although most expert panelists reported they were aware of some available resources for middle school adolescents to assist them in addressing their feelings of negative emotionality; they were adamant that the resources were not sufficient enough to deal with the existing problems that middle school adolescents currently faced. Expert panelists expressed their belief that middle school adolescents needed programs which were suited to meet their needs and addressed the issues that they were currently facing while preparing them with skills they could use in the future, such as negotiating skills and the ability to express their emotions in a constructive manner.

Although existing research has provided evidence that there are strong links between negative emotional states and adolescent risk behavior (Brooks et al., 2008; Brown et al., 2006; Byrne & Mazanov, 2001; Ethier et al., 2006; Finkelstein et al., 2006; Mazzaferro et al., 2006; Morrison-Beedy et al., 2008), there are still very few interventions that are appropriately tailored to address both concerns (Brown et al., 2008; Miller et al., 2007; Rathus & Miller, 2002) in an effective manner. Expert panelists strongly agreed that an attempt to incorporate the link between both negative emotional states and adolescent risk behavior as a basis for adolescent program creation could prove to be effective in increasing knowledge, skills and reduction of risk taking behavior. Expert panelists shared concerns regarding issues that could be a hindrance to the proposed program's success. These concerns mainly surrounded funding (i.e. the cost that a new program would cost a school or community center to

implement) and programmatic concerns (i.e. how would the issues that they shared be integrated into the proposed program). To address these concerns, the proposed program was designed to be very low cost and expert panelists served instrumental roles in developing the finalized curriculum ensuring that their concerns were addressed. All experts believed that the proposed adolescent distress tolerance program met the aforementioned criteria and they considered it not only effective but acceptable, feasible and sustainable. Additionally, they believed that the proposed program would be an asset to the existing curriculum for middle school aged adolescents both in the school and community settings.

Soliciting and receiving feedback from middle school adolescents (n = 20) regarding the content and structure of the proposed program played an integral role in the curriculum development. It was believed that the opinions of middle school adolescents would be important so that the issues and overall programmatic structure would be relevant and appealing to the target population. In recent research, focus groups have been used as a basis for creating programs which address issues that middle school adolescents face such as mental health (Boyle et al., 2011 & Fornos et al., 2005); adjusting to school transitions (Bradshaw et al., 2010) and dating violence (Fredleand et al., 2005).

Middle school adolescents did not demonstrate any difficulty discussing the events or issues that they believed caused (or were related to) their positive or negative emotions. For example, most adolescents had at least one account to share as an example of events, issues or individuals that they believed caused their experiences of negative emotionality. Many adolescents shared interpersonal

concerns (i.e. bullying) in addition to academic concerns (i.e. feeling as if they were being treated unfairly by a teacher, receiving bad grades, projects and detentions) and intrapersonal concerns (i.e. feelings of stress and anger) that they faced.

Adolescents believed they were capable of recognizing when their peers were experiencing negative emotions by observing their bodily posture, their desire (or lack of) to engage with other peers and through risky behaviors such as using drugs or engaging in substance use or risky sexual practices. On the other hand, middle school adolescents admitted that positive emotions were easier to share with their peers compared to negative ones, citing that the fear of being judged was often a hindering factor. Of concern was the finding that very few adolescents mentioned using action/approach styled methods as a means of coping with feelings of negative emotionality, rather most shared that they used (or knew of other adolescents who used) avoidant approaches to cope with such feelings. For example, some adolescents shared that either they or their peers had used drugs, engaged in self-mutilation, engaged in violent outrage or risky sexual behavior to cope with their experiences of negative emotionality.

Of interest, was the role social media (i.e. Facebook) played in an adolescent's perceived ability to express her/his emotions. While some expert panelists felt that social media was a detriment to adolescents and fueled further negative emotionality amongst the target population (i.e. cyberbullying), some adolescents felt that social media provided a vehicle to express their emotions and solicit feedback without having to experience direct contact with their peers. Research on the effects of social media on adolescent mental, social and emotional development is emerging however

it is still quite limited. Some argue that the use of social media can be helpful in providing social support for individuals and shared identity and emotional connection (Reich, 2004; Rheingold, 2001). On the other hand, others argue that it could be detrimental to an individual's sense of reality and security (Smith, Mahdavi & Carvalho, 2008). Based on the mixed findings in the data, the primary and secondary researcher decided that cyber bullying could be included in the curriculum as an example where it produced negative emotionality; however no further incorporation of social media would be mentioned in the curriculum (i.e. suggesting to adolescents to text each other) unless the issue was raised by one of the participants in a group discussion.

Based on the reports of adolescents in this study, most middle school adolescents are unable to fully make the connection between their negative behaviors and their experiences of negative emotionality. For example, adolescents made connections between their peers risky behavior and problems that they were having at home, at school or with their peers, however many failed to make a deeper connection to the underlying mental-emotional issues. The inability to make this connection could lead adolescents to engage in later (or further) risk behavior to deal with their negative emotionality, a contributing factor to adult public health concerns such as sexually transmitted diseases and infections (Weinstock et al., 2004); cancer (Chapman, Perry & Strine, 2005); alcoholism (Cooper et al., 2008); and substance abuse (CDC, 2009, Willis, Sandy & Yager, 2002). In an attempt to reduce this probability, these issues are addressed throughout the adolescent distress tolerance curriculum for example in session 2 which focuses on dealing with feelings of anger

and emptiness, dealing with disappointment and interpersonal conflict in session 5; and dealing with substance use in session 6.

Speaking to the issue of program acceptability, most focus group participants shared that they would attend a program that was designed to deal with feelings of negative emotionality and risk behavior. Focus group participants reported that they would consider it helpful and even enjoyable. Adolescents shared that it was important for them to have interactive activities and some form of incentive whether it be refreshments or small gifts. In terms of programmatic detail, focus group participants believed that that meeting once or twice a week for approximately an hour would be most desirable, which was the same sentiment that was shared by the expert panelists. Research on curriculum development for middle school adolescents suggests similar formats (Jackson, Mullis & Hughes, 2011). Incorporating engaging activities and incentives were also regarded as a necessity for enhanced participation by both focus group participants and expert panelists, which have been proven to be effective in increasing participation with adolescents (Gilbert, Sawyer & McNeill, 2010).

#### 5.1.2 Program Modifications

Based on the findings from the in-depth interviews and focus groups, nine major modifications were made to the proposed curriculum before being proposed to the expert panel for the Delphi method: (1) All lesson plans were scaled to fit a 60-minute session structure; (2) The relationship between negative emotionality and risk behavior was emphasized in every session; (3) Interactive activities were planned for each session; (4) Incentives were incorporated into the program; (5) The “Group

Rules” section was revised; (6) Suggested issues of concerns were listed in the manual as possible examples and topics to be used during the interactive activities with the target population; (7) Issues surrounding stigma were addressed in the proposed program and the student workbook; (8) Ease of implementation and budgetary concerns were incorporated into the creation of the proposed program; (9) Reading level of the student activity manual was re-written to fit an average 5<sup>th</sup> grade reading level.

## **5.2 Delphi Method**

After 3 rounds of the Delphi method and several modifications, it is suffice to state that expert panelists appeared to be most concerned with the following 4 aspects of the curriculum: (1) programmatic detail, (2) training and logistics, (3) curriculum layout and (4) program evaluation. Their issues/concerns were addressed by making the following changes to the curriculum.

### **5.2.1 Programmatic detail**

All program concepts introduced to the participants are repeated and demonstrated several times, in various formats and also reviewed in the subsequent session and are “tested” at an overall review session that is held at the end of the program. The explanation and practical application of all concepts was extremely important to this group. Expert panelists reported that student accountability was particularly important (completing homework assignments and maintaining behavior and group rules), as a result, careful wording was added to the curriculum to reinforce this. Most expert panelists wanted to ensure that gender neutrality was

evident throughout the curriculum. An example of this was seen with the “Dear Man” acronym; the original example used male characters to demonstrate the concept. However, some expert panelists believed that in order for both genders to take “ownership” of the acronym and its meaning, the example should incorporate a female example, therefore an example using female adolescents are now used to describe this acronym. Another point that needed to be clarified with the expert panel was the notion that this curriculum was designed to eliminate all adolescent risk behavior in a six-week program. After the first round of the Delphi method, some expert panelists mentioned that they believed there were other factors that contributed to risk behavior which were not being considered. The researcher addressed this concern (see Appendix M) by acknowledging that indeed there were other factors that contributed to adolescent risk behavior and that this curriculum was designed based on consistent research findings to address one of the components and that it is hoped that by addressing at least one of the several components, middle school adolescents would be able to decrease their risk of being involved in risk behavior compared to other adolescents who did not engage in the program.

#### 5.2.2 Training logistics

Expert panelists agreed that it was imperative that all facilitators receive training for this program regardless of their level of experience with the target population. All experts were reassured that it would be mandatory for all facilitators to complete a comprehensive training session prior to facilitating the program. Additionally, *A Note to Facilitators* is provided at the beginning of the facilitator manual reminding facilitators of the importance of providing a “judgment free zone”



in addition to having a list of relevant and local resources available for their participants. Future training for facilitators will include a (a) a brief overview of distress tolerance and its relationship to negative emotionality and risk behavior; (b) an overview of the curriculum and the research that was done to create it; (c) practice in conducting a session (c) role plays with the facilitators to demonstrate how to handle certain situations that may arise in the program (i.e. conflicts between students, an adolescent who shares a sensitive issue with the group, observing potential risk factors such as emotional outbursts); d) assisting the facilitators in locating external resources in their respective areas to help deal with managing mental and emotional issues for middle school aged adolescents.

### 5.2.3 Curriculum layout

One of the most difficult tasks was achieving a curriculum layout and format that was approved by all panelists. The use of white space, visuals and comprehensive reading level (5<sup>th</sup> grade) was very important to this group. The use of text boxes, bolded and italicized features, and changes in font size assisted in making the curriculum layout pleasing to all panelists.

Expert panelists wanted to be able to better decipher between what they were supposed to say to the students and what were they supposed to be thinking and observing. Experts also wanted clear demarcations between the sessions learning objectives and purpose, materials needed for each session, As a result, bolded features were used for text that was to be mentioned while un-bolded texts were used for thought and observing points.

Experts were more concerned about the layout for the adolescent manual as they shared that it needed to be appealing and relevant for the target population. More white space was added to the adolescent manual so that participants would not feel constrained to a small space to write their feelings and reactions down. Additionally, some graphics were eliminated or minimized because expert panelists felt that it may influence the stories that the participants may share. For example, originally in session 1 of the adolescent manual, the graphics that were used for the *Identification of Distressing Emotions* activity, were large and intended to serve as a probe for the type of stories they would share. Expert panelists believed that the graphics would influence the participants to make up a story or to modify their story to fit the graphic and as a result the facilitator may not be able to get an accurate grasp on what is going on in the adolescent's life. As a result, the graphics were significantly minimized and placed in the right hand corner of the page that met the satisfaction of the panel.

#### 5.2.4 Program evaluation

Expert panelists believed the proposed program met (and surpassed) its proposed goals: 1-Enabling adolescents to understand the relationship between their emotions and behavior, 2-Educating adolescents on how to identify and label their emotions, 3-Teaching skills to adolescents that will enable them to cope with their difficult emotions, 4-Providing adolescents with skills that will enable them to avoid engaging in later risk behavior. However, they strongly emphasized the need for piloting the program and implementing an evaluative component to test the effectiveness of the program. In the Response to Reviewers document (Appendix M, O). Expert panelists were assured the program would have both a quantitative and

qualitative evaluative component once the program was piloted. Experts were told that quantitative measures had already been selected that pertained to adolescent risk behavior outcomes that would be taken prior to the program beginning and at the end (pre-post design), in addition to having a satisfaction questionnaire for both the facilitator and the adolescent and that modifications to the program would be based on those results. Expert panelists were also invited to have continued involvement in the modifications of the program after the program is piloted.

### **5.3 Mental Health Findings**

Four self report questionnaires pertaining to pertinent mental health factors were given to each focus group participant. The responses from these questionnaires provided the researcher with a clearer understanding of the level of depression, anxiety, distress tolerance and risk behavior that was experienced by the participants. As was mentioned in chapter 2, research suggests that there is a significant relationship between risk behavior and negative emotional states (Brooks et al., 2008; Brown et al., 2006; Bryne & Mazanov, 2001; Ethier et al., 2006; Finkelstein et al., 2006; Mazzaferro et al., 2006; Morrison-Beedy, Carey, Feng & Tu, 2008). For this reason, the results from these questionnaires were essential for the researcher to better characterize the middle school adolescents which participated in the study. The results of the questionnaires ensured the researcher that the proposed manual was based on suggestions and experiences shared by adolescents who have experienced some of the mental health issues that the proposed program sought to address.

### 5.3.1 Screen for child anxiety related emotional disorders (SCARED)

Based on findings that anxiety disorders have been found to be associated with impairments in social, academic, and family functioning (Essau et al., 2000; Messer & Beidel, 1994), in addition to being strong predictors of other health related issues such as major depression, substance abuse and educational underachievement in adulthood (Buckner et al., 2008; Woodward & Fergusson, 2001), the utilization of the SCARED scale was essential in better understanding the sample. Although the overall SCARED mean score of the group was slightly below that of other larger scale studies (Birmaher et al., 1997; Hale III et al., 2011; Isolan et al., 2011 Muris et al., 1999) it is important to note that 15-35% of the sample met clinical criteria for each of the anxiety subscales (see Table 14) signifying that the program could be appropriate with this population.

### 5.3.2 Center for epidemiologic studies for depression scale (CES-D)

Depression has also been found to be associated with interpersonal and intrapersonal functioning (Anfara & Schmid, 2007; Franko et al., 2005; Field, Diego & Sanders, 2001 Keenan-Miller et al., 2007). To better assess the severity of depression amongst the focus group participants, the CES-D was utilized. Similar to the results with the SCARED, the overall group mean score on the CES-D was slightly lower than the cutoff mean for depression. Although the overall means score was below the cutoff score, 40% of participants met criteria for either mild, moderate or severe depression (see Table 4.2). It is important to note that the rates could indeed be higher based on research that finds that self-reports of depressive symptoms amongst middle school adolescents are subject to underreporting due to fear of

negative consequences and unawareness of certain kinds of victimization (Cillessen & Bellmore, 1999; De Los Reyes & Prinstein, 2004), demonstrating the relevance of this adolescent distress program for this population

### 5.3.3 Distress tolerance scale (DTS)

Research indicates that the stressors which are associated with adolescence often result in increased levels of negative affect (Brooks-Gunn & Warren, 1989; Larson & Ham, 1993). Moreover, adolescents who rely on ineffective coping mechanisms when they are confronted with experiences of negative emotionality are less capable of managing their negative mood states in an effective manner (Daughters et al., 2008). Distress tolerance skills have proven to be effective in treating several mental health conditions (Evershed, Tennant, Boomer, Rees, Barkman & Watson, 2003; Harned, Chapman, Dexter-Mazza, Murray, Comtois & Linehan, 2009; Schinagle, 2002; Sneed, Balestri & Belfi, 2003; Shelton, Sampl, Kesten, Zhang & Trestman, 2009). The Distress Tolerance Scale represents a valid self-report measure (Simons et al., 2005). Although the DTS has not been normed on an adolescent population outside of China, and there is no literature specifically focused on the DTS and middle school adolescents; it was important to have this measure to examine the endorsements of symptoms on this scale as they are very relevant to the proposed program. Moreover, the use of the DTS was an important measure that could be utilized to understand whether there was difficulty with distress tolerance with this population. Table 14 provides an overview of the results of the DTS self-report scale. Overall, focus group participants endorsed several items pertaining to their inability to tolerate emotional distress (*tolerance*), their subjective

appraisal of distress (*appraisal*), their failed efforts to alleviate distress when faced with distressful situations (*regulation*) and their inability to focus on a given task when experiencing negative emotionality (*attention*).

#### 5.3.4 Middle school youth risk behavior surveillance (MSYRBS)

There is substantial evidence to support the role of negative emotional states on risky behavioral outcomes in adolescents (Brooks et al., 2008; Brown et al., 2006; Bryne & Mazanov, 2001; Ethier et al., 2006; Finkelstein et al., 2006; Mazzaferro et al., 2006; Morrison-Beedy, Carey, Feng & Tu, 2008). Adolescent participants in the study reported higher percentages of marijuana use (15% vs. 5%) and alcohol use (25% vs. 5%) than the national average (CDC, 2009b; NIAAA, 2009). They also initiated alcohol use at an earlier age (11.8 years vs. 14.06 years) and were engaging in sexual activity at a higher rate than the national average (45% vs. 11-33%). However, they smoked cigarettes less (85% vs. 23-83.0%) and were slightly more likely to use a condom when they did engage in sexual activity (77.8 vs. 55-8-77.5%) (CDC, 2009b; NIAAA, 2009). Considering the above mentioned results and the rates of risk behavior, it is highly likely that the contents of the proposed manual would be relevant for this population.

### **5.4 Strengths and Challenges**

There are several strengths and limitations of this study that are important to note. Although it is known that one cannot generalize these findings to all middle school adolescents due to the nature of this study, its strengths should be highlighted. First, one of the strengths of this study is the curriculum that has been created is based

on the experiences of the target population (middle school adolescents) and the individuals who serve them (expert panelists) and is also empirically grounded. Expert panelists who were involved with the target population on a frequent basis were key contributors to the curriculum. Each comment that was made was addressed and the panel was able to see where and how all of their suggestions had been implemented and/or addressed. Several behavioral examples from the focus group participants are interwoven throughout the curriculum; also the program structure is a result of both the desires of the expert panelists and focus group participants. The results of the self report surveys also indicate that the focus group participants had characteristics that were reflective of many of the types of adolescents that the program is targeted towards. Many of the risk factors that were reported are known to be related to later risk behavior. As such, the contributions made by this group have served to develop a curriculum that will be attractive and hopefully effective with this population. Secondly, this study does offer the opportunity to get an in depth understanding of the negative emotional states that middle school adolescents are faced with and their ability to cope with them. Thirdly, this study provided an understanding of adolescents' receptiveness to an intervention program that addresses these issues.

Some of the challenges of the study are with the recruitment aspect of the study. Although several attempts were made to conduct focus groups at actual middle school locations (visits to schools, emailing, sending fliers and proposals), the researcher was unsuccessful in conducting any focus groups in an actual middle school setting. Most administrators reported there were a myriad of regulations that

needed to be met and there were already several activities being conducted with their students, therefore they could not offer access to them. As a result, all focus groups were conducted in the community with intact groups. All focus groups were conducted at locations that were familiar to the adolescents because they participated in programs and activities together at the respective location. The contact individuals at each study location contacted the adolescent participants and guardians and informed them of the existing study and provided transportation when necessary to bring the adolescents to the study location (a service that they would have already provided had it been for one of their respective programs). There are obvious advantages and disadvantages of having already intact groups (Krueger & Casey, 2009). On the one hand, participants appeared to be much more comfortable discussing sensitive issues. Conversely, it remains unclear whether adolescents felt comfortable enough to share particularly intimate experiences with a group of familiar peers for fear of being stigmatized. An attempt to counter this possible effect was through the use of self-report questionnaires where participants were guaranteed anonymity and confidentiality. Future studies may want to collect information from middle school adolescents in a more confidential setting to ensure that they receive a better understanding of the middle school adolescent's perception of the relationship between risk behavior and negative emotionality. During the focus group interviews, most adolescents referred to their peers when discussing engagement in risk behavior or experiences of negative emotionality, however in the self report it was also evident that some of the participants engaged in these behaviors also and could also benefit from many of the offerings of the program. This aforementioned issue leads to the



need to examine whether the adolescent distress tolerance intervention would be as effective with a group of adolescents who are familiar with one another compared to a randomly formed group.

Another challenge was the constant need to reschedule individuals for the focus groups and in-depth interviews. There were several scheduling conflicts. In terms of the in-depth interviews, if the researcher had to reschedule more than three times, it was decided that individual, although willing, may not be the most ideal candidate to participate in the in-depth interview and subsequent Delphi process because of the time consuming nature of the study. Based on this criteria; some individuals basically self-selected out of the study. This occurrence leads to a discussion regarding recruitment for adolescents to the adolescent distress tolerance program. It is possible that there were adolescents in the settings that did not materialize as a study location that may have had adolescents who were experiencing severe negative emotionality and had low distress tolerance. How does a researcher/program facilitator reach those individuals? It is an ongoing question, one that was also raised by the expert panel during the in depth interviews, do our programs always reach the ones who need them the most and if not, how do we get them to come or make them aware that they need to be a part of the program? Moreover, when there are gatekeepers such as administrative professionals or community leaders who have to approve of the program before it can even be offered to the adolescent in need, what are the strategies that are best used?

Receiving support from gate-keepers/administrators to recruit potentially eligible participants is a common challenge amongst researchers (Diviak, Curry,

Emery and Mermelstein, 2004, Rhee, Ciurzynski & Yoos 2008, Zayas, Hausmann-Stabile & Pilat, 2009). In a recent study focused on recruiting urban at-risk adolescents, researchers faced several challenges including working with gate-keepers and administrators to recruit participants (Zayas et al., 2009). After several failed recruitment attempts, Zayas et al. (2009) found that providing financial incentives not only to the participants but also to the administrators/gate keepers resulted in greater recruitment efforts and assistance from the staff. Although financial incentives may be difficult for some research studies, researchers may wish to inquire what possible services could be offered to the organization that may be seen as beneficial to them (i.e. providing free workshops or seminars). Research also emphasizes the importance of the researcher demonstrating an acknowledgment to the administrators/gate keepers that their assistance in the recruitment efforts is not a mandatory part of their job description and the sacrifice and additional effort that is being made on their behalf, which has proven to be very effective (Rhee et al., 2008, Zayas et al., 2009). In a study recruiting adolescents for an adolescent chronic illness program, Rhee et al, reported that although having multiple recruitment strategies was essential, the most effective method was still through the gate-keepers which necessitated relationship and rapport building with these individuals. Rhee et al. (2009) also emphasized the importance of figuring out strategies to help the gate-keeper and administrators see the necessity and benefit of the study/program for their organization because often times they may feel burdened because they do not see the benefit for themselves or their organization.

It is also important for researchers to understand that although some adolescent participants may want to participate in some research projects or intervention programs, sometimes the need for parental consent and the nature of the program may deter some adolescent participants (Diviak, et al., 2004). With an understanding of the difficulty of recruiting adolescents to participate in cessation programs, Diviak et al. (2004) interviewed researchers about their challenges and solutions for adolescent recruitment. The most frequently reported challenge was parental consent. According to the researchers, many adolescents were interested in the programs that they were offering however they did not want their parents to know that they used tobacco which would become obvious once they asked them for parental consent, thus they chose not to participate. In an attempt to recruit more participants, the researchers reported that they changed the name of their program (from cessation program to education program) making it more palatable for both the parents and the adolescent. Researchers may also benefit from reviewing their assent and parental consent forms and recruitment scripts to ensure that although it is informative it does not deter the parent and/or adolescent from consenting for fear of either stigma or loss of confidentiality.

## **5.5 Lessons Learned**

Implications of this study for future research are potentially significant. There were several lessons that were learned from this collaborative research process. It was initially difficult to garner “buy in” from community stakeholders because of several reasons, including scheduling conflicts, competitive obligations and skepticism regarding the research process. It is important to acknowledge this because it is likely

that similar instances will occur when the program is piloted, however based on the relationships that were created and the commitment that was garnered during the in-depth interviews, focus groups and Delphi procedures, it may be slightly less difficult. Delphi studies have been proven to be an effective method of soliciting and combining the opinions of a group of experts (Keeney, 2006) as long as the participants are willing to stay for the length of the study. Unfortunately, some delphi studies have been plagued with issues of poor response rates (Bowles, 1999; Dillon-Marable & Valentine, 2006), previous research has suggested there is an increased potential for participant dropout. This is due to the continued commitment required of participants over multiple rounds of data collection (Hasson, Keeney & McKenna, 2000). The Delphi method in the current study took approximately three months to complete. While this process was labor intensive for both the researcher and the participants, the results proved to be positive. Some of the strategies used in this study contributed to excellent retention rates across the three rounds of this Delphi study. First, personalized invitations were used throughout the study. Each panelist received a customized e-mail with her or his name in the greeting, as well as a personal phone call inviting them to participate in the study. Second, because this was a computerized Delphi study, participants had the flexibility of completing the survey at a time and place that was most convenient for them, within the two week window allotted. Lastly, voicemail and email reminders were sent to participants who had not completed the respective round questionnaires by the day prior to the closing of that round's survey. This proved to have effective with the questionnaire completion and resulted in an 85% completion rate after Round 1, a 92% completion rate after Round

2 and a 100% completion rate after Round 3. After the Delphi method was completed, several expert panelists volunteered either their site as a venue for future piloting of the program and/or offered to be an advocate for the program being implemented in their institution.

## **5.6 Future Directions and Recommendations**

Data collected in this study indicated that an adolescent distress tolerance program is appealing and supported by both adolescents and community stakeholders. This study served as an opportunity to create a curriculum based on existing research. As a result, the final curriculum is in a format that is ready to be piloted. Before this study is piloted, locations will need to be secured and training for the facilitators will need to occur.

When the distress tolerance program is piloted, there are several factors that should be considered. First, using a pre- and post- design is recommended. If there are significant changes with the pre and post data, what type of changes will they be? It is recommended that adolescents should be measured not only on whether their behaviors has positively changed (even though this also would be desired) but also (1) their knowledge of the relationship between negative emotionality, distress tolerance and risk behavior (2) their attitude towards situations that cause negative emotionality and their (3) ability to demonstrate distress tolerance skills.

Second, adolescent participants should receive both a quantitative and qualitative evaluation. If the pilot study indicates the program is effective, the program should be successful in assisting an adolescent in achieving the four program goals. Additionally, another consideration will be the group composition for the

adolescent distress tolerance program. Although the focus groups were conducted in a homogeneous setting to enhance the data collection (Kruger, 2009); it would be interesting to examine whether the program is equally effective in a mixed gender group setting, and to examine whether adolescents are willing to share more or less when with members of the opposite sex.

This research would also benefit by conducting follow-up and long-term studies. One of the goals of the adolescent distress tolerance program is to reduce later public health risk outcomes. It would be beneficial to the field if the adolescent participants who are involved in the initial pilot could be tracked over the rest of their adolescent period to observe whether they were less likely to engage in at risky behavior or if they were already engaging in them if they reduced their propensity and/or stopped. Adolescents with high distress tolerance have been proven to be less likely to engage in risk behavior (Daughters et al., 2008) and individuals with high distress tolerance have proven to be more successful when faced with adult life situations. If adolescents could continue to receive booster sessions throughout their adolescent span, it would be interesting to observe the differences between those who had the program and those who did not.

More research is also needed that discusses specific pedagogical processes for program implementation in the school system where distress tolerance skills can be introduced and implemented.

Finally, this qualitative research study also adds to the limited research in the area of middle school adolescents and negative emotionality. It also provides

community stakeholders and middle school educators with insights and strategies that can be effective when dealing with this adolescent population.

**Table 1: NIH and Carrol & Nuro Stage Model and its Application to Current Research**

<b>National Institutes of Health model (2009)</b>	<b>Carrol &amp; Nuro (2002) model</b>	<b>Dissertation Application</b>
Stage 1. Conceptualize an intervention based on theory and empirical research	Stage 1-Section 1: Overview	Literature Review
	Stage 1-Section 2: Conception of the problem	Focus Groups with Middle School Adolescents
	Stage 1-Section 3: Treatment goals	In depth Interviews with Expert Panelists
	Stage 1-Section 4: Contrast to other approaches	Literature Review
Stage 2. Developing and standardizing the intervention	Stage 1-Section 5: Specification of defining interventions	Delphi Method
	Stage 1-Section 6: Session content	Delphi Method
	Stage 1-Section 7: General format	Delphi Method



**Table 1: Demographics and Related Characteristics of Pilot Group Participants**

	Mean (SD) or % (n)
Mean Age	12.75 (.96)
Gender	
Female	100% (4)
Male	0% (0)
Ethnicity	
African American	50% (2)
Multi-racial	50% (2)
Grade in School	
6 <sup>th</sup> grade	50% (2)
7 <sup>th</sup> grade	25% (1)
8 <sup>th</sup> grade	25% (1)
Parent Education*,**	
Some High School	25% (1)
Some College	25% (1)
Household Composition	
Living with Both Parents	0% (0)
Living with Mother	75% (3)
Living with Father	25% (1)
Environmental Stability***	
Changed schools in the past year	25% (1)

\* The highest education from the two parents was used.

\*\* Two adolescents were not aware of the educational level of their parents

\*\*\* One participant did not respond

**Table 2: Descriptive Information of Focus Group Settings**

<b>Focus Group 1 (FG1)</b>
FG1 was held at a community organization in the Washington, DC area. This organization has been in existence for over 60 years. FG1's primary target population are individuals between the ages of 14 – 25, however based on their primary resource focus which is comprehensive reproductive education and services they often provide programs for ages younger and older than their primary target population.
<b>Focus Group 2 (FG2)</b>
FG2 was held at a community organization in Prince George's County, Maryland. This organization has been in existence for over 60 years. The organization offers a range of programs from free food program monthly for residents in addition they have a clothing and household program that can help furnish residents homes. Over the past five years, they have conducted a mentoring program for young boys and girls between the ages of 10 and 15. This program has also partnered with the Prince George's County Department of Education to provide several different programs focusing on drug prevention and family enrichment.
<b>Focus Group 3 (FG3)</b>
FG3 was held at a community organization in the Prince George's County, Maryland. This organization has been in existence for over ten years and serves as community resource for individuals of all ages including adolescents. FG3 offers seminars, workshops and program resources for individuals and groups in the Prince George's County, Maryland area.
<b>Focus Group 4 (FG4)</b>
FG 4 was held at a community health organization in the Washington, DC area. FG4 is dedicated to supporting youth who desire to be educated and help educate youth in an effort to fight against HIV/AIDS and other sexually related diseases and infections. This organization has been in existence for over twenty years providing education programs and prevention resources to well over young people, family members, and youth workers in the Maryland and Washington DC area.

**Table 3: Demographics and Related Characteristics of Focus Groups Participants**

	Mean (SD) or % (n)
Mean Age	13.45(.89)
Mean # of adolescents per group	5(0)
Gender	
Male	50% (10)
Female	50% (10)
Ethnicity	
African American	85% (17)
Caucasian American	15% (3)
Grade in School	
6 <sup>th</sup> grade	25% (5)
7 <sup>th</sup> grade	5% (1)
8 <sup>th</sup> grade	70% (14)
Parent Education*,**	
Some High School	5% (1)
High School/GED	30% (6)
Vocational Training	5% (1)
Some College	20% (4)
College Graduate	20% (4)
Graduate Degree	10% (2)
Household Composition***	
Living with Both Parents	25% (5)
Living with Mother	55% (11)
Living with Father	15% (3)
Living with Guardian who is neither father or mother	15% (3)
Environmental Stability	
Changed schools in the past year	30% (6)

\* The highest education from the two parents was used.

\*\* Two adolescents were not aware of the educational level of their parents

\*\*\* Total number does not equal to 20 participants because some participants chose both living with mother and father because they were part time between both households

**Table 4: Descriptive Characteristics of Community Liaisons**

<p><b>Community Liaison 1 (CL1)</b></p>
<p>CL1 was a female in her late 40's with over seventeen years of experience in the field of community involvement and research. CL1 currently serves as the director of a not-for-profit organization which serves Prince George's County. The organization focuses on issues related to economic, education, social, and health disparities. CL1 has been in her current position for eleven years. She also serves as a member on the Prince George's county Health Disparities coalition.</p>
<p><b>Community Liaison 2 (CL2)</b></p>
<p>CL2 was a male in his mid 40's with over twenty-three years of experience in the field of community involvement and research. CL2 currently serves as the director for Outreach Services at one of the Planned Parenthood locations which services residents from Prince George's County and the borders of the District of Columbia. CL2 has been in his position for ten years. CL2 serves as a Community Advisory Board member for the UMD School of Public Health PRC and the Sexually Transmitted Infections Community Coalition- a coalition of more than 60 government and nongovernment providers in the Washington Metropolitan Area.</p>
<p><b>Community Liaison 3 (CL3)</b></p>
<p>CL1 was a female in her late 30's with over fifteen years of experience in the field of community involvement and research. CL3 currently serves as the project manager of a not-for-profit organization that serves Prince George's County. The organization focuses on issues related to economic, education, social, and health disparities. CL3 has been in her current position for five years. She also serves as a member on the Prince George's county Health Disparities coalition.</p>
<p><b>Community Liaison 4 (CL4)</b></p>
<p>CL4 was a female in her late 50's with over 37 years of experience in the field of community involvement and research. CL4 currently serves as the vice president of a research organization in the Washington, DC area which specialized in community based research. The organization focuses on issues related to social, and health disparities. CL4 has been in her current position for five years. She also serves as a as a Community Advisory Board member for the UMD School of Public Health PRC.</p>

**Table 5: Examples of Types of Questions featured in the Focus Group Guide**

<b>Question Type</b>	<b>Example</b>
Opening Question	Could you tell us who you are and what do you enjoy doing for fun?
Introductory Question	What are some of the things that make being a middle school adolescent fun?
Transition Question	If you were to choose some words to describe the life of an adolescent your age what would they be?
Key Question	Can you tell when a middle school adolescent is feeling upset, angry or sad?
Ending Question	We have asked you a lot of questions for today, are there any questions that you have for us?

**Table 6: Coding Rubric for consensus with in-depth and focus group data**

<b>Code</b>	<b>Representing Percentage</b>
All	100% of participants
Most	90-99%
A large majority	76-89
A majority	51-75
Some	30-50
A few	<30

**Table 7: Demographic Characteristics of in-depth Interview Participants**

	Mean (SD) or % (n)
Mean Age	41.54 (14.65)
<b>Gender</b>	
Female	66.7% (10)
Male	33.3% (5)
<b>Ethnicity</b>	
African American	69.2% (9)
Caucasian American	7.7% (1)
Hispanic American	15.4% (2)
Asian/Southeast Asian American	7.7% (1)
<b>Education Level</b>	
Some College	7.7% (1)
Bachelor's Degree	15.4% (2)
Some Graduate School	23.1% (3)
Graduate Degree	53.8% (7)
<b>Professional Experience</b>	
Years of Experience working with Adolescents	12.46 (8.33)
Membership in a Professional Organization	53.8% (7)
<b>Current Professional Role</b>	
Community Based Organizer	73.3% (11)
Middle School Educator	26.7% (4)

**Table 8: Description of Delphi Method Panel and Participation**

Code	Gender	Field/Profession	ROUND 1 Materials		ROUND 2 Materials		ROUND 3 Materials	
			Sent	Rec'd	Sent	Rec'd	Sent	Rec'd
EP1	Male	Community Program Founder /Community Liaison	X					
EP2	Female	Community Program Director/ Community Liaison/Church Affiliate	X	X	X	X	X	X
EP3	Female	MS Educator/Director of Empowerment Program for Girls	X	X	X			
EP4	Male	Director of Planned Parenthood /Community Liaison/Organizer	X	X	X	X	X	X
EP5	Male	Community Program Vice President/Community Liaison	X	X	X	X	X	X
EP6	Female	Community Program Founder/Educator	X	X	X	X	X	X
EP7	Female	MS Educator	X	X	X	X	X	X
EP8	Female	Community Program Founder/Educator/Community Liaison	X	X	X	X	X	X
EP9	Female	Community Program Founder/Educator/Community Liaison/Parent	X	X	X	X	X	X
EP10	Male	Community Program Founder and Educator	X	X	X	X	X	X
EP11	Female	Community Program Liaison	X	X	X	X	X	X
EP12	Female	Community Program Founder & Director/Parent	X	X	X	X	X	X
EP13	Female	MS Educator	X	X	X	X	X	X
EP14	Female	MS Educator	X	X	X	X	X	X
EP15	Male	Prince George's County Health Department Director (Community)	X					
<b>Total</b>	<b>5 Males, 10 Females</b>	<b>4 MS Educators, 11 CBO Directors</b>						



**Table 9: Demographic Characteristics of Expert Panelists for Round 1**

	Mean (SD) or % (n)
Mean Age	41.54 (14.65)
<b>Ethnicity</b>	
African American	69.2% (9)
Caucasian American	7.7% (1)
Hispanic American	15.4% (2)
Asian/Southeast Asian American	7.7% (1)
<b>Education Level</b>	
Some College	7.7% (1)
Bachelor's Degree	15.4% (2)
Some Graduate School	23.1% (3)
Graduate Degree	53.8% (7)
<b>Professional Experience</b>	
Years of Experience working with Adolescents	12.46 (8.33)
Membership in a Professional Organization	53.8% (7)

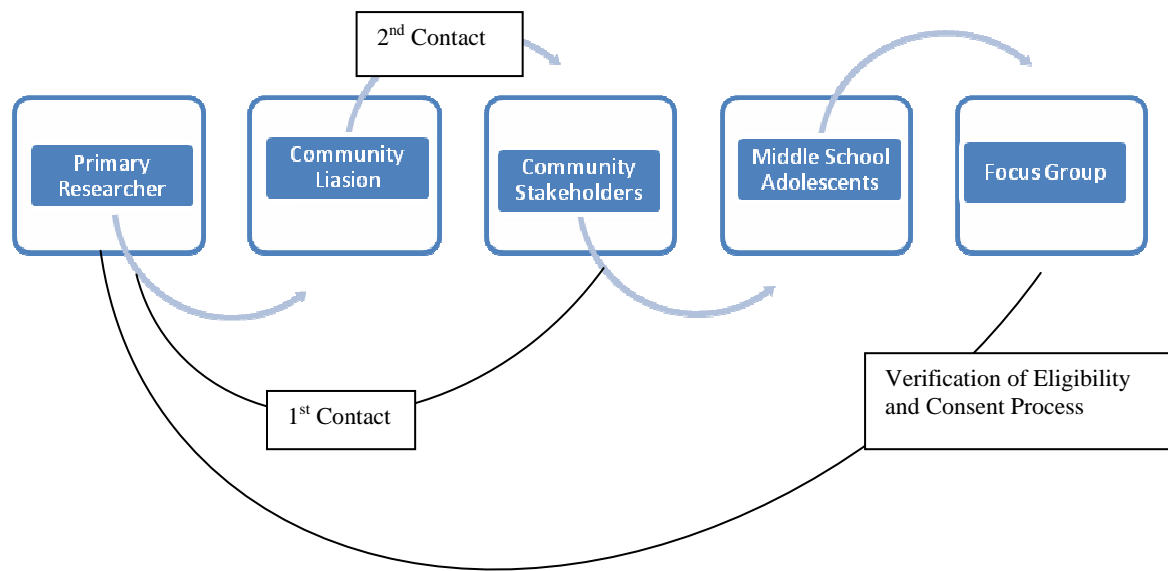
**Table 10: Demographics Characteristics of Expert Panelists for Round 2**

	Mean (SD) or % (n)
Mean Age	38.92 (11.33)
<b>Ethnicity</b>	
African American	75% (9)
Hispanic American	16.7% (2)
Asian/Southeast Asian American	8.3% (1)
<b>Education Level</b>	
Some College	8.3% (1)
Bachelor's Degree	16.7% (2)
Some Graduate School	25.0% (3)
Graduate Degree	50.0% (6)
<b>Professional Experience</b>	
Years of Experience working with Adolescents	10.58 (5.07)
Membership in a Professional Organization	50.0% (6)

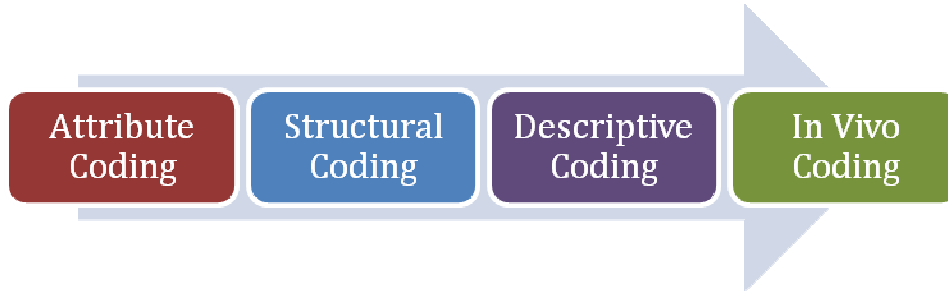
**Table 11: Demographics Characteristics of Expert Panelists for Round 3**

	Mean (SD) or % (n)
Mean Age	38.92 (11.33)
<b>Ethnicity</b>	
African American	75% (9)
Hispanic American	16.7% (2)
Asian/Southeast Asian American	8.3% (1)
<b>Education Level</b>	
Some College	8.3% (1)
Bachelor's Degree	16.7% (2)
Some Graduate School	25.0% (3)
Graduate Degree	50.0% (6)
<b>Professional Experience</b>	
Years of Experience working with Adolescents	10.58 (5.07)
Membership in a Professional Organization	50.0% (6)

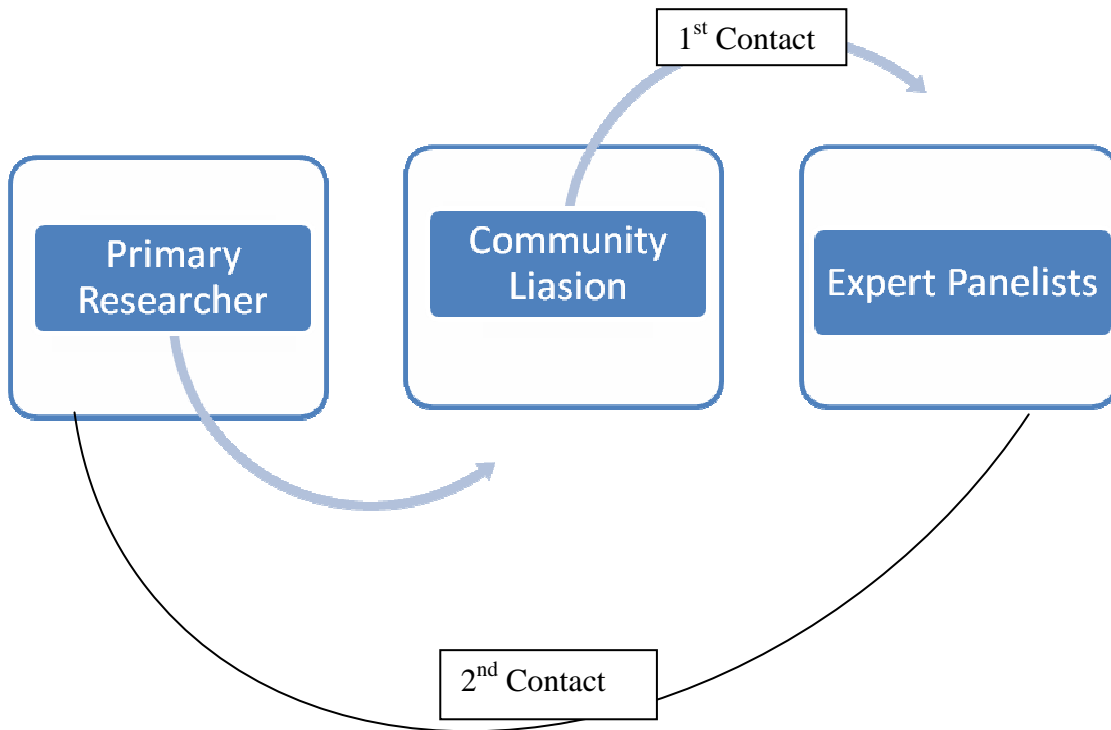
**Figure 1: Flow Chart Design of the Recruitment Process for Focus Group Participants**



**Figure 2: Coding Methodological Process for Focus Group data**



**Figure 3: Flow Chart Design of the Recruitment Process for Expert Panelists**



**Table 12: Summary of Relevant YRBS responses of Focus Group Participants**

Item	% Yes (n)	Mean Age (SD) of First Experience
Smoked Cigarettes	15% (3)	12.6 (.58)
Drank Alcohol	25% (5)	11.8 (.45)
Used Marijuana	35 % (7)	12 (.58)
Had sexual intercourse	45% (9)	12.2 (.98)
Used a Condom at last sexual intercourse	77.8% (7)	---
Participants who have ridden in a car with someone who was drunk*	30% (6)	---

\*4 participants indicated that they were unsure

**Table 13: Summary of Experiences of Negative Emotionality based on the DTS, CES-D & SCARED**

Scale	Mean (SD) or % (n)
DTS Total Score	47.79 (13.13)
DTS Tolerance subscale	9.15 (3.67)
DTS Absorption subscale	10.45 (3.39)
DTS Appraisal subscale	20.73 (6.08)
DTS Regulation subscale	7.35 (3.28)
CES-D Total Score	14.66 (8.45)
Mild depression*	20%(4)
Moderate depression*	15% (3)
Severe depression*	5% (1)
SCARED Total Score	16.10 (12.63)
Generalized Anxiety disorder**	20%(4)
Somatic Anxiety**	20%(4)
Separation Anxiety**	35%(7)
School Avoidance**	15%(3)
Social Anxiety**	25%(5)

\*Participants met criteria based on cutoff scores on the CES-D

\*\*Participants met criteria based on cutoff scores on the SCARED



**Table 14: Mean (SD) Appropriateness and Effectiveness Ratings for Session 1**

Session 1- Welcome/Orientation to the Program	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Program Overview	1.69 (0.48)	1.38 (0.51)
Welcome/Orientation to the program	1.62 (0.51)	1.62(0.51)
Group Building Exercises	1.54 (0.52)	1.62(0.51)
Ice Breaker	1.54 (0.52)	1.54 (0.52)
Group Rules	1.46 (0.52)	1.62(0.51)
Program Model	1.62 (0.51)	1.69(0.48)
Group Activity-Charades	1.46 (0.52)	1.54(0.52)
Application of Skills to Program Model	1.77(0.44)	1.54(0.52)
Program Breakdown	1.77 (0.44)	1.54(0.52)
Introduction of Challenge Task /Wrap Up	1.77(0.44)	1.62(0.51)

**Table 15: Mean (SD) Appropriateness and Effectiveness Ratings for Session 2**

Session 2-Control is the Problem & Willingness/Acceptance as a Solution	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Check In/ Brief Review of Previous Session	1.38 (0.51)	1.62(0.51)
Check and Review Homework	1.46 (0.52)	1.69 (0.48)
Lesson: Control is the Problem	1.54 (0.52)	1.69 (0.48)
Group Activity	1.38 (0.51)	1.46(0.52)
Lesson: Willingness/Acceptance as a Solution	1.77 (0.44)	1.62(0.51)
Introduction of Challenge Activity/ Wrap Up	1.62(0.51)	1.46(0.52)

**Table 16: Mean (SD) Appropriateness and Effectiveness Ratings for Session 3**

Session 3-Distracted as a Healthy Coping Skill	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Check In/Review of Homework	1.54(0.52)	1.46 (0.52)
Lesson: Discussion of Distraction as a Healthy Coping Skill	1.46(0.52)	1.62 (0.51)
Introduction of the ACCEPTS acronym	1.69(0.48)	1.62 (0.51)
Group Activity	1.38(0.51)	1.62 (0.51)
Useful Activities for Healthy Distractions	1.46(0.52)	1.54 (0.52)
Introduction of Challenge Activity/Wrap Up	1.54(0.52)	1.69 (0.48)

**Table 17: Mean (SD) Appropriateness & Effectiveness Ratings for Session 4**

Session 4- Using Values Directions	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Check In/ Review of Homework	1.23 (0.44)	1.54 (0.52)
Lesson: Using Values Directions	1.54 (0.52)	1.54 (0.52)
Introduction of GIVE and FAST acronym	1.62 (0.65)	1.69 (0.63)
Group Activity	1.38 (0.51)	1.54 (0.52)
Introduction of Challenge Activity/Wrap Up	1.62 (0.65)	1.62 (0.51)

**Table 18: Mean (SD) Appropriateness and Effectiveness Ratings for Session 5**

Session 5-The Importance of Being Assertive	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Check In/Review of Homework	1.62 (0.51)	1.69 (0.48)
Lesson: The importance of being assertive	1.38(0.51)	1.54 (0.52)
Assertiveness Training	1.46 (0.52)	1.46 (0.52)
Introduction to DEAR MAN acronym	1.69(0.75)	1.62 (0.65)
Group Activity #1	1.62(0.51)	1.77 (0.60)
Group Activity #2	1.62(0.51)	1.85 (0.55)
Introduction of Challenge Activity/Wrap Up	1.62(0.51)	1.62 (0.51)

**Table 19: Mean (SD) Appropriateness and Effectiveness Ratings for Session 6**

Session 6-Skills Practice & Review	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Check In/Review of Homework	1.46 (0.52)	1.62 (0.51)
Review of Challenge Activities	1.38(0.51)	1.69 (0.48)
Skills Practice Module	1.38 (0.51)	1.69(0.48)
Group Activity #1	1.46(0.52)	1.69(0.48)
Group Activity #2	1.46(0.52)	1.69(0.48)

**Table 20: Mean (SD) Appropriateness and Effectiveness Ratings of the Facilitator and Student Manual (Round 1)**

Facilitator Manual	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Overall Content and Layout	1.46 (0.52)	1.54 (0.52)
Format Used for Discussion	1.62 (0.51)	1.62 (0.51)
Language and Situational Examples that were Offered	1.77 (0.44)	1.62 (0.52)
Student Materials	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Overall Content and Layout	1.69 (0.48)	1.62 (0.51)
Challenge Tasks	1.62 (0.51)	1.69 (0.48)
Handouts	1.46 (0.52)	1.62 (0.51)
Worksheets	1.77(0.44)	1.69 (0.48)
Graphics and Visual Illustrations	1.69 (0.48)	1.62(0.51)
Introduction of Challenge Activity/ Wrap Up	1.62(0.51)	1.46(0.52)

**Table 21: Mean Ratings Scores for the Programmatic Goals and Objectives of the EASE program (Round 1)**

Goals & Objectives	Mean(SD)
To enable adolescents to understand the relationship between their emotions and their behavior	1.38 (0.51)
To educate adolescents on how to identify and label their emotions	1.46 (0.52)
To teach skills to adolescents that will enable them to cope with difficult emotions	1.31 (0.48)
To provide adolescents with skills that will enable them to avoid engaging in later risk behavior.	1.38 (0.51)
Relevance of the EASE program	1.46 (0.52)
Feasibility of the EASE program	1.62 (0.51)



**Table 22: Program Name Preference (%) of Expert Panelists**

Name	% (N)
EASE-Empowering Adolescents (to deal with) Stress and Emotions	33.3% (4)
ESCAPE-Empowering Skills for Adolescent Pressures and Emotions	16.7 % (2)
ACTS- Adolescents Coping Through Stress	8.3% (1)
ASRP- Adolescent Stress Reduction Program	8.3% (1)
CASE- Coping with Adolescent Stress and Emotions	8.3% (1)
INSPYRE- Innovative New Skills Pertaining to Youth Related Empowerment	8.3% (1)
MAP-Managing Adolescent Pressures	8.3% (1)
TYME- Teaching the Youth Mastery of Emotion	8.3%(1)

**Table 23: Perceived Achievement of Program Goals by Expert Panel at the Completion of the Delphi Method**

Topic	M(SD)
Perceived Achievement of Program Goal #1 (To enable adolescents to understand the relationship between their emotions and behavior).	1 (0)
Perceived Achievement of Program Goal #2 (To educate adolescents on how to identify and label their emotions).	1(0)
Perceived Achievement of Program Goal #3 (To teach skills to adolescents that will enable them to cope with their difficult emotions).	1(0)
Perceived Achievement of Program Goal #4 (To provide adolescents with skills that will enable them to avoid engaging in later risk behavior).	1.08(.29)

**Table 24: Mean Appropriateness and Effectiveness Ratings of Facilitator and Student Materials at the Completion of the Delphi Method**

Facilitator Manual	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Overall Content and Layout	1.33 (0.49)	1.25(0.45)
Format Used for Discussion	1.58 (0.27)	1.42 (0.51)
Language and Situational Examples that were Offered	1.42 (0.51)	1.42 (0.51)
Student Materials	Appropriateness Mean(SD)	Effectiveness Mean (SD)
Overall Content and Layout	1.33 (0.49)	1.42 (0.51)
Challenge Tasks	1.58 (0.51)	1.50 (0.52)
Handouts	1.50 (0.52)	1.50 (0.52)
Worksheets	1.58 (0.51)	1.50 (0.52)
Graphics and Visual Illustrations	1.58 (0.51)	1.50 (0.52)
Introduction of Challenge Activity/ Wrap Up	1.33 (0.49)	1.58 (0.51)

**Table 25: Perception of Overall Program by Expert Panelists**

Topic	M(SD)
Perceived appropriateness of proposed program	1.42(.51)
Perceived effectiveness of proposed program	1.33 (.49)
Perceived Program Relevancy	1.17(0.39)
Perceived Program Feasibility	1.33(0.49)
Perceived Program Sustainability	1.67(0.49)
Overall Satisfaction	1.17(0.39)



## Appendices

## Appendix A: Focus Group Question Guide

### Focus Group Interview Guide

Hello everyone, I would like to thank you for coming today and for spending some time to participate in our research study. You were selected to take part in our study because we are hoping to learn more about the lives of adolescents ages 12-14 like yourselves.

We are hoping that you will help us to do this today by sharing your thoughts and feelings with us based on the questions that we have for you.

So let's begin,

#### Opening:

So, first we are going to go around the room and I would like for you to tell me who you are and what do you enjoy doing for fun? How about if we start with the person to my left/right? *\*Make sure to start on the side where there is an adolescent and not your assistant moderator.*



Remember this is an opportunity to get your participants to feel comfortable with the environment that they are in. Be aware of your non-verbal cues.

#### Introductory Questions:

What are some of the things that make being a middle school adolescent fun?

What are some of the things that make being an middle school adolescent not as fun?

#### Transition Question:

If you were to choose some words to describe the life of an adolescent your age what would they be?

#### Key Questions:

One of the things that we are interested in learning more about is the type of emotions that middle school adolescents experience.

What are some emotions that adolescents experience that feel good?

What are some emotions that adolescents experience that don't feel good?

What are the some of the possible things that could make an adolescent feel (use the words that adolescents mentioned that made them "feel good")?

What are some of the possible things that could make an adolescent feel (use the "emotion" words that adolescents mentioned that made them "not feel good")?



Make sure that you give the adolescents time to generate their responses, look for cues of agreement AND disagreement amongst the group and probe where necessary

*If adolescents do not mention emotions such as sad, angry or frustrated then ask: What about some of the things that can make an adolescent feel sad? (wait for response) what about angry? (wait for response) or even frustrated?*

### Feelings/Emotions

Can you tell when a middle school adolescent is feeling upset, angry or sad? (*Ask for show of hands-assistant should record number*)

If yes, how?

If no, what do they do to hide their feelings?

What kind of feelings do you think an adolescent is willing to show or share with someone?

Do you think that most people are able to understand the feelings of an adolescent your age? Why or Why not?

Also, who do you think best understands adolescents your age



Before you continue, do you feel that you have a good sense of the adolescents' various expressed AND unexpressed emotions and their perceived feelings of being understood? *If not*, revisit some of the adolescent's statements, asking them to elaborate on certain statements that they have previously made.

### Stressors

- A peer is someone that may be close to you or someone who you may know but may not consider one of your closest friends.
- Over the past 12 months, do you know of any of your peers who were feeling stressed, anxious or down?
  - Could you tell me about it, remember you don't have to use your peer's name.
  - In your opinion, how did those situations make them feel?
- Do you feel as if middle school adolescents get frustrated about the same type of issues or would you say it is a variety of issues that sometimes frustrate them?
- What are some of the other stressful situations that adolescents deal with on a daily basis?



Before you continue, do you feel that you have a good sense of the stressors in this adolescent's life? Do you have clear examples? *If not*, revisit some of the adolescent's statements, asking them to elaborate on certain statements that they have previously made.



## Coping Skills

- When middle school adolescents get (angry/frustrated/upset/sad), what do they usually do to make them feel better?
- Do you feel these methods [insert bx] work?
- On a scale of 1 to 10, how well do you think middle school adolescents are able to deal with their feelings? (*Ask them to hold up paper to get a range of numbers*) What could make it better?
- How do your friends deal with their emotions when they are angry/frustrated/upset/sad?



Before you continue, do you feel that you have a good sense of the coping skills of this adolescent AND their peers? Do you have clear examples? *If not*, revisit some of the adolescent's statements, asking them to elaborate on certain statements that they have previously made.

Do you feel their methods {insert bx} work?

## **Risky Behaviors:**

*As you know adolescents sometimes engage in risky behavior which often include things such as substance use, alcohol and tobacco use and risky sexual behavior such as not practicing safer sex methods. With that in mind...*


Risky Behavior:

- Now we are going to take a few moments to discuss risky behavior. Now, when we say the words "risky behavior", what comes to your mind?
- When we say "risky behavior", we mean participating in behaviors that can cause harm to someone either right away or in the future, behaviors such as smoking, drinking alcohol, using drugs, unprotected sexual behavior.
- Do you know if any of your peers engage in risky behavior? (If yes) Why do you think they are doing this?



Before you continue, do you feel that the adolescents have a good sense of what "risky behavior" is? Do you have a good understanding as to if their peers are engaging in risky behavior and why they believe they are?

- Do you think it is related to stress or other feelings? What kind of feelings?
- Is there anything that your friends are doing now that you would like them to stop doing? (if yes) what would that be and why?



Before you continue, do you feel that you have a good sense of the possible risky behaviors that the adolescent (and/or the adolescent's friends) is involved in AND the perceived relationship that the behaviors have with stress?  
*If not, revisit some of the adolescent's statements by asking them to elaborate*

Proposed Program:

***Program Structure:***

We are in the process of creating a program for middle school adolescents between the ages of 12-14 to deal with their emotions and to have better skills for dealing with them. We are interested in having a program that may help make the feelings that we talked about today such as (use the names of the emotions that “did not make them feel good”) more bearable. Before we do so however, we decided that it was absolutely necessary to get the opinions of this program from adolescents like you. So, for the next few minutes, I would like for you to tell me what we can do to make a program like this work.

I have a few questions that I would like to ask you regarding the manual that would be very helpful to us.

If someone approached you to be part of a program that may help you to cope with your feelings? Would you want to go? Why or Why not?

- What topics do you believe would be the most important for middle school adolescents to talk about?
- What about stress or difficult emotions such as some of the ones we discussed today? Would you think that those topics are important? Why and Why not?
- If an adolescent did not want to participate in a program such as this one, what do you think might make them change their mind and actually want to participate?
- What do you think an adolescent would like to receive if they took part in the program?
- If you could describe a place that you would feel comfortable having this program what would it be like?
- What are some ways that we can teach information to adolescents and keep it interesting?

### **Pplan Questionnaire:**

- We would like to get your opinions about some planning aspects of our program. So, if you can take out the questionnaire that is labeled PPlan. I am going to read through each question and then you can take a moment to chose your responses.

*Take out the questionnaire Pplan and read each question pausing after each response to give students a chance to respond.*

- Make sure to give them a chance to answer the “Additional Thoughts” section.
- As you will see the scales range from 1 to 5 where 1 is Strongly Agree (Like a Lot), 2 is Agree (Like), 3 is Neutral (Ok), 4 is Disagree (Don’t really like it) and 5 is Strongly Agree (Don’t Like it At all).
- We plan on doing the following activities
  - (1) Group Discussions
  - (2) Designing Posters/Campaigns
  - (3) Games
  - (4) Role Playing/Acting

On a scale from 1 to 5, how do you feel about having activities like these? What other activities do you think may be interesting for adolescents your age? Please write your suggestions in the “Additional Thoughts” box.

- Sometimes we find it helpful if adolescents practice some of the skills that they learn in the program at home or with their peers in between the times that we meet? On a scale from 1 to 5 how do you feel about the amount of time that an adolescent could possible spend on a skill building activity at home? Please write any additional suggestions that you may have in the “Additional Thoughts” box.
- Would you prefer to meet once a week or twice a week? Every day?
- What are your thoughts about incentives/rewards? We have listed a few suggestions of possible incentives or rewards, we would like you to tell us which ones of these would be of interest to you. What would be your top 3

choices and if you have any additional ideas or thoughts please write them in the additional thoughts section.

- What do you think adolescents will like the most about this program?
- What do you think they will like the least?
- We have come up with a name for our program. We were thinking of calling it ESCAPE which stands for Empowering Skills for Coping with Adolescent Pressures and Emotions. What do you think of the name ESCAPE? What do you think other adolescents will think about the name?
- Can you think of any other name that you may like better?
- Are there any improvements that we can make to the program that you think will make it better?

**Ending Question:**

We have asked you a lot of questions for today, are there any questions that you have for us?

Thank you so much for your time and your participation! Your opinions are very important to us. You have given us a better understanding of adolescents like yourself and we are grateful to you for being so willing to share your opinion with us. We look forward to taking your thoughts and ideas and using them to help to make this program the best that it can be.



Before you continue, do you feel that you have a good sense of the adolescent's perceptions about the proposed program and the various issues that surround it?

*If not*, revisit some of the adolescent's statements, asking them to elaborate on certain statements that they have previously made.

## Appendix B: Informed Consent for Focus Group

Initials \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Informed Consent Form

**Why is this research being done?** The purpose of this research is to determine the views of adolescents with regards to how they handle difficult situations and emotions. Additionally, we have created a program for adolescents which addresses the issues surrounding negative emotions, coping skills and potential risk behaviors and we would like to solicit your adolescent's opinion on the content, format and structure of the program. We believe that this research can ultimately be helpful in modifying and creating an appropriate and effective intervention for adolescents at risk for engaging in risk behavior.

**What will my child be asked to do?** The session that your child will attend will last approximately one hour and involve answering open ended questions regarding his/her attitudes towards, beliefs, and concerns about how adolescents deal with negative emotions and risky decision making. He/she will also be asked to discuss attitudes towards and beliefs about the relationship between negative emotions and risk behavior. Sample questions for your child include: (1) What kind of feelings do you think an adolescent is willing to show or share with someone? (2) Do you think that most people are able to understand the feelings of an adolescent your age? Why or Why not? (3) Do you feel as if adolescents get frustrated about the same type of issues or would you say it is a variety of issues that sometimes frustrate them? (4) What are some of the other stressful situations that adolescents deal with on a daily basis? Additionally, your adolescent will assist us in reviewing a proposed manualized prevention program for adolescents their age. The focus group will be audio taped for later transcription and analysis. At the end of the focus group your child will be offered a gift card for \$15 for their participation.

**What will I be asked to do?** You will be asked to complete a brief demographic questionnaire pertaining to your adolescent and your household. This questionnaire should take no longer than five minutes.

**What about confidentiality?** All information collected during the course of the study is confidential, and you and your child's name will not be identified at any time "to the extent permitted by law." Specifically, you and your child's name will only appear on the informed consent and assent forms and on no other forms. Only a number will appear on all forms and these forms will be kept in a locked file cabinet separate from the consent and assent form. Only study personnel will have access to this information. The data you and your child provides in this research study, without your names attached, will be grouped with data from other participants if the results of the study are used in scientific reports or presentations. You will not have access to the information your child provides at any time.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others or if a court of law issues a subpoena for research records. Although you will not be able to see your child's study responses, you will be informed immediately and given referrals for getting your child help if his/her study responses indicate suicidal thoughts or behaviors.

**What are the risks of this research?** Although risks in the current study are quite low, your child may experience temporary discomfort as a result of discussing topics related to negative emotions and adolescent risk behavior. In order to address these risks, your child will be asked to rate their distress level at the beginning and end of the session. If your child reports an increase in distress of more than 2 points on the scale over the course of the study, we will provide relaxation techniques until the distress returns to levels comparable to those reported at the beginning of the study. We will also provide a handout listing a variety of strategies for managing negative emotions in a healthy manner. Moreover, you and your child will receive a mental health referral sheet before leaving the study.

**What are the benefits of this research?** The experiment is not meant to personally help you or your child, but to increase understanding adolescent coping skills, negative emotions and adolescent risk

behavior. Participants will not receive any direct benefit from participating in the study though they will be sharing valuable information and resources that can directly benefit adolescents ages 12-14 in addressing their emotions, coping skills and risk behavior.

**Does my child have to be in this research? May my child stop participating at any time?** Your child's participation in this research is completely voluntary and your child may choose not to take part at all. Please do not pressure your child to participate. If you or your child decide not to participate in this research than you or he/she may stop participating at any time without loss of incentive.

**Is there medical treatment available if I or my child are injured?** The University of Maryland does not provide any medical or hospitalization coverage for participants in the research study, or will the University of Maryland provide any compensation for any injury sustained as a result of participation in this research study except as required by law.

**What if I have questions?** This research is being conducted by Dr. Stacey B. Daughters at the University of Maryland, College Park. If you have any questions about the research study itself, please contact Dr. Daughters at the Stress, Health and Addictions and Research Program at the School of Public Health 301-741-3474; *daughter@umd.edu*. *If you have any questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland 20742; (e-mail) irb@deans.umd.edu; (telephone) 301-405-4212. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*

**Statement of Age of Subject and Consent:** Your signature indicates that you are at least 18 years of age, the research has been explained to you, your questions have been fully answered, and you freely and voluntarily choose to participate yourself and give permission for your child to participate in this research project.

*Initials \_\_\_\_\_ Date*  
\_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**SIGNATURE OF  
PARENT/GUARDIAN:** \_\_\_\_\_

**NAME OF ADOLESCENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Appendix C: Informed Assent for Focus Group

Initials \_\_\_\_\_ Date \_\_\_\_\_

### Informed Assent Form

#### **Why is this research being done?**

The purpose of this research is to determine the views of adolescents with regards to how they handle difficult situations and emotions. Additionally, we have created a program for adolescents which address the issues surrounding negative emotions, coping skills and potential risk behaviors and we would like to solicit your adolescent's opinion on the content, format and structure of the program. Negative emotions include anger, frustration, stress, sadness, and anxiety. Risk behaviors include substance use, sexual activity, and delinquent behaviors such as stealing, skipping school, and starting fights. We believe your opinions on this topic can ultimately be helpful in developing an appropriate and effective intervention for adolescents at risk for engaging in risk behavior.

**What will I be asked to do?** The session will last approximately one hour and involve answering open ended questions regarding your attitudes towards, beliefs, and concerns about receiving an intervention to help deal with negative emotions and risky decision making in the school or in the community. You will also be asked to discuss attitudes towards and beliefs about the relationship between negative emotions and risk behavior. Sample questions you will be asked include: (1) What kind of feelings do you think an adolescent is willing to show or share with someone? (2) Do you think that most people are able to understand the feelings of an adolescent your age? Why or Why not? (3) Do you feel as if adolescents get frustrated about the same type of issues or would you say it is a variety of issues that sometimes frustrate them? (4) What are some of the other stressful situations that adolescents deal with on a daily basis? Additionally, you will assist us in reviewing a proposed manualized prevention program for adolescents your age. The focus groups will be audio taped for later transcription and analysis. The focus group will be audio taped for later transcription and analysis. At the end of the interview you will be offered a gift card worth \$15 for your participation.

**What about confidentiality?** All information collected during the course of the study is confidential, and your name will not be identified at any time "to the extent permitted by law." Specifically, your name will only appear on the informed consent and assent forms and will not appear on any other forms or transcripts from the interview. Only a number appearing on all forms will link your forms to the other information you provide once the interview session has ended. At the conclusion of the study, the audiotape will be transcribed with your identification number and will be stored in a locked file cabinet which is separate from the locked file cabinet that stores this assent form. Only study personnel will have access to these file cabinets. The information you provides in this research study, without your name attached, will be grouped with data from other participants if the results of the study are used in scientific reports or presentations. Your parents or guardians will not have access to your answers at any time.

Further, none of the information you provide on these forms will be shared with your parents with the following exceptions: In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others or if a court of law issues a subpoena for research records.

**What are the risks of this research?** Although risks in the current study are quite low, you may experience temporary discomfort as a result of discussing topics related to negative emotions and adolescent risk behavior. In order to address these risks, you will be asked to rate your distress level at the beginning and end of the session. If you report an increase in distress of more than 2 points on the scale over the course of the interview, we will provide relaxation techniques until the distress returns to levels comparable to those reported at the beginning of the study. We will also provide a handout listing a variety of strategies for managing negative emotions in a healthy manner. Moreover, you will receive a mental health referral sheet before leaving the study

**What are the benefits of this research?** The study is not meant to personally help you, but to help the investigator learn more about the relationship between personality variables and adolescent risky



behavior (i.e. substance use) to develop assessment techniques and treatment interventions that target adolescents at risk for engaging in these behaviors.

**Do I have to be in this research? May I stop participating at any time?** Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide not to participate in this research you may stop participating at any time without loss of incentive. If you decide that you do not want to answer a specific question you may skip that question and still receive a prize.

**Is there medical treatment available if I am injured?** The University of Maryland does not provide any medical or hospitalization coverage for participants in the research study, or will the University of Maryland provide any compensation for any injury sustained as a result of participation in this research study except as required by law.

**What if I have questions?** This research is being conducted by Dr. Stacey B. Daughters at the University of Maryland, College Park. If you have any questions about the research study itself, please contact Dr. Daughters at the Stress, Health and Addictions and Research Program at the School of Public Health 301-741-3474; *daughter@umd.edu*. *If you have any questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland 20742; (e-mail)*

**irb@deans.umd.edu; (telephone) 301-405-4212.** *This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*

**Statement of Age of Subject and Assent:** Your signature indicates that the research has been explained to you, your questions have been fully answered, and you freely and voluntarily choose to participate in this research project.

**NAME OF SUBJECT:** \_\_\_\_\_

**SIGNATURE OF** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Appendix D: Measures Administered to Focus Group Participants

SubN # \_\_\_\_\_  
FG# \_\_\_\_\_

### Demographics Questionnaire

- (1) Gender: (0) Female  (1) Male
- (2) Age: \_\_\_\_\_
- (3) Grade in school: \_\_\_\_\_
- (4) GPA \_\_\_\_\_
- (a) What are your grades like in school?
- Mostly A's                       Mostly B's                       Mostly C's  
 Mostly D's                       Mostly F's                       Mostly D's and F's
- (5) Ethnicity (If Multiracial, check all that apply):
- (1) White or Caucasian                       (4) American Indian or Alaska Native  
 (2) Black or African American                       (5) Asian  
 (3) Hispanic American                       (6) Native Hawaiian or Pacific Islander  
 (7) Other \_\_\_\_\_ (please specify)
- (6) How many people live in your home? \_\_\_\_\_
- (a) Who lives in the home where you live? Check all that apply:
- Biological Father                       Step-Father                       Grand-Father  
 Biological Mother                       Step-Mother                       Grand-Mother  
 Adoptive Father                       Brother(s) total # \_\_\_\_\_  
 Other Adult Relatives                       Adoptive Mother                       Sister(s) total # \_\_\_\_\_  
 Other Relatives \_\_\_\_\_ (Please Indicate)

SubN #\_\_\_\_

FG#\_\_\_\_

(7) (a) Do you live with your mother **full-time** (every night)?

(0) Yes  (1) No

If you answered **YES** to question A, go to question 8.

If you answered **NO** to question 7a, please answer question b, c, d and then go to question 8.

(b) Do you live with your mother part-time (some nights)?

(0) Yes  (1) No

(c) On average, how many nights per week do you stay in the same home as your mother? (Circle 1)

0 1 2 3 4 5 6 7

(d) How long have you been living with your mother **part-time**?

Less than 1 year

1 year

1-5 years

More than 5 years

(8)

(a) Do you live with your father **full-time** (every night)?

(0) Yes  (1) No

If you answered **YES** to question A, go to question 9.

If you answered **NO** to question 7a, please answer question b, c, d and then go to question 9.

(b) Do you live with your father part-time (some nights)?

(0) Yes  (1) No

(c) On average, how many nights per week do you stay in the same home as your father?

(Circle 1) 0 1 2 3 4 5 6 7

(d) How long have you been living with your father **part-time**?

Less than 1 year

1 year

1-5 years

More than 5 years

(9) Education for biological mother (place a check in the box below):

(1) Some High School (list highest grade completed \_\_\_\_\_)

(2) High School Degree or GED  (3) Technical or Trade School  (4) Some College (list highest year completed \_\_\_\_\_)

(5) Associates Degree  (6) 4-Year Degree

(7) Advanced degree (for example, MSW, MA, PhD, JD, RN)  (8) Don't

Know

(10) Education for biological father (place a check in the box below):

- (1) Some High School (list highest grade completed \_\_\_\_\_)
- (2) High School Degree or GED
- (3) Technical or Trade School  (4) Some College  
(list highest year completed \_\_\_\_\_)
- (5) Associates Degree  (6) 4-Year Degree
- (7) Advanced degree (for example, MSW, MA, PhD, JD, RN)  (8) Don't

Know

(11) What is your father's occupation? \_\_\_\_\_ (if you don't know, state "don't know")

(12) What your mother's occupation? \_\_\_\_\_ (if you don't know, state "don't know")

(13) What is your height? \_\_\_\_\_

(14) What is your weight? \_\_\_\_\_

(15) Have you changed homes in the last year?

(1) Yes  (0) No  How many times? \_\_\_\_\_

(16) Have you changed schools in the last year?

(1) Yes  (0) No  How many times? \_\_\_\_\_

Date: \_\_\_\_\_

Subject Number: \_\_\_\_\_

### MS YRBS

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

1. How old are you?

- A. 12 years old
- B. 13 years old
- C. 14 years old

2. What is your sex?

- A. Female
- B. Male

3. In what grade are you?

- A. 6th grade
- B. 7th grade
- C. 8th grade
- D. Ungraded or other grade

4. Are you Hispanic or Latino?

- A. Yes
- B. No

5. What is your race? (**Select one or more responses.**)

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or Other Pacific Islander
- E. White

**The next question asks about safety.**

6. Have you ever ridden in a car driven by someone who had been drinking alcohol?

- A. Yes
- B. No
- C. Not sure

**The next 8 questions ask about tobacco use.**

7. Have you ever tried cigarette smoking, even one or two puffs?

- A. Yes
- B. No

8. How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole cigarette
- B. 8 years old or younger
- C. 9 years old
- D. 10 years old
- E. 11 years old
- F. 12 years old
- G. 13 years old or older

9. During the past 30 days, on how many days did you smoke cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

10. During the past 30 days, on the days you smoked, how many cigarettes did you smoke

**per day?**

- A. I did not smoke cigarettes during the past 30 days
- B. Less than 1 cigarette per day
- C. 1 cigarette per day
- D. 2 to 5 cigarettes per day
- E. 6 to 10 cigarettes per day
- F. 11 to 20 cigarettes per day
- G. More than 20 cigarettes per day

11. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)

- A. I did not smoke cigarettes during the past 30 days
- B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
- C. I bought them from a vending machine
- D. I gave someone else money to buy them for me
- E. I borrowed (or bummed) them from someone else
- F. A person 18 years old or older gave them to me
- G. I took them from a store or family member
- H. I got them some other way

12. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

- A. Yes
- B. No

13. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip,**

such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

14. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars?**

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

**The next 2 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

15. Have you ever had a drink of alcohol, other than a few sips?

- A. Yes
- B. No

16. How old were you when you had your first drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. 8 years old or younger
- C. 9 years old
- D. 10 years old
- E. 11 years old
- F. 12 years old
- G. 13 years old or older

**The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.**

17. Have you ever used marijuana?

- A. Yes
- B. No

18. How old were you when you tried marijuana for the first time?

- A. I have never tried marijuana
- B. 8 years old or younger
- C. 9 years old
- D. 10 years old
- E. 11 years old
- F. 12 years old
- G. 13 years old or older

**The next 3 questions ask about other drugs.**

19. Have you ever used **any** form of cocaine, including powder, crack, or freebase?

- A. Yes
- B. No

20. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?

- A. Yes
- B. No

21. Have you ever used **steroid pills or shots** without a doctor's prescription?

- A. Yes
- B. No

**The next 4 questions ask about sexual intercourse.**

22. Have you ever had sexual intercourse?

- A. Yes
- B. No

23. How old were you when you had sexual intercourse for the first time?

- A. I have never had sexual intercourse
- B. 8 years old or younger
- C. 9 years old
- D. 10 years old
- E. 11 years old
- F. 12 years old
- G. 13 years old or older



24. With how many people have you ever had sexual intercourse?

A. I have never had sexual intercourse

B. 1 person

C. 2 people

D. 3 people

E. 4 people

F. 5 people

G. 6 or more people

25. The **last time** you had sexual intercourse, did you or your partner use a condom?

A. I have never had sexual intercourse

B. Yes

C. No

Date: \_\_\_\_\_  
 SubNu: \_\_\_\_\_

**CES-DC**

**Instructions:**

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the **past week**.

DURING THE PAST WEEK...				
	NOT AT ALL	A LITTLE	SOME	A LOT
1. I was bothered by things that usually don't bother me.				
2. I did not feel like eating, I wasn't very hungry.				
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.				
4. I felt like I was just as good as other kids.				
5. I felt like I couldn't pay attention to what I was doing.				

DURING THE PAST WEEK...				
	NOT AT ALL	A LITTLE	SOME	A LOT
6. I felt down and unhappy				
7. I felt like I was too tired to do things.				
8. I felt like something good was going to happen.				
9. I felt like things I did before didn't work out right.				
10. I felt scared.				

DURING THE PAST WEEK...				
	NOT AT ALL	A LITTLE	SOME	A LOT
11. I didn't sleep as well as I usually sleep.				
12. I was happy.				
13. I was more quiet than usual.				
14. I felt lonely, like I didn't have any friends.				
15. I felt like kids I know were not friendly or that they didn't want to be with me.				

DURING THE PAST WEEK...				
	NOT AT ALL	A LITTLE	SOME	A LOT
16. I had a good time.				
17. I felt like crying.				
18. I felt sad.				
19. I felt people didn't like me.				
20. It was hard to get started doing things.				

Date: \_\_\_\_\_  
 Subject Number: \_\_\_\_\_

**DTS**

**Think of times that you feel distressed or upset. Select the item from the menu that best describes your beliefs about feeling distressed or upset.**

	<b>STRONGLY AGREE</b>	<b>AGREE A LITTLE</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>DISAGREE A LITTLE</b>	<b>STRONGLY DISAGREE</b>
1. Feeling distressed or upset is unbearable to me.	1	2	3	4	5
2. When I feel distressed or upset, all I can think about is how bad I feel.	1	2	3	4	5
3. I can't handle feeling distressed or upset.	1	2	3	4	5
4. My feelings of distress are so intense that they completely take over.	1	2	3	4	5
5. There's nothing worse than feeling distressed or upset.	1	2	3	4	5
6. I can tolerate being distressed or upset as well as most people.	1	2	3	4	5
7. My feelings of distress or being upset are not acceptable.	1	2	3	4	5
8. I'll do anything to avoid feeling distressed or upset.	1	2	3	4	5
9. Other people seem to be able to tolerate feeling distressed or upset better	1	2	3	4	5

than I can.					
10. Being distressed or upset is always a major ordeal for me.	1	2	3	4	5
11. I am ashamed of myself when I feel distressed or upset.	1	2	3	4	5
12. My feelings of distress or being upset scare me.	1	2	3	4	5
13. I'll do anything to stop feeling distressed or upset.	1	2	3	4	5
14. When I feel distressed or upset, I must do something about it immediately.	1	2	3	4	5
15. When I feel distressed or upset, I cannot help but concentrate on how bad the distress actually feels.	1	2	3	4	5

Date \_\_\_\_\_

Subject # \_\_\_\_\_

FG # \_\_\_\_\_

SC\_AD

**Directions:**

Below is a list of sentences that describe how people feel.

Read each phrase and decide if it is “Not True” or “Hardly Ever True” or “Somewhat True” or “Sometimes True” or “Very True” or “Often True” for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	<b>0 Not True or Hardly Ever True</b>	<b>1 Somewhat True or Sometimes True</b>	<b>2 Very True or Often True</b>
1. When I feel frightened, it is hard to breathe.			
2. I get headaches when I am at school.			
3. I don't like to be with people I don't know well.			
4. I get scared if I sleep away from home.			
5. I worry about other people liking me.			
6. When I get frightened, I feel like passing out.			
7. I am nervous.			
8. I follow my mother/father/guardian(s) wherever they go.			
9. People tell me that I look nervous.			
10. I feel nervous with people I don't know well.			
11. I get stomachaches at school.			
12. When I get frightened, I feel like I am going crazy.			
13. I worry about sleeping alone.			
14. I worry about being as good as other kids.			
15. When I get frightened, I feel like things are not real.			
16. I have nightmares about something bad happening to my parent(s)/guardian(s).			

17. I worry about going to school.			
18. When I get frightened, my heart beats fast.			
19. I get shaky.			
20. I have nightmares about something bad happening to me.			

Date \_\_\_\_\_  
 Subject # \_\_\_\_\_  
 FG # \_\_\_\_\_

SC\_AD

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.			
22. When I get frightened, I sweat a lot.			
23. I am a worrier.			
24. I get really frightened for no reason at all.			
25. I am afraid to be alone in the house.			
26. It is hard for me to talk with people I don't know well.			
27. When I get frightened, I feel like I am choking.			
28. People tell me that I worry too much.			
29. I don't like to be away from my family.			
30. I am afraid of having anxiety (or panic) attacks.			
31. I worry that something bad might happen to my parent(s)/guardian(s)			
32. I feel shy with people I don't know well.			
33. I worry about what is going to happen in the future.			
34. When I get frightened, I feel like throwing up.			
35. I worry about how well I do things that have already happened.			
36. I am scared to go to school.			
37. I worry about things that have already happened.			
38. When I get frightened, I feel dizzy.			
39. I feel nervous when I am with			



other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)			
40. I am shy.			

Date \_\_\_\_\_  
 Subject # \_\_\_\_\_  
 FG # \_\_\_\_\_

**PPlan**

*What are your thoughts about the following items:*

	<b>1 Like a Lot (Strongly Agree)</b>	<b>2 Like (Agree)</b>	<b>3 It's Ok (Neutral)</b>	<b>4 Don't really like it (Disagree)</b>	<b>5 Don't like it at all (Strongly Disagree)</b>
<b>Activities:</b>					
(1) Group Discussions					
(2) Designing Posters/Campaigns					
(3) Games					
(4) Role Playing/Acting					
(5) Additional Thoughts:					
	<b>1 Like a Lot (Strongly Agree)</b>	<b>2 Like (Agree)</b>	<b>3 It's Ok (Neutral)</b>	<b>4 Don't really like it (Disagree)</b>	<b>5 Don't like it at all (Strongly Disagree)</b>
<b>Structure:</b>					
(5) At Home Activities/Practice (15 minutes)					
(6) At Home Activities/Practice (30 minutes)					
(7) At Home Activities/Practice (45 minutes)					
<b>Other:</b>					
(8) Session Length (1 hour)					
(9) Session Length (1 hour and 15 min)					
(10) Session Length (1 hour and 30 mins)					

Other:					
Amount of Sessions					
(11) Once a week					
(12) Twice a week					
(13) Every Day					
Additional Thoughts:					
	<b>1 Like a Lot (Strongly Agree)</b>	<b>2 Like (Agree)</b>	<b>3 It's Ok (Neutral)</b>	<b>4 Don't really like it (Disagree)</b>	<b>5 Don't like it at all (Strongly Disagree)</b>
<b><i>Incentives:</i></b>					
(14)T-shirts					
(15)Membership Card					
(16)Snacks					
(17)Pens					
(18)Journals					
(19)Emails/Text message reminders					
(20)Gift cards					
(21) No need for incentives					
Top 3 Choices					
Additional Thoughts:					
(22) If you think that incentives are important, when should they be given to the adolescent participant and why? If you do not think incentives are important, please write N/A below.					

## Appendix E: Expert Panel Recruitment Script

### *Telephone/Email Script for Contacting Potential Expert Panelists Who Have Been Referred.*

#### **Telephone:**

Hello \_\_\_\_\_,

“I am calling to ask you to participate in an expert panel for the purpose of developing an adolescent appropriate intervention for improving the coping skills that adolescents utilize to cope with difficult situations and their emotions. We are focusing on middle school adolescents between the ages of 12 and 14. Your name was given to us by \_\_\_\_\_ as someone who could speak to the needs and interests of this population.

A manualized intervention has been created; however before it is implemented we would like to solicit feedback from experts such as yourself who are in the field of adolescent practice and research so that we can ensure that we are meeting the needs of this population and providing a much needed service. We will also be holding focus groups with adolescents in the target population; however, we believe it is imperative to speak directly to experts and community stakeholders who actually work with and provide services to middle school aged adolescents. It is important to understand the issues from not only the perspective of this group but also from those providing them services. This research is being conducted at the University of Maryland College Park, School of Public Health, Department of Behavioral and Community Health.

If you decide to participate in this expert panel, your answers to these questions will be combined with other information to help us identify key issues to guide the development of this prevention program.”

#### **Email:**

Dear \_\_\_\_\_,

We are emailing you to ask you to participate in an expert panel for the purpose of developing an adolescent appropriate intervention for improving the coping skills that adolescents utilize to cope with difficult situations and their emotions. We are focusing on middle school adolescents between the ages of 12 and 14. Your name was given to us by \_\_\_\_\_ as someone who could speak to the needs and interests of this population.

A manualized intervention has been created; however before it is implemented we would like to solicit feedback from experts such as yourself who are in the field of adolescent practice and research so that we can ensure that we are meeting the needs of this population and providing a much needed service. We will also be holding

focus groups with adolescents in the target population; however, we believe it is imperative to speak directly to experts and community stakeholders who actually work with and provide services to middle school aged adolescents. It is important to understand the issues from not only the perspective of this group but also from those providing them services. This research is being conducted at the University of Maryland College Park, School of Public Health, Department of Behavioral and Community Health.

If you decide to participate in this expert panel, your answers to these questions will be combined with other information to help us identify key issues to guide the development of this prevention program.”

If you are interested in participating, please email us back or call us at your earliest convenience at (301) 741-7974.

Best Regards,

Sylvette A. La Touche-Howard, MA,NCC  
Doctoral Candidate  
Stress, Health, Addictions Research Program

## Appendix F: Screening Questions for Potential Expert Panelists

**1. Ask potential expert panelist: “How long have you worked with adolescents between the ages of 12 and 14?”**

*Only individuals who have worked with adolescents for 5 years or more can participate.*

- *If the individual shares that they have worked with adolescents for less than 5 years, thank them for their interest but mention to them that this study has a minimum requirement of 5 years of involvement with middle school adolescents.*
- *If the individual shares that they have worked with adolescents for 5 years or more, then, continue to question 2.*

**2. In what capacity do you work with adolescents?** *Only individuals who have worked with adolescents in a professional capacity (this includes work in the community and/or middle school or a researcher in the field) will be asked to participate.*

- *If the individual does not meet the above mentioned criteria (ie-works with only high school or elementary school aged individuals but not middle school adolescents) thank them for their interest but mention to them that to participate in this study, the individual must currently be involved with middle school adolescents.*
- *If the individual does meet the above mentioned criteria, then proceed to question 3.*

**3. Will you have approximately 5-10 hours to dedicate to evaluating a potential curriculum outline and sample sessions for adolescents and participate in a brief interview over the next two weeks? The interview will take approximately 30-45 minutes. We anticipate that 5-10 hours will be spread over the course of the study and this is only an estimate. The interview is already included in the time commitment.**

*Only participants who make a verbal commitment that they will be able to dedicate the allotted time will be asked to participate.*

- *If the individual reports that they will not be able to make the suggested time commitment, thank them for their interest in the study.*
- *If the individual reports that they will be able to make the suggested time commitment, thank them for their interest and inform them that they have met all the criteria for the study and that you will send them the appropriate documents (consent form to be faxed back prior to the interview, sample lesson plan and program outline).*

## Appendix G: Consent form for Expert Panelists

Initials \_\_\_\_\_

Date \_\_\_\_\_

### Information and Consent Form

**Why is this research being done?** The purpose of this research is to address the underlying relationship between stress, emotional regulation, and subsequent negative behaviors by developing an adolescent appropriate intervention for middle school adolescents between the ages of 12 and 14. The program has 4 goals: (1) Enable adolescents to understand the relationship between their emotions and behavior. (2) Educate adolescents on how to identify and label their emotions. (3) Teach skills to adolescents that will enable them to cope with their difficult emotions. (4) Provide adolescents with skills that will enable them to avoid engaging in later risk behavior.

**What will I be asked to do?** We are creating a manualized intervention program to meet the goals that were mentioned above, however, before we implement the program, we felt that it was necessary to solicit and receive the feedback from experts in the field of adolescent practice and research. If you agree to participate, you will become part of a group of experts who have been recruited to review the session outline of the program in addition to a sample lesson plan of one of the program sessions. You will also be asked to engage in a brief individual interview (approximately 45 minutes) to get your feedback on the proposed program and also to ask you some questions to get your professional opinion on issues surrounding middle school adolescents and how they handle difficult situations and emotions. Once the interviews are completed with all of the expert panelists, we will incorporate the panel's feedback and will send you a preliminary copy of the proposed manual. We will then transition into a Delphi method procedure in which we will then ask for your feedback on the proposed program which will be sent to you electronically. Once we have received the feedback of the entire expert panel, we will continue to revise it and if there are any further suggestions, we will re-distribute it to the panel. We will continue with this process until the entire panel is satisfied with the entire proposed program. Upon completion, will send you the finalized version of the manual and solicit your feedback on the final product. At the end of the manual development process you will receive a token of appreciation in the form of a gift card for \$30 your participation.

**What about confidentiality?** All information collected during the course of the study is confidential, and your name will not be identified at any time "to the extent permitted by law." Specifically, your name will only appear on the informed consent forms and will not appear on any other forms or transcripts from the interview. Only a number appearing on all forms will link your forms to the other information you provide once the interview session has ended. At the conclusion of the study, the audiotape will be transcribed with your identification number and will be stored in a locked file cabinet which is separate from the locked file cabinet that stores this consent form. Only study personnel will have access to these file cabinets. The information you provides in this research study, without your name attached, will be grouped with data from other participants if the results of the study are used in scientific reports or presentations. Your parents or guardians will not have access to your answers at any time. Further, none of the information you provide on these forms will be shared with your parents with the following exceptions: In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others or if a court of law issues a subpoena for research records.

**What are the risks of this research?** There are no physical, social, or legal risks involved in participating in this expert panel. It is unlikely that you will feel discomfort answering the questions; however, you may decide not to answer a specific question or stop completing the questionnaire at any time. There are no direct benefits from participating in this expert panel though you will be sharing

valuable information and resources that can directly benefit middle school adolescents between the ages of 12 and 14 through the creation of an effective manualized program.

**What are the benefits of this research?** There are no direct benefits from participating in this expert panel though you will be sharing valuable information and resources that can directly benefit middle school adolescents between the ages of 12 and 14 through the creation of an effective manualized program.

**Do I have to be in this research? May I stop participating at any time?** Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide not to participate in this research you may stop participating at any time without loss of incentive.

**Is there medical treatment available if I am injured?** The University of Maryland does not provide any medical or hospitalization coverage for participants in the research study, or will the University of Maryland provide any compensation for any injury sustained as a result of participation in this research study except as required by law.

**What if I have questions?** This research is being conducted by Dr. Stacey B. Daughters at the University of Maryland, College Park. If you have any questions about the research study itself, please contact Dr. Daughters at the Stress, Health and Addictions and Research Program at the School of Public Health 301-741-3474; *daughter@umd.edu*. *If you have any questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland 20742; (e-mail) irb@deans.umd.edu; (telephone) 301-405-4212.* *This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*

**Statement of Age of Subject and Assent:** Your signature indicates that the research has been explained to you, your questions have been fully answered, and you freely and voluntarily choose to participate in this research project.

**NAME OF SUBJECT:** \_\_\_\_\_

**SIGNATURE OF SUBJECT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## Appendix H: Official Letter sent to Expert Panelists



UNIVERSITY OF  
MARYLAND

School of Public Health  
Suite 2387, Valley Drive  
College Park, Maryland 20742-2611  
301.741-3474 TEL  
301.314.9167 FAX

Department of Behavioral and Community Health

(Date)

Dear Expert Panelist,

You have been invited to participate on an expert panel for the creation of a manualized adolescent intervention program.

As you know, adolescence is a time of multiple physical, emotional, mental and social changes. Although an exciting challenge to some, the adolescent period is characterized as a time of high distress, heightened negative emotional states and vulnerability to poor health behaviors. Research indicates that unfortunately, adolescents are rarely adequately equipped with the needed skills to deal with the stressful situations that they experience. In fact, the majority of risk behaviors associated with many of the leading causes of death for adults are initiated during the adolescent period.

Despite the link between distress and risk behavior, the majority of the programs that have been created for adolescents to prevent risk behavior have focused primarily on educating adolescents about the negative consequences of poor health behavior and why avoiding engagement in these behaviors are important. In addition, very few adolescent intervention initiatives address the underlying relationship between stress, emotional regulation, and subsequent engagement in negative behaviors in addition to providing the adolescent with fundamental skills to cope with such emotions.

To address the aforementioned, I am currently in the process of developing an adolescent appropriate intervention for improving distress tolerance skills for middle school adolescents between the ages of 12 and 14. The name of the program is ESCAPE (Empowering Skills for Coping with Adolescent Pressures and Emotions).

The ESCAPE program has 4 goals:

1. To enable adolescents to understand the relationship between their emotions and behavior.
2. To educate adolescents on how to identify and label their emotions.
3. To teach skills to adolescents that will enable them to cope with their difficult emotions.

4. To provide adolescents with skills that will enable them to avoid engaging in later risk behavior.

Attached, you will find a session outline of the ESCAPE program in addition to a sample lesson plan of one of the program sessions. You will also find a consent form to confirm your participation in the study. You may choose to mail or fax us your consent form based on the information provided above or you may choose to keep the consent form and give it to me on the day of our interview. Please remember that these interviews can be done either in person or by phone, whichever is most convenient for you. Based on the time sensitive nature of the program, I would like to request that you review the content and that we meet for our interview within the next two weeks.

I would like to thank you in advance for taking the time to examine the content of this program and for offering your valued feedback. Your opinion and expertise are extremely important to the outcome and success of this program. If you have any additional questions or inquiries, please do not hesitate to contact me either by email at [adolescentstudy.umd@gmail.com](mailto:adolescentstudy.umd@gmail.com) or by phone at (301)741-7974.

Sincerely,

Sylvette A. La Touche-Howard, MA, NCC  
Ph.D Candidate  
University of Maryland, College Park School of Public Health

**Appendix I: Session Outline and Sample Plan sent to Expert Panelists for  
Review prior to in depth Interview**

**Outline of Sessions**

Session	Topics
1	Group Rules/What is Distress/ Introduction of Distress Model/Introduction of Skills/Application Activity
2	<i>Control is the Problem/ Willingness/Acceptance as Solution/ Emotional Unwillingness versus Willingness</i>
3	Introduce distraction as an important skill/ Effective Ways to Regulate Emotions: Distraction Strategies
4	Using Values Directions, rather than Avoidance of Emotions, to guide behavior in Interpersonal Situations/Interpersonal Effectiveness skills/“Layering” Skills
5	<u>D.E.A.R. M.A.N.</u> / Self-Monitoring Of Distress: Focus On Interpersonal Situations/ Skills Rehearsal
6	Recap and Wrap up

**Sample Lesson Plan**

**ESCAPE:  
Empowering Skills for Coping with Adolescent Pressures and Emotions**



**Stress, Health, Addictions Research Program  
University of Maryland – College Park  
Department of Behavioral and Community Health**

**Goals and Objectives:**

1. Educate adolescents on how to identify and label their emotions.
2. Enable adolescents to understand the relationship between their emotions and behavior.
3. Teach skills to adolescents that will enable them to cope with their difficult emotions.
4. Provide adolescents with skills to enable them to find alternatives to engaging in risk behavior

### **Facilitator Notes:**

- Remind adolescents at the start of the first ESCAPE program session that all of the sessions will be audio taped. Provide assurance that no one outside of the study will have access to the audio files.
- The time limits provided for each section are a general guideline as to how the time should be distributed within the session. It is most important that the group understands the information.
- Homework Completion: At the beginning of each ESCAPE session check the completion of each adolescent's challenge task. Completion is rated on a scale from 1-5 (**1**-no tasks have been completed to **5**-all tasks completed). A form for this purpose is attached in the appendix. If needed, additional forms will be available at the SHARP lab. After each session, place the completed sheet inside the adolescent's file.
- This manual is provided as an prevention guideline. **It is not a script.** Although it is important to make sure to address all of the topics outlined, it is *not necessary* to do so verbatim.
- A checklist is provided that will be used to assess the program's integrity. It is not necessary to complete this form, it is meant to be used by the facilitator as a guideline for what is to be covered in the program's sessions.

### **Session 1**

#### **Purpose:**

To introduce participants to the ESCAPE program, establish group rules and to explore the concept of feelings and the role that it plays in the adolescents' life.

#### **Overview:**

Participants will be introduced to the ESCAPE model which demonstrates the connection between individuals' emotions, behaviors, and their consequences. Participants will be given the opportunity to demonstrate their understanding through discussions, challenge tasks and games.

#### **Session Outline:**

- **Program Overview**
- **Welcome/orientation to the ESCAPE program**
- **Group Building Exercises**

- **Ice breaker**
- **Group Rules**
- **Program Model**
- **Group Activity-Charades**
- **Application of skills to Program Model**
- **Program Breakdown**
- **Introduction of Challenge Task/Wrap Up**
  - Materials needed:**
    - **Brown bag for charades, Colored Paper, Activity Books**

**ESCAPE:  
Program Integrity Checklist  
Session 1 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
<b>Program Overview</b>	<b>Yes/No</b>
<b>Welcome/orientation to the ESCAPE program</b>	<b>Yes/No</b>
<b>Group Building Exercises</b>	<b>Yes/No</b>
<b>Ice breaker</b>	<b>Yes/No</b>
<b>Group Rules</b>	<b>Yes/No</b>
<b>Program Model</b>	<b>Yes/No</b>
<b>Group Activity-Charades</b>	<b>Yes/No</b>
<b>Application of skills to Program Model</b>	<b>Yes/No</b>
<b>Program Breakdown</b>	<b>Yes/No</b>
<b>Introduction of Challenge Task/Wrap Up</b>	<b>Yes/No</b>

**Additional Notes:**



## Session 1

### I. Welcome/orientation (approximately 5 minutes)

#### A. Introduction of the Facilitators

Script: **“Hello and welcome to the ESCAPE program. My name is \_\_\_\_\_ (name of the group facilitator) and this is \_\_\_\_\_ (name of assistant facilitator) and we will be your group leaders for the next few weeks. I want to thank you for deciding to be a part of the ESCAPE program and we hope that by the end of our time together that you will be happy that you came.**

#### B. Overview of the Program

- **Script: “The name ESCAPE is an acronym. The name ESCAPE stands for Empowering Skills for Coping with Adolescent Pressures and Emotions. During these next six weeks, we are going to participate in different activities that are going to help us to be empowered as we learn how to cope better with difficult situations and feelings that adolescents sometimes deal with. We went over a lot of the content in this program with adolescents just like you and we took a lot of their thoughts into consideration so we hope that you will get a lot from this program.**

#### C. Review structural details of program

- **Script: “We are going to meet together for 6 group meetings; each group meetings will last around an hour. All of the group meetings will take place over the next six weeks at the same time and at this location. During this time you’ll be learning some interesting skills and given some useful tools to help you cope with difficult situations and feelings.. More importantly, we will participate in different activities that will give us the opportunity to practice these skills so that we will be able to apply them when we need them. We need you to do your absolute best to be on time and of course everyone who is on time and has perfect attendance will receive something**  
*Be prepared to field questions that adolescents may raise here; if they ask “what does this or that mean?” Tell them “That’s a great question! We will be going over exactly what the program consists of in just a few minutes, anything that I don’t explain you can let me know and we can go over it then”*

### II. Group Building Exercises (approx. 15-20 minutes)

#### A. Ice Breaker Activity (approx. 10 minutes):

- **Script: So before we begin, I would like us to take just a few minutes to get to know each other a little bit better seeing we are going to be spending the next few weeks together. So what I would like for us to**

**do is to go around the room and we will say our name and describe one activity that we did this week that made us feel really good and what kind feeling did we experience after that activity. Does everyone understand the activity? Start with yourself and then point in the direction that you would like the group to continue with. Make sure to emphasize at the end of your personal introduction to describe what emotion that you experienced, so that the adolescents will have an example of how they should proceed.**

**B. Group Rules (5 minutes)**

- *The purpose of this exercise is to create group rules to foster group cohesiveness and trust, take the time to listen to the statements of the adolescents. As one adolescent speaks, be aware of cues from other participants. Script: “One of the things that are going to be very important for our group is that we learn to trust each other and that we have a group that we can feel comfortable in, so I believe that now would be a good time to come up with some group rules that we believe will make our group better.” [Write “Group Rules” on the board] Remember, this is your group, so you can choose the rules that will work for you. They don’t have to be the same rules that you have had in other classroom settings, although they could be. So, let’s get started ... I’m going to write the first one. “No interrupting.” Who has another suggestion for a rule for this group?*
  - *If the adolescents are stumped, give a couple of examples: “no interrupting”, “speak respectfully”, “don’t tell other people what they should do”*
  - *Make sure list includes confidentiality. “What’s said in the room stays in the room”. If an adolescent brings it up, fine; if not, the facilitator should raise it and add to the list on the board.*
  - *Stop group after 5 minutes. Tell the group that the guidelines will be made visible at every session, and they can always add more later.*
  - **Note: When confidentiality is discussed, the facilitator must make clear the two exceptions to confidentiality:**
    - **1. Intent to harm oneself or others**
    - **2. Child abuse**

**Script: It is important that everything remains confidential in our group, and this is a very important rule. As the facilitator, however, I do want to make you aware of two exceptions to this confidentiality. If you express any intent to hurt yourself or someone else, that is something that I would have to talk to someone about. Also, if you talk about any type of child abuse, whether you witnessed it**

or experienced it, the law requires us to report this information. I just want you to be aware of what will always be kept confidential, and what will have to leave this room.

*Hand out adolescent manuals (2 minutes)*

- “Ok, so now I am going to hand out the activity books that we will be using for this program. In this book you will see that there are activities that are designed for us to do while we are here together as a group and some are for you to practice at home. Everything in this book is important so we want for you to do your best to do everything that is assigned.
- **II. ESCAPE Model (20 minutes)**
  - *Trigger → Difficult Feelings → Behavior → Consequences*
- **Script: I wanted to start off by simply asking you the question, “Do adolescents sometimes deal with difficult feelings?”** *Wait for a response from the group. Probe where needed. I would like you to take about two minutes to think about some difficult feelings that most adolescents deal with. If you turn in your activity book to page 3, you will find a sheet of paper that I would like you to write down your thoughts and answers.*  
*(After 2 minutes)*
- **Script: Ok, so now I am going to go around the group and I want you to share with me one of the feelings that you came up with and as you share them with me, I will write them on the board, this way everyone has a chance to share and we will just keep on going around the group until we have a list of all of the feelings and feelings that you came up with. How does that sound?** *(listen for verbalized agreement and/or nods)*
- **Script: Ok, great! Let’s start with \_\_\_\_\_** *(choose an adolescent)* **and then \_\_\_\_\_** *(adolescent to the right of the chosen adolescent)* **you will go next.** *This will help to maintain the flow of the group.*
- *Allow adolescents to mention as many negative feelings as possible.*
- **Script: Right now, I am going to give each of you several pieces of paper that I would like for you to help in rating each emotion. We are going to use a scale of 1 to 10, 1 being very difficult and 10 being not difficult at all** *(draw a line on the board depicting this)*, **and when I mention the emotion, I would like for you rate the ability that you believe adolescents have to deal with each of these feelings? Then we will take an average score. Let’s go over each one.** *Start with the first emotion that was mentioned and continue in that order,*

*Allow adolescents have scored all of the feelings.*

- **Script:** Ok, so I am going to go over each emotion and just like how the judges act in sports competitions, I will name the emotion and I would like for you to hold up the rating that you gave for each one and (facilitator assistant) will write them out and then we will get our average. *Start in the same order as before.*
- *Summarize the overall means for each emotion that was mentioned. Highlight the feelings that received an average score of 5 or below (not too difficult to deal with) and 6 or above (feelings that sometimes seem to difficult to deal with).* **Script:** So, overall we can see that sometimes some feelings seem very difficult to deal with and some may even feel very overwhelming. What I would like us to do now is to take a closer look at some of the feelings that we discussed (*and if not mentioned*) and some others that may not have been mentioned). I would like us to take a moment to focus on 4 difficult feelings (1) Sadness (2) Frustration (3) Nervousness and (4) Anger.

### SADNESS:

- **Script:** Can you come up with an example of some things or certain situations that could make an adolescent sad?
  - *If adolescents are unable to come up with responses, give examples: lost or sick pet, a sad movie, breakup with a loved one, loss of a family member, bad news concerning a family member, etc.*
  - *After each example:*
- **Script:** Ok, that's good, now using another scale from 1-10 where 1 is barely and 10 is most often, tell me how sad would this situation make you feel ?
- **Script:** Ok (moving on to the next person) well, can you give me another example of a situation that made an adolescent feel sad?
  - *Once they are done, have them rank this situation as well.*
- **Script:** Now in your activity books on page 4, I want you to write down a situation in your life when you personally felt very sad. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.  
*(Give participants 2 minutes)*
- **Let's move on to the next feeling...frustration.**

### FRUSTRATION:

- **Script: Can you come up with an example of some things or certain situations that could make an adolescent frustrated? *If adolescents are unable to come up with responses, give examples: studied really hard for a test but still didn't get a good grade; not making a certain sports team or club, trying to solve a problem but still unable to do so?***
  - **Script: Ok, that's a really good example, once again I want you to use same scale from 1-10 how much frustration did this situation make you feel?**
- **Script: Ok, well (ask another adolescent), can you give me another example of a situation that made you feel frustrated?**
  - *Once they are done, have them rank this situation as well.*
- **Script: Now in your activity books on page 5, I want you to write down a situation in your life when you personally felt very frustrated. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.**

*(Give participants 2 minutes)*

- **Let's move on to the next feeling...nervousness.**

**Nervousness:**

- **Script: Can you come up with an example of some things or certain situations that could make an adolescent nervous? (Ask the next adolescent who is in the group)**
  - *If adolescents are unable to come up with responses, give examples: having a family member who is extremely ill, having parents or guardians threatening to separate, fear of the grade you may get in a class*
  - *Once they have come up with the first example:*
    - **Script: Ok, that's a really good example, once again I want you to tell on the same scale from 1-10 how nervous did this situation make you feel?**
- **Script: Ok, well (ask another adolescent), can you give me another example of a situation that made you feel nervous or afraid?**
  - *Once they are done, have them rank this situation as well.*
- **Script: Now in your activity books on page 6, I want you to write down a situation in your life when you personally felt very frustrated. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.**

### ANGER:

- **Script: Last, we are going to talk about anger. Can anyone come up with an example of situations where you felt angry or mad?**
  - *If adolescents are unable to come up with responses, give examples: situations where someone disrespects you, loss of certain privileges based on punishment from parents or guardians, being treated unfairly by family, friends, teachers or coaches.*
  - *Once they have come up with the first example:*
    - **Script: Ok, that's good, once again I want you to tell on the same scale from 1-10 how angry did/does this situation make you feel?**
- **Script: Ok, can you give me another example of a situation that made you feel angry?**
  - *Once they are done, have them rank this situation as well.*
- **Script: Now in your activity books on page 7, I want you to write down a situation in your life when you personally felt very angry. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.**

### *Transition to Model*

- **Script: Now we have discussed what some difficult feelings are and even some situations that cause us to feel that way. One of the things that we also need to discuss is the relationship between those situations and our feelings and how that even affects our behaviors and later certain consequences. All of the feelings that we discussed today can fall under two words Distressful Feelings.**
- **Let's spend some time today talking about the bigger picture of those Distressful feelings. Distress starts with a Trigger. Write the word "trigger" on the board. Triggers can be anything that causes us to feel distress. It can be people, for example a friend that shared your secret with someone else, it could be places, such as the classroom to a subject that you don't like, it can be things or events such as a bad grade, money problems**
- **Triggers can be obvious, losing a loved one, getting into an argument, being treated unfairly at school or at home. But they can also be less obvious things such as memories which can also cause some of the feelings we discussed like pain, sadness, frustration, guilt, or additional feelings like nervousness or anger.**

*Can anyone give me some other triggers that adolescents may experience?*

- **Script: Triggers lead to Distressing Feelings (draw an arrow from triggers to distressing feelings) like some of the ones we were just talking about—like sadness, frustration, fear and anger.**
- **Script: Distress does not occur in a vacuum so to speak; it has causes and effects that are important for us to consider. If we look at the bigger picture, after we experience distressing feelings, there is always a behavior (whether it is good or bad) that always comes after it. Let's use an example, let's say someone spread a rumor about me which was mean and unfair, this would serve as a trigger. Write trigger and rumor on the board. What distressing emotion do you think I would feel? Solicit answers from the adolescents and write on board. Draw an arrow from the trigger to the distressing feelings. Good, ok, and as a result of those distressing feelings, what kind of behaviors do you think I would do? Solicit answers from the adolescents and write on board and again create another arrow connecting the distressing emotion to the behavior. If adolescents only give positive behaviors, try to probe them to also give negative behaviors. What do you think are some of the possible consequences that my behavior would lead to? Solicit answers from the adolescents and write on board. Draw an arrow from the behavior to the consequences. It is important to remember that the behaviors that we do to help us to cope with our distress always have consequences. These consequences can be both positive and negative—so you may feel better in the moment (positive), you may also have negative consequences, so even though these consequences can be both positive and negative—you may feel better in the moment (positive), however it can also end up having negative consequences in the long run.**

Now that we are looking at this all on the board, what questions or comments do you have?

- **Activity: Charades (10 minutes)**
- **Script: Now we have been doing a lot of sitting down and a lot of writing so to give ourselves the opportunity to get out of our seats and stretch a little, we are going to take a few minutes and play some charades, I have already chosen a range of feelings and put them in this bag. I am going to divide you into 2 groups and everyone will have a chance to act out the emotion and to guess. Who has played charades before? If no one has played charades before, explain to them that the game consists of acting out a situation or a word and doing it in such a way that your team is able to guess what it is. Ok, so here are the rules, now, each action will be timed. Each group will have 30 seconds to guess what the person is acting out. Once your group's time is up the other group will have an opportunity to guess and gain the point.**

- *Put the adolescents into 2 groups and begin the game. Allow for two rounds to transpire. Script: Well, that was fun! You all are talented actors/actresses! Now, let's get back in our seats.*

Application of skills to Distress Model (10 minutes)

- **Script: Ok, I want you to take all that we have done today, looking at difficult situations and distressing feelings and I want us to refocus on the model that we went over earlier and I want you to think about a personal example that the model can help to explain. You have colored sheets of paper to use so that we can all have a chance to come up front and describe your personal example of how this model applies to you. We will use the yellow paper for triggers, the red ones for distressing feelings, the blue ones for behavior and the orange color for consequences (Colors can vary just be consistent and make sure that there are enough of the same colored paper for everyone). You have 3 minutes to come up with your example.**
- *Give each student tape so that they can tape their example to the board when they are demonstrating their example. Script: Now everyone is going to get some tape so that they can post their examples on the board for everyone to see as you are explaining your application of the model.*
- *Allow each adolescent the chance to present their example and encourage adolescents to write down the examples in their activity book. Script: You have a sheet in your activity book on page 2, you can use this to write down someone else's example so that it can help you to have a variety of examples of how to apply the model.*

II. Program Breakdown (5 minutes)

**Script: Let's talk for a moment about what we will be doing during each of the sessions**

A. Session 1 Breakdown

- **Script: And let's start with what we have done already for today.**
  - **As I mentioned earlier, we plan on providing you with the tools to help you better handle difficult situations and giving you the opportunity to practice these skills so that you will feel more empowered which is what the E in Escape stands for.**
  - **We also learned today that there is a bigger picture of distress and today we went over that bigger picture.**
  - **We are also took some time to discuss what "distressing feelings" were and some situations that caused them and that was really important because it helped us to better identify that what distress looks like when we are faced with difficult situations.**
  - **The last thing that we are going to do today is go over the challenge activity that you have for next week which will be an application of all of the things that we covered today.**

B. Sessions 2-6



- In the sessions 2-6, we will learn a lot about coping skills training and do some very creative practice exercises
  - **Script:** We'll start with a review of previous material. Then we will move on to introduction of new skills.
  - **Then,** we are going to do some practice exercises, so that we can put the information that we learn into practice.
- **Don't worry about the other sessions yet, we will go over everything as it comes up. This was just an overview so you would know what to expect.**
- **Script: So now, let's go over the challenge activity for next week.**
- *If you turn in your activity book to page 9, you will see a page with the title "Self Monitoring of Distress"*
  - **Script:** For the next time we meet, I want you to please look at that Challenge Task and between now and the next time we meet I want you to take a few minutes to fill out this form. You know how we just went over situations in the past that were distressing, well for this challenge you should fill out this form just like we did with the situations earlier, but this time I want you to keep track of distressing situations as they happen *instead* by writing them down as they happened. I also want you to complete the chart by writing in (1) what the trigger was, (2) what feelings you experienced, (3) how did you react and (4) the consequence of your behavior and your personal rating of that event. Ok, so is that clear? Does anyone foresee any problems? Does anyone have any questions?

**VI. Wrap Up (1-2 minutes)**

- **Script:** Now, we have covered a lot of things today. In fact today is probably going to be your most packed session. As I said earlier, we are going to be learning new skills in our next sessions and we are going to have an opportunity to practice them. I hope that you learned some things today that were practical and useful and I look forward to seeing you next week.

## Appendix J: In depth Interview Question Guide for Expert Panelists

Good day \_\_\_\_\_.

Thank you once again for taking time out of your busy schedule to meet with me today. This interview should take approximately 45 minutes. I will be audio taping this interview for transcription purposes, however as was stated in your consent form, all personal identifiers will be removed. Let's begin...

### Expertise:

- What is your current profession/role?
- How many years of experience have you had working with adolescents and/or being in the field of adolescent research and in what capacity?

### Perceived Feelings of Adolescent:

*From this point onward, when we mention the word adolescents we would like for you to focus on adolescents who are in middle school between the ages of 12 and 14 who have not as yet matriculated to high school.*

- From your perspective, would you say that adolescents demonstrate feelings of stress? What about feeling depressed or feeling "down"? Feeling anxious?
- Are adolescents able to verbalize those feelings of sadness, stress, depression or anxiousness? In your opinion, which ones are easier for them? Which ones are more difficult?
- Do you believe that there is a relationship between risk behavior and some of the feelings that we previously discussed such as sadness, stress and depression?

### Perceived Stressors:

- Over the past 12 months, have you seen you observed an adolescent who was experiencing feelings of stress, anxiety or depression? How did they appear to cope with it? Do you feel that their methods worked? Why or why not?
- Overall, what are some of the issues that seem to trigger the above emotions in adolescents?
- From your perspective, would you say that the way adolescents deal with their experiences of stress, depression or anxiety has changed over the past decade? If yes, in what way and if no, what has remained the same?

Perceived Resources:

- When you encounter adolescents who deal with stress, depression or anxiety? What kind of resources do you see that they are offered?
- Do you feel that there are sufficient resources available for adolescents to help them to cope with their emotions? If yes, please describe them and if no, what do you think is needed?

Proposed Program:

As you are aware, we are in the process of creating an intervention program for adolescents between the ages of 12-14 to deal with their emotions, coping skills and possible risky behavior. We are interested in offering services that may help reduce feelings of stress, anxiety, depression and possible risky behavior in the lives of adolescents. One of the ways that we felt we could be helpful would be to offer this manualized intervention for adolescents around the ages of 12-14. Before we do so however, we decided that it was absolutely necessary to get the opinions of this program from experts such as yourself. I have a few questions that I would like to ask you regarding the outline of the sessions and the sample lesson plans that you received and reviewed.

Satisfaction:

We have provided you with a Likert scale ranging from 1 to 5 where 1 is very satisfied, 2 satisfied, 3-somewhat satisfied, 4-dissatisfied 5- very unsatisfied

- When you reviewed the manual...
  - How satisfied were you that the program addressed the issue of emotions that adolescent's experience?
  - How satisfied were you that the program addressed the issues of alternative coping skills for dealing with emotions?
  - How satisfied were you with the types of coping skills that were offered to the participants?
  - How satisfied were you with the various methods that were used to teach positive coping skills to adolescents?

Implementation:

- Do you feel that if we approached institutions that dealt with adolescents such as community centers and/or schools and offered them this program that they would be likely to let us implement it?
- How likely do you think parents would be to let us implement a program such as this with their adolescent?
- How likely do you think adolescents would be to participate in this program?
- How likely do you think adolescents would be able to grasp all of the concepts given to them in this program?

- Are there any additional suggestions and/or observations that you would like to contribute regarding the implementation aspect of the program?

Structure:

- What do you think about the length of the program?
- Do you think that it should be once a week or twice a week?
- Are there any additional suggestions and/or observations that you would like to contribute regarding the structural aspect of the program?
- What are some of the issues (pertaining to negative emotionality and risk behavior) that you believe should be addressed in an intervention designed for middle school adolescents.

Ending Questions:

Suggestions & Observations:

- Are there any additional suggestions and/or observations that you would like to contribute regarding anything that we have discussed today?

Thank you so much for your time and diligence assisting with this project and being a member of our expert panel. Your opinions and suggestions are greatly appreciated and we look forward to incorporating them into our manual.

**Appendix K: Adolescent Intervention Facilitator and Student Manual Given to**

**Expert Panelists for Delphi Method Round 1**

## **ESCAPE:**

**Empowering Skills for Coping with Adolescent Pressures and Emotions**



**Stress, Health, Addictions Research Program  
University of Maryland – College Park  
Department of Behavioral and Community Health**

**Goals and Objectives:**

1. To enable adolescents to understand the relationship between their emotions and behavior.
2. To educate adolescents on how to identify and label their emotions.
3. To teach skills to adolescents that will enable them to cope with their difficult emotions.
4. To provide adolescents with skills that will enable them to avoid engaging in later risk behavior.

## Note to Facilitators:

- Remind adolescents at the start of the first ESCAPE program session that all of the sessions will be audio taped. Provide assurance that no one outside of the study will have access to the audio files.
- The time limits provided for each section are a general guideline as to how the time should be distributed within the session. It is most important that the group understands the information.
- Homework Completion: At the beginning of each ESCAPE session, check the completion of each adolescent's challenge task. Completion is rated on a scale from 1-5 (1-no tasks have been completed to 5-all tasks completed). A form for this purpose is attached in the appendix. If needed, additional forms will be available at the SHARP lab. After each session, place the completed sheet inside the adolescent's file.
- This manual is provided as a program guideline. **It is not a script.** Although it is important to make sure to address all of the topics outlined, it is *not necessary* to do so verbatim.
- A checklist is provided that will be used to assess the program's integrity. It is important to complete this form, it is meant to be used by the facilitator as a guideline for what is to be covered in the program's sessions.
- It is important to have a list of relevant and local resources that are available for your participants. To prevent feelings of isolation, make this list available to all of your participants. It is important that your participants are aware that there are places where they can access further help for coping with their emotions and other issues that they may possibly face.
- It is important that to the best of your ability that you can ensure that your participants are safe at their program location and that you do your best to provide a "judgment free" zone in your group.

## **Session 1**

### **Purpose:**

To introduce participants to the ESCAPE program, to establish group rules, and to explore the concept of feelings and the role that it plays in the adolescents' life.

### **Overview:**

Participants will be introduced to the ESCAPE model, which demonstrates the connection between individuals' emotions, behaviors, and their consequences. Participants will be given the opportunity to demonstrate their understanding through discussions, challenge tasks and games.

### **Session Outline:**

- **Program Overview**
- **Welcome/orientation to the ESCAPE program**
- **Group Building Exercises**
- **Ice breaker**
- **Group Rules**
- **Program Model**
- **Group Activity-Charades (p.42)**
- **Application of skills to Program Model**
- **Program Breakdown**
- **Introduction of Challenge Task/Wrap Up**

### **Materials needed:**

- **Brown bag for charades, Colored Paper, Activity Books**



**ESCAPE:  
Program Integrity Checklist  
Session 1 Checklist**

Date: \_\_\_\_\_

Group: \_\_\_\_\_

	<b>Item Completed Yes/No</b>
<b>Program Overview</b>	<b>Yes/No</b>
<b>Welcome/orientation to the ESCAPE program</b>	<b>Yes/No</b>
<b>Group Building Exercises</b>	<b>Yes/No</b>
<b>Ice breaker</b>	<b>Yes/No</b>
<b>Group Rules</b>	<b>Yes/No</b>
<b>Program Model</b>	<b>Yes/No</b>
<b>Group Activity-Charades</b>	<b>Yes/No</b>
<b>Application of skills to Program Model</b>	<b>Yes/No</b>
<b>Program Breakdown</b>	<b>Yes/No</b>
<b>Introduction of Challenge Task/Wrap Up</b>	<b>Yes/No</b>

**Additional Notes:**

**Session 1**

*I. Welcome/orientation (approximately 5 minutes)*

A. Introduction of the Facilitators

Script: “Hello and welcome to the ESCAPE program. My name is \_\_\_\_\_ (name of the group facilitator) and this is \_\_\_\_\_ (name of assistant facilitator) and we will be your group leaders for the next few weeks. I want to thank you for deciding to be a part of the ESCAPE program and we hope that by the end of our time together that you will be happy that you came.

B. Overview of the Program

- **Script:** “The name ESCAPE is an acronym. The name ESCAPE stands for Empowering Skills for Coping with Adolescent Pressures and Emotions. During these next six weeks, we are going to participate in different activities that are going to help us to be empowered as we learn how to cope better with difficult situations

and feelings that adolescents sometimes deal with. We went over a lot of the content in this program with adolescents just like you and we took many of their thoughts into consideration so we hope that you will get a lot from this program.

C. Review structural details of program

- **Script:** “We are going to meet together for 6 group meetings; each group meetings will last around an hour. All of the group meetings will take place over the next six weeks at the same time and at this location. During this time you will be learning some interesting skills and given some useful tools to help you cope with difficult situations and feelings. More importantly, we will participate in different activities that will give us the opportunity to practice these skills so that we will be able to apply them when we need them. We need you to do your absolute best to be on time and of course, everyone who is on time and has perfect attendance will receive something.

*Be prepared to field questions that adolescents may raise here; if they ask, “what does this or that mean?” Tell them “That’s a great question! We will be going over exactly what the program consists of in just a few minutes, anything that I don’t explain you can let me know and we can go over it then”*

**III. Group Building Exercises (approx. 15-20 minutes)**

B. Ice Breaker Activity (approx. 10 minutes):

- **Script:** So before we begin, I would like us to take just a few minutes to get to know each other a little bit better seeing we are going to be spending the next few weeks together. So what I would like for us to do is to go around the room and we will say our name and describe one activity that we did this week that made us feel really good and what kind of feeling did we experience after that activity. If you cannot think of something that you did that made you feel good, then tell us something that you wish you can do before the week is over that will make you feel good and what kind of feeling you think you will feel after that activity. Does everyone understand the activity? *Start with yourself and then point in the direction that you would like the group to continue with. Make sure to emphasize at the end of your personal introduction to describe what emotion that you experienced, so that the adolescents will have an example of how they should proceed.*

**B. Group Rules (5 minutes)**

- *The purpose of this exercise is to create group rules to foster group cohesiveness and trust, take the time to listen to the statements of the adolescents. As one adolescent speaks, be aware of cues from other participants. Script:* “One of the things that are going to be very important for our group is that we learn to trust each other and that we have a group that we can feel comfortable in, so I believe that now

would be a good time to come up with some group rules that we believe will make our group better.” [Write “Group Rules” on the board] Remember, this is your group, so you can choose the rules that will work for you. They do not have to be the same rules that you have had in other classroom settings, although they could be. We are going to make two lists. We are going to have a list of things that we want others to do in our group (ex: Be respectful). We will also make another list of the things that we do not want others to do in our group (ex: No Interrupting). So, let us get started ... I am going to write the first ones. “No interrupting and Being Respectful .” Who has another suggestion for a rule for this group?

- If the adolescents are stumped, give a couple of examples: “no interrupting”, “speak respectfully”, “don’t tell other people what they should do”
- Make sure list includes confidentiality. “What’s said in the room stays in the room”. *If an adolescent brings it up, fine. If not, the facilitator should raise it and add to the list on the board.*
- Stop group after 5 minutes. *Tell the group that the guidelines will be made visible at every session, and they can always add more later.*
- **Note: When confidentiality is discussed, the facilitator must make clear the two exceptions to confidentiality:**
  - 1. Intent to harm oneself or others
  - 2. Child abuse

**Script: It is important that everything remains confidential in our group, and this is a very important rule. As the facilitator, however, I do want to make you aware of two exceptions to this confidentiality. If you express any intent to hurt yourself or someone else, that is something that I would have to talk to someone about. Also, if you talk about any type of child abuse, whether you witnessed it or experienced it, the law requires us to report this information. I just want you to be aware of what will always be kept confidential, and what will have to leave this room.**

*Hand out adolescent manuals (2 minutes)*

- “Ok, so now I am going to hand out the activity books that we will be using for this program. In this book, you will see that there are activities that are designed for us to do while we are here together as a group and some are for you to practice at home. Everything in this book is important so we want you to do your best to do everything that is assigned.

- **II. ESCAPE Model (20 minutes)**
  - *Trigger → Difficult Feelings → Behavior → Consequences*
- **Script: I wanted to start by simply asking you the question, “Do adolescents sometimes deal with difficult feelings?”** *Wait for a response from the group. Probe where needed. I would like you to take about two minutes to think about some difficult feelings that most adolescents deal with. If you turn in your activity book to page 3, you will find a sheet of paper that I would like you to write down your thoughts and answers.*  
*(After 2 minutes)*
- **Script: Ok, so now I am going to go around the group and I want you to share with me one of the feelings that you came up with and as you share them with me, I will write them on the board, this way everyone has a chance to share and we will just keep on going around the group until we have a list of all of the feelings and feelings that you came up with. How does that sound?** *(listen for verbalized agreement and/or nods)*
- **Script: Ok, great! Let’s start with \_\_\_\_\_** *(choose an adolescent) and then \_\_\_\_\_* *(adolescent to the right of the chosen adolescent) you will go next. This will help to maintain the flow of the group.*
- *Allow adolescents to mention as many negative feelings as possible.*
- **Script: Right now, I am going to give each of you several pieces of paper that I would like for you to help in rating each emotion. We are going to use a scale of 1 to 10, 1 being very difficult and 10 being not difficult at all** *(draw a line on the board depicting this), and when I mention the emotion, I would like for you rate the ability that you believe adolescents have to deal with each of these feelings? Then we will take an average score. Let’s go over each one. Start with the first emotion that was mentioned and continue in that order.*  
  
*Allow adolescents to score all of the feelings.*
- **Script: Ok, so I am going to go over each emotion and just like how the judges act in sports competitions, I will name the emotion and I would like for you to hold up the rating that you gave for each one and (facilitator assistant) will write them out and then we will get our average. Start in the same order as before.**
- *Summarize the overall means for each emotion that was mentioned. Highlight the feelings that received an average score of 5 or below (not*

too difficult to deal with) and 6 or above (feelings that sometimes seem to difficult to deal with). **Script:** So, overall we can see that sometimes some feelings seem very difficult to deal with and some may even feel very overwhelming. What I would like us to do now is to take a closer look at some of the feelings that we discussed (and if not mentioned) and some others that may not have been mentioned). I would like us to take a moment to focus on 4 difficult feelings (1) Sadness (2) Frustration (3) Nervousness and (4) Anger.

### SADNESS:

- **Script:** Can you come up with an example of some things or certain situations that could make an adolescent sad?
  - *If adolescents are unable to come up with responses, give examples: lost or sick pet, , a sad movie, breakup with a loved one, loss of a family member, bad news concerning a family member, etc.*
  - *After each example:*
- **Script:** Ok, that's good, now using another scale from 1-10 where 1 is barely and 10 is most often, tell me how sad would this situation make you feel?
- **Script:** Ok (moving on to the next person) well, can you give me another example of a situation that made an adolescent feel sad?
  - *Once they are done, have them rank this situation as well.*
- **Script:** Now in your activity books on page 4, I want you to write down a situation in your life when you personally felt very sad. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down. *(Give participants 2 minutes)*
- **Let's move on to the next feeling...frustration.**

### FRUSTRATION:

- **Script:** Can you come up with an example of some things or certain situations that could make an adolescent frustrated? *If adolescents are unable to come up with responses, give examples: studied really hard for a test but still didn't get a good grade; not making a certain sports team or club, trying to solve a problem but still unable to do so?*
  - **Script:** Ok, that's a really good example, once again I want you to use same scale from 1-10 how much frustration did this situation make you feel?
- **Script:** Ok, well (ask another adolescent), can you give me another example of a situation that made you feel frustrated?

- *Once they are done, have them rank this situation as well.*
- **Script:** Now in your activity books on page 5, I want you to write down a situation in your life when you personally felt very frustrated. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.

*(Give participants 2 minutes)*

- **Let's move on to the next feeling...fear.**

### **NERVOUSNESS:**

- **Script:** Can you come up with an example of some things or certain situations that could make an adolescent nervous? (Ask the next adolescent who is in the group)
  - *If adolescents are unable to come up with responses, give examples: having a family member who is extremely ill, having parents or guardians threatening to separate, fear of the grade you may get in a class*
  - *Once they have come up with the first example:*
    - **Script:** Ok, that is a good example; once again, I want you to tell on the same scale from 1-10 how nervous did this situation make you feel?
- **Script:** Ok, well (ask another adolescent), can you give me another example of a situation that made you feel nervous or afraid?
  - *Once they are done, have them rank this situation as well.*
- **Script:** Now in your activity books on page 6, I want you to write down a situation in your life when you personally felt very frustrated. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.

### **ANGER:**

- **Script:** Last, we are going to talk about anger. Can anyone come up with an example of situations where you felt angry or mad?
  - *If adolescents are unable to come up with responses, give examples: situations where someone disrespects you, loss of certain privileges based on punishment from parents or guardians, being treated unfairly by family, friends, teachers or coaches.*
  - *Once they have come up with the first example:*

- *Script:* Ok, that's good, once again I want you to tell on the same scale from 1-10 how angry did/does this situation make you feel?
- *Script:* Ok, can you give me another example of a situation that made you feel angry?
  - *Once they are done, have them rank this situation as well.*
- *Script:* Now in your activity books on page 7, I want you to write down a situation in your life when you personally felt very angry. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.

### *Transition to Model*

- *Script:* Now we have discussed what some difficult feelings are and even some situations that cause us to feel that way. One of the things that we also need to discuss is the relationship between those situations and our feelings and how that even affects our behaviors and later certain consequences. All of the feelings that we discussed today can fall under two words Distressful Feelings.
- Let's spend some time today talking about the bigger picture of those Distressful feelings.  
Distress starts with a Trigger. *Write the word "trigger" on the board.* Triggers can be anything that causes us to feel distress. It can be people, for example a friend that shared your secret with someone else, it could be places, such as the classroom to a subject that you don't like, it can be things or events such as a bad grade, money problems
- Triggers can be obvious, losing a loved one, getting into an argument, being treated unfairly at school or at home. But they can also be less obvious things such as memories which can also cause some of the feelings we discussed like pain, sadness, frustration, guilt, or additional feelings like nervousness or anger.

*Can anyone give me some other triggers that adolescents may experience?*

- *Script:* Triggers lead to Distressing Feelings (draw an arrow from triggers to distressing feelings) like some of the ones we were just talking about-like sadness, frustration, fear and anger.
- *Script:* Distress does not occur in a vacuum so to speak; it has causes and effects that are important for us to consider. If we look at the bigger picture, after we experience distressing feelings, there is always a behavior (whether it is good or bad) that always comes after it. Let's use an example, let's say someone spread a rumor about me which was mean and unfair, this would serve as a trigger. *Write trigger and*

*rumor on the board. What distressing emotion do you think I would feel? Solicit answers from the adolescents and write on board. Draw an arrow from the trigger to the distressing feelings. Good, ok, and as a result of those distressing feelings, what kind of behaviors do you think I would do? Solicit answers from the adolescents and write on board and again create another arrow connecting the distressing emotion to the behavior. If adolescents only give positive behaviors, try to probe them to also give negative behaviors. What do you think are some of the possible consequences that my behavior would lead to? Solicit answers from the adolescents and write on board. Draw an arrow from the behavior to the consequences. It is important to remember that the behaviors that we do to help us to cope with our distress always have consequences. These consequences can be both positive and negative—so you may feel better in the moment (positive), you may also have negative consequences, so even though these consequences can be both positive and negative—you may feel better in the moment (positive), however it can also end up having negative consequences in the long run.*

Now that we are looking at this all on the board, what questions or comments do you have?

- **Activity: Charades (10 minutes)**

- ***Script:*** Now we have been doing a lot of sitting down and a lot of writing so to give ourselves the opportunity to get out of our seats and stretch a little, we are going to take a few minutes and play some charades, I have already chosen a range of feelings and put them in this bag. I am going to divide you into 2 groups and everyone will have a chance to act out the emotion and to guess. Who has played charades before? If no one has played charades before, explain to them that the game consists of acting out a situation or a word and doing it in such a way that your team is able to guess what it is. Ok, so here are the rules, now, each action will be timed. Each group will have 30 seconds to guess what the person is acting out. Once your group's time is up the other group will have an opportunity to guess and gain the point.
- *Put the adolescents into 2 groups and begin the game. Allow for two rounds to transpire. Script: Well, that was fun! You all are talented actors/actresses! Now, let's get back in our seats.*

**Application of skills to Distress Model (10 minutes)**

- ***Script:*** Ok, I want you to take all that we have done today, looking at difficult situations and distressing feelings and I want us to refocus on the model that we went over earlier and I want you to think about a personal example that



**the model can help to explain. You have colored sheets of paper to use so that we can all have a chance to come up front and describe your personal example of how this model applies to you. We will use the yellow paper for triggers, the red ones for distressing feelings, the blue ones for behavior and the orange color for consequences (Colors can vary just be consistent and make sure that there are enough of the same colored paper for everyone). You have 3 minutes to come up with your example.**

- *Give each student tape so that they can tape their example to the board when they are demonstrating their example. **Script: Now everyone is going to get some tape so that they can post their examples on the board for everyone to see as you are explaining your application of the model.***
- *Allow each adolescent the chance to present their example and encourage adolescents to write down the examples in their activity book. **Script: You have a sheet in your activity book on page 2, you can use this to write down someone else's example so that it can help you to have a variety of examples of how to apply the model.***

## II. Program Breakdown (5 minutes)

**Script:** Let's talk for a moment about what we will be doing during each of the sessions

### B. Session 1 Breakdown

- **Script:** And let's start with what we have done already for today.
  - As I mentioned earlier, we plan on providing you with the tools to help you better handle difficult situations and giving you the opportunity to practice these skills so that you will feel more empowered which is what the E in Escape stands for.
  - We also learned today that there is a bigger picture of distress and today we went over that bigger picture.
  - We are also took some time to discuss what "distressing feelings" were and some situations that caused them and that was really important because it helped us to better identify that what distress looks like when we are faced with difficult situations.
  - The last thing that we are going to do today is go over the challenge activity that you have for next week which will be an application of all of the things that we covered today.

### B. Sessions 2-6

- In the sessions 2-6, we will learn a lot about coping skills training and do some very creative practice exercises
  - We'll start with a review of previous material. Then we will move on to introduction of new skills.
  - Then, we are going to do some practice exercises, so that we can put the information that we learn into practice.
- Don't worry about the other sessions yet, we will go over everything as it comes up. This was just an overview so you would know what to expect.
- **Script:** So now, let's go over the challenge activity for next week.
- If you turn in your activity book to page 9, you will see a page with the title "Self Monitoring of Distress"
  - **Script:** For the next time we meet, I want you to please look at that Challenge Task and between now and the next time we meet I want you to take a few minutes to fill out this form. You know how we just went over situations in the past that were distressing, well for this challenge you should fill out this form just like we did with the situations earlier, but this time I want you to keep track of distressing situations as they happen *instead* by writing them down as they happened. I also want you to complete the chart by writing in (1) what the trigger was, (2) what feelings you experienced, (3) how did you react and (4) the consequence of your behavior and your personal rating of that event. Ok, so is that clear? Does anyone foresee any problems? Does anyone have any questions?

## **VI. Wrap Up (1-2 minutes)**

- ***Script:* Now, we have covered a lot of things today. In fact today is probably going to be your most packed session. As I said earlier, we are going to be learning new skills in our next sessions and we are going to have an opportunity to practice them. I hope that you learned some things today that were practical and useful and I look forward to seeing you next week.**

## Session 2

### **Purpose:**

To explore the negative consequences of distressing feelings adolescents often suppress.

### **Overview:**

Participants will be introduced to strategies that will enable them to express their feelings in a constructive manner. Participants will be taught the difference between suppressing and expressing one's emotions and the health consequences that may result from making poor choices. Participants will be given the opportunity to demonstrate their understanding through discussions, challenge tasks and games.

- **Brief Review of Previous Session**
  - **Check and Review Homework**
  - **Lesson: Control is the Problem**
  - **Group Activity**
  - **Lesson: Willingness/Acceptance as Solution**
  - **Introduction of Challenge Activity/Wrap Up**
  - **Materials Needed:**
  - **WORKSHEET 2-3**
- **Re-Read: Emotional Willingness versus Unwillingness**
- **WORKSHEET 2-1 & WORKSHEET 2-2**

**ESCAPE:  
Program Integrity Checklist  
Session 2 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
<b>Brief Review of Previous Session</b>	<b>Yes/No</b>
<b>Check and Review Homework</b>	<b>Yes/No</b>
<b>Lesson: Control is the Problem</b>	<b>Yes/No</b>
<b>Group Activity</b>	<b>Yes/No</b>
<b>Lesson: Willingness/Acceptance as Solution</b>	<b>Yes/No</b>

**Additional Notes:**

## Session 2

### Review of Last Session/ Review of Challenge Activities/Identification of Feelings (15 minutes)

- **Script:** Welcome back. It's good to see you again. We have a few things to cover today so let's get started!
- **Script:** To start off today, I am going to give each of you some sheets of paper and using either drawings, words or a combination of the two, I want you to describe your current emotion. We'll take 3 minutes to do this and then we will all take turns sharing. *Distribute the sheets of paper and set timer for 3 minutes or until you have observed that every adolescent has completed the task.* **Script:** Ok, who would like to start, if none of the adolescents volunteer to be first, you should start and then choose someone to go next.
- **How did you find that activity?** *Solicit responses and then continue to the review of the challenge tasks.*
- **Script:** Let's continue today by going over your challenge activities that you had to complete for this week. For today, you were supposed to keep track of any distressing situations that you experienced between our first session and today. Can everyone take out their activity books please?
- **Script:** Ok, let's go over the first situation. So, we were supposed to come up with what the trigger was, what feelings did we have as a result of the trigger, what we did to manage the distress and what occurred as a result of that behavior and again how did we rate the result of the consequence. Let's do an example together on the board. So let's say our trigger was a person at school who was continuously bothering you and getting on your nerves (Facilitator should write the word "trigger" on the board and underline it and then beneath it right "Annoying Individual"). Then we were supposed to write down what feeling or feelings we had as a result, can anyone help me to think about what kind of feelings you would have if you had a person at school who kept on annoying you? *Solicit responses.* (Facilitator should draw an arrow and then write the word "feeling" on the board and underline it and then beneath it write "frustration", "angry" and any other words the students may have added). Then we were supposed to write what we did as a result of the trigger. Write the word "behavior" on the board, what do you think could be a behavior that would result from being frustrated or angry at someone who is annoying you. *Solicit responses.* What about "tell them off", get in a fight" and then we were supposed to write out what the consequences were. Write the word consequences on the board, *Solicit*

responses. What about “Get in trouble with the school”, “Get even more angry and frustrated”, “Get injured or hurt”. So how was this for you? What examples did you come up with? *Solicit responses from adolescents and try to write their examples on the board as they pertain to the model.*

After you have taken each adolescent’s examples, ask the following questions to the group:

- **Did you realize anything about yourself?** *Solicit responses.*
- **Were there any additional feelings that you discovered that we had not mentioned from our last time together?** *Check for additional feelings they may have experienced but did not list.*
- **Ok, well I am glad that everyone got to do their challenge activities. I do hope that you found them insightful.** *If there were some adolescents who did not to their challenge activities, I hope that next week we will have 100% completion.*

### Attempts to Control Feelings Can Make Distress Worse (15 minutes)

- **Script:** One common approach that adolescents usually use to reduce or lower their distress is attempting to control their feelings. Have any of you ever tried that or know of someone who has? For example, if you are really angry because someone was saying mean and false things to someone else about you but rather than dealing with the situation you say to yourself that you are going to just ignore it?
- Although this seems at first as if this is a reasonable thing to do, there are some problems with this strategy. Can anyone think of any? *Wait for responses from adolescents, if there is none; try to probe, by asking if everyone agrees that that is the best way to handle the situation.* For example, sometimes even though we may try to brush off the fact that someone was spreading false rumors about us, would you agree that deep down inside you were really angry about it? Look for non verbal responses from adolescents
- **Script:** Therefore, the first problem in trying to control our feelings is that we often try to hold back or ignore our feelings and that as we know is not always possible.
- In general, just think about it, it is hard to actively sit and not think about something isn’t it. Some of you seem as if you need convincing so let’s try it. As an example, pick a topic...ok now sit here and the same topic that you just thought about I don’t want you to think about it anymore (*give them 30 seconds*) It’s quite difficult, right? As another example, (use one of the adolescent’s names) what if (another adolescent) said to you, “Hey I have something to tell you but don’t worry about it, I will tell you later” it would be hard for you not to think about it, right?

- **Script:** We can say the same thing applies when it comes to our feelings and feelings. It is usually the case that when we try to control our feelings by holding them back or trying to ignore them, we actually increase the likelihood of having these feelings; that is, we become more focused on any possible indication of their presence and more aware of even their slightest presence. Worse, is that on top of still experiencing that particular distressing emotion, we are also more upset because we are adding a sense of failure because we were not able to control them. Can you think of an example of when this may have happened to you? *Solicit example to make sure they understand...if they stress the fact that they understand but can't relate, give a personal example and then move on to next section*
  
- **Script:** Now, it is the case that there are certain times when, in the short-term, we may be able to hold back our feelings. Unfortunately, even when we are “successful” in doing so, there are negative long-term consequences that result from this coping strategy. Can anyone think of any long term consequences of trying to hold back or keep down our feelings?
  - Basically, using strategies to control or hold back our feelings doesn't seem to work over the long term AND they don't seem to work when you really need them to.
  
- **Script:** There are several common outcomes of holding back our feelings. I am going to share 3 with you today. Please turn with me in your activity books to worksheet 2-2 on page 14.
  - The first one is the pressure-cooker you hold everything in until you burst with negative emotion that feels overwhelming and uncontrollable (this often happens at very inconvenient times)-Have you ever seen this happen to someone? *Solicit stories. Could you share with us the story?*
  
  - The second outcome that can happen to us when we hold back our feelings and that is that we experience Feelings of Emptiness. Feelings of emptiness are like having an emotional void from cutting off good and bad feelings. Do you know of anyone like this? *Use worksheet 2-2 to illustrate: Think of a time when you were unwilling to have a distressing feelings; what happened as a result?*
  
  - The third outcome is that over time, there are also serious health problems that are associated with suppressed distressful feelings.



Can you think of any? Write down their responses. If they do not mention any...What about having headaches, feeling sluggish, not wanting to eat anything or sometimes wanting to eat everything. Can you see how that could occur over a period of time of someone trying to keep down all of their distressing feelings?

*Group Activity (15 minutes)*

- **Script:** Before we move on, I am going to put you into pairs and I am going to ask you to come up with a scenario that demonstrates what we have talked about so far with regards to what some triggers can be, what kind of negative feelings can result from them and what can happen if we try to control these negative feelings over time and then the rest of us will try to see if we can identify what the trigger was etc. Now this scenario does not have to be long, just about 2 minutes and you will have 5 minutes to plan it. Give the group 5 minutes
- Ask each group to come to the front to demonstrate their scenario and process each one with the group at large. Although the group will decide what the trigger was, the distressing emotion, the behavior and the consequence, make sure to recap each one.
- **Script:** You all really have a lot of talent! Your examples were really well done! Thank you so much for participating.
- Now we have discussed and demonstrated triggers, negative feelings and some possible results from trying to keep down our feelings or trying to ignore them. Does anyone have any questions or comments? So, before we leave today, I want us to discuss what a potential alternative approach to avoiding our feelings could be.

Willingness (10 minutes)

- **Script:** An alternative approach to avoidance is practicing the willingness to experience negative feelings.
  - **Script:** Willingness simply refers to how open you are to experiencing your own experience as it happens – without trying to manipulate it, avoid it, run from it, hide from it, escape from it, or even change it
  - In fact, willingness may actually help us to feel less overwhelmed, and decrease some of the feelings that accompany some of the triggers that we experience because as we saw from the skits earlier and even in our discussion, if we are unwilling to have our feelings and if we attempt to control and/or avoid them, it may actually make us feel worse and increase the same distress that we are trying

to avoid. Does this seem like you can apply to this to real life? Why or Why not? *Solicit responses from adolescents.*

- **Script:** All really good points. So, some common strategies for practicing willingness include: (1) Journaling (writing down how you feel in the moment) (2) Actively observing what's going on inside of us, how can we do that? *Solicit responses. Can anyone think of any additional ones? Solicit responses. Any questions?*
  - **Script:** There are 2 sheets in your activity book that I would like for us to review. They are on page 11 & 12. *Review two sheets pertaining to willingness in the activity book and solicit feedback from adolescents about various points.*
  
  - Explanation of the Challenge Activities & Wrap Up (5 minutes)
- **Script:** Ok, well before we go, let's take the time to review Handout 2-1 in your booklet. For the next time that we meet, I would like for you to complete Challenge Activities Worksheet 2-2 and 2-3 on pg. 14-16 for session 2, let's go over it together so that we are sure that the activity is clear. *Review the activity with the group. Do you have any questions? Okay, well we have covered a lot today. Is there anything that you would like me to go over so that it can be clearer? Well, that's all for today, look forward to seeing you next time.*

### Session 3

#### **Purpose:**

To teach participants how to use distractions as a healthy and useful skill for dealing with distress.

#### **Overview:**

Participants will be introduced to the difference between a healthy distraction and avoidance. Participants will be taught how to apply these concepts in their daily lives. Participants will be given the opportunity to demonstrate their understanding through discussions, challenge tasks and games.

- **Review of Homework**
- **Lesson: Discussion of Distraction as a Healthy Coping Skill**
  - **Health and Unhealthy Distractions**
  - **Introduction of the ACCEPTS acronym**
- **Group Activity**
- **Useful Activities for Healthy Distractions**
- **Introduce Challenge Activity/Wrap Up**
- **Re-Read: Effective Ways to Self-Regulate: Distraction Strategies**
  - **HANDOUT FORM 3-1, WORKSHEET 3-2, 3-3**
- **Complete: Distraction Practice: Monitoring Form**
  - **WORKSHEET 3-4**

**ESCAPE:  
Program Integrity Checklist  
Session 3 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
<b>Review of Homework</b>	<b>Yes/No</b>
<b>Lesson: Discussion of Distraction as a Healthy Coping Skill</b>	<b>Yes/No</b>
<b>Health and Unhealthy Distractions Introduction of the ACCEPTS acronym</b>	<b>Yes/No</b>
<b>Group Activity</b>	<b>Yes/No</b>
<b>Useful Activities for Healthy Distractions</b>	<b>Yes/No</b>
<b>Introduce Challenge Activity/Wrap Up</b>	<b>Yes/No</b>

**Additional Notes:**

### Session 3

#### Healthy Distractions

##### Review of Homework/Session 1 & 2 Skills (10 minutes)

- **Script: Check In: How is everyone doing today?**
- **Script:** Let's start today by going over your challenge activity. For today, you were supposed to keep track of any distressing situations that you may have experienced between our last session and today. Can everyone take them out so that we can over them together?
- **Script:** Ok, let's start with (choose a name of one of the adolescents in the group). When necessary, help adolescents clarify emotional responses; check for additional feelings they may have experienced but did not list. See if they were able to employ any Willingness strategies and what the outcomes were.
- Proceed with teaching distraction skills only when you feel comfortable with the group's ability to apply lessons from first two sessions.

##### Healthy Versus Unhealthy Distractions (20 minutes)

- **Script:** You all did a great job with that challenge activity! You are all very insightful! Okay, so today, I wanted us to discuss the concept of distraction and to look at how it is different from avoidance
- Distraction can often be seen as a useful skill, the key to making it useful is when we use it along with the concept of acceptance.
- Distraction involves doing something to redirect our attention toward something other than our distressing thoughts and feelings.
- Distraction involves us being able to put aside our distress *for awhile* by focusing attention on something else. Now the reason why I stressed "for awhile" is because that means that we still have the willingness to come back into contact with that emotion in the near future just not right at that present moment.
  - **How does that sound?** Look for visual cues that adolescents are understanding (nods etc) So, for example, if I am feeling a lot of distress because I didn't get a good grade on the test that I studied really hard for and I have another hard test coming up in a few days. I may need a distraction for a *little* while before I go back and review where I went wrong or before I email my teacher and express how unfair I thought his or her grading was or even before I start to study for my other test because perhaps if I start my task right away I may either not get it completed, or experience additional distressing feelings. Would you agree? So, maybe I may

decide that I am going to go for a walk or go to my friend's house for an hour. Does that sound like a good distraction idea? Does anyone have any others? *Go around the group.*

- So, based on our previous example, distraction can be a useful skill to use until the intensity of an emotion that we are experiencing lessens somewhat and until we believe that it is safe to experience the emotion and also until you have what you need to respond to it effectively, etc.
  
- So, as you can see, distraction is different from avoidance. Avoidance is used as a way to NOT deal with our feelings. Avoidance is often unhealthy because it prevents us from dealing with or resolving whatever it is that is creating our distressing feelings. Also, like we discussed the last time, when we avoid an emotion it can actually make that emotion even more intense and increase our feelings of distress.
  
- Also, as we discussed, when we attempt to avoid our feelings, it often takes the form of unhealthy, destructive behaviors. Can anyone name a few of them? (*Allow the adolescents to share their opinions*)
- *Script: Great examples!!!*
- So, basically, now you can see why it is very important to be able to distinguish between distraction and avoidance.
- I want to share an acronym with you that will help you to remember the key concepts of distraction and it is based on the acronym: **ACCEPTS**.
- *Write ACCEPTS on the board.*
- The **A** stands for **Activities**. So do an activity that will keep your mind busy, do something that you enjoy such as drawing, listening to music or writing.
- The **C** stands for **Contributing**: Try to help others or even get involved in a service project.
- The next **C** stands for **Comparison**: Remind yourself about all the good things in your life. Take a moment to consider all of the things that are going well.
- The **E** stands for **With Opposite Emotions**: **DO** something to create a different emotion than what you are currently feeling. Replace negatives with positives.
- The **P** stands for **With Pushing Away**: Push the experience out of your mind for a bit. Some problems are better handled after the storm has passed.

- **The T stands for: With other Thoughts: Get active with other healthy thoughts and actions. You have more control over your thoughts than you may think.**
- **The S stands for With intense other Sensations: Excite your mind with intense safe feelings. Put a piece of ice in your hand, or take a cold shower.**

***Script:* The main thing that I want you to get out of this is that when situations get stressful or difficult, these actions that we just went over can distract you or keep you mind on getting through the moment and staying safe. These skills will help to keep your mind focused on positive thoughts to cope through the situation. Your main goal is to understand that hard times do come but they also pass, our goal is to get through the moment.**

***Activity: (10 minutes)***

- **To make sure we are able to make a distinction, let's work together to see if we can come up with some past examples of times when you used a healthy distraction strategy to cope with distress. I will give you 3 minutes to think about it and write them out. You can find the page to write your thoughts on page 19.**
- ***Script:* Ok, let's go over some of our healthy distractions that we have used in the past. I will take one example from each of you starting with (name of the adolescents) (Take one example from each adolescent).**
- **Now, I would also like you to take 2 minutes to think about a few examples of times when you used avoidance, or tried to fully escape your distressing feelings? Have them fill out avoidance portion of worksheet 3-1. You can find a page to do that on 20.**
- ***Script:* Ok, let's go over some of the times that we have used avoidance in the past. I will take one example from each of you starting with (name of the adolescents) (Take one example from each adolescent)**
- ***Script:* As always, excellent examples.**

***Useful Activities for Healthy Distractions (20-25 mins)***

- ***Script:* So now that we understand what distraction is, we need to find useful activities that we can engage in as a healthy distraction. I want us to find activities that will use at least one of our 5 senses. If you turn to Form 3-2, you will see various categories that need to be filled with activities. I am going to ask you to work in pairs, simply work with the person that is beside you. Name the pairs as to avoid confusion, if there is an odd number simply make them into a group of 3. Make sure that each pair has at least 1 category.**

- ***Script:*** I am going to give each pair a poster sheet and some markers to generate your list and then you will have the opportunity to share it with the group. You have 10 minutes in your group. If possible I would like you to create a list of activities that we can all choose from for later use, so try to come up with at least 5 to 7 activities for each category. Also, try to make sure that the activities are practical ones that you will be able to do.
- (Allow for 10 minutes to transpire)
- ***Script:*** I see that you have been busy which is great, so now I am going to ask each pair to come to the front and share the category you had and what you came up with, when we are done, we will stick them on the board so that we can write them down in our workbooks.
- Let each pair, present their categories and activities.
- ***Script:*** Let's give each other a round of applause, you all came up with some really great activities!
- ***Script:*** So, if you look at Worksheet 3-3 on page 21, you will see some ideas that our team had came up with and you will also see blank spaces that you can write down any new ideas that we came up with here today. So I will give you a few minutes to fill in some of the spaces.
- *Give group 2-3 minutes to fill in the blank spaces.*
- ***Script:*** Now we have a list of positive things that we can do to serve as healthy distractions for when we are experiencing distress.
- So, let's recap what we learned for today, if you turn in your activity books to page 17 & 18, you will see the ACCEPTS acronym and a sheet that summarized Effective Ways to Regulate Feelings: Distraction Strategies and for your challenge activity, I would also like you to complete the activity sheet for this session, it is on page 23, let's go over it together. This challenge activity will give you the opportunity to practice your distracting skills between now and next week. *Review assignment with adolescents. Are there any questions? Clarify any questions. Well, that is all for today, I look forward to seeing you next week.*



## Session 4

### **Purpose:**

To introduce participants to strategies that will enable them to maintain a positive relationship with others while still maintaining their self-respect when faced with distressing situations.

### **Overview:**

Through the use of the GIVE and FAST acronym, participants will be introduced to the strategies that will enable them to positively deal with distressing feelings caused by interpersonal conflict.

- **Review of Homework**
- **Lesson: Using Values Directions, rather than Avoidance of Feelings, to guide behavior in Interpersonal Situations**
- **Introduction of GIVE and FAST acronym**
- **Group Activity**
- **Introduce Challenge Activity/Wrap Up**

### **Homework**

- Re-Read and review your responses to each of the past weeks forms
- Complete self-monitoring of distress: focus on interpersonal situations

Worksheet 4-3

**ESCAPE:  
Program Integrity Checklist  
Session 4 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
<b>Review of Homework</b>	<b>Yes/No</b>
<b>Lesson: Using Values Directions, rather than Avoidance of Feelings, to guide behavior in Interpersonal Situations</b>	<b>Yes/No</b>
<b>Introduction of GIVE and FAST acronym</b>	<b>Yes/No</b>
<b>Group Activity</b>	<b>Yes/No</b>
<b>Introduce Challenge Activity/Wrap Up</b>	<b>Yes/No</b>

**Additional Notes:**

## Session 4

### **Purpose:**

To introduce participants to the ESCAPE program, establish group rules and to explore the concept of feelings and the role that it plays in the adolescents' life.

### **Overview:**

Participants will be introduced to the ESCAPE model which demonstrates the connection between individuals' feelings, behaviors, and their consequences. Participants will be given the opportunity to demonstrate their understanding through discussions, challenge tasks and games.

### **Interpersonal Effectiveness**

#### *Check In and Review of Challenge Activities (10 minutes)*

- **Check In.**
- ***Script:*** Let's start today by going over your challenge activity for today's meeting. You were supposed to keep track of any distressing situations that you experienced between and the last time that we were together and today. Can everyone please take them out your activity books?
- **I am sure that everyone has something different so let's go over everyone's situation.** *Read over the form, help adolescents clarify feelings; check for additional feelings they may have experienced but did not list. See if they were able to employ any Willingness strategies and/or Distraction strategies and address the outcomes. Proceed with Assertiveness lesson only when you feel comfortable with the client's ability to apply lessons from first three sessions.*

#### *Lecture: (10 minutes)*

- ***Script:*** So far, we have been discussing ways of managing and tolerating distressful feelings and situations, without making it worse. However, as we all know in any situation, it is also important to keep in mind the direction we want to go in. That is, many times, tolerating distress is simply the first step; we also need to focus on where we want to go and what we want out of a situation. This requires use to tolerate distress, because sometimes the things we do to escape our distressing feelings may take us in a direction that we don't want to go with another person – for example, getting into an argument with your coach or your teacher, or worse getting put off of the school team or being asked to leave the

classroom. So before we engage in an interaction with another person, it is helpful to consider: “What do I want out of this?”

- **Script:** After considering this question, it can be helpful to take part in what we would call “interpersonal effectiveness” skills. Who can share with the group what the word “interpersonal” means? (*Wait for volunteers*)
- **Script** (*Whether or not someone got it right or wrong*) The term “interpersonal” means “something that exists or occurs between 2 or more people”. Thus, interpersonal skills deals with skills that you can use when you are dealing with any number of people more than yourself. Conflict resolution is likely more effective in the long run.
- **Script:** In order to resolve conflict, you may need to use interpersonal effectiveness skills in other words, skills that have been proven to work when being faced with a situation that deals with more people than just yourself.
- **Script:** The two things that we are going to focus on today is how to keep a good relationship when faced with distressing feelings and how to keep your self-respect when faced with distressing situations
- Now the first acronym that we are going to go over today is the acronym GIVE. Now the acronym GIVE can be used to develop or keep healthy relationships in your life or it can also help you to end harmful or distressing relations that you may have.
- The G stands for be Gentle-Be nice and respectful. No fighting. Don’t be a bully, speak calmly and make nice comments to others.
- The I stands for act Interested: Listen to the other person. Make good eye contact. Don’t make faces. Wait until the other person is done to talk.
- The V stands for Validate: BE aware of the other person’s feelings and situation. Let them know what they are feeling is real.
- The E stands for use an Easy Manner: It’s okay to be silly and laugh sometimes. Be friendly. Be approachable. Be open for advice.
- Now, I want to hear from you. I want you to tell me if you think that following these activities are easy or difficult? *Solicit responses from everyone.* Please also explain why you feel that way. There are no right or wrong answers.

The next acronym that I want you to know is helpful in keeping your self-respect.

The acronym is FAST.

The F stands for be Fair-Treat others as you would want to be treated.

Remember the Golden Rule! Sometimes you win sometimes you lose, but balance what you take with what you give.

The A stands for no Apologies-Don’t say sorry for being you: apologize when you make a mistake. Don’t over apologize.

**The S stands for Stick to Values-Remember what is important to you and what you believe in. You decide your actions, not anyone else.**

**The T stands for be Truthful-Be honest. Take responsibility for your actions.**

- **Now, similar to the GIVE acronym, I want to hear from you. I want you to tell me if you think that following these activities are easy or difficult? Solicit responses from everyone. Please also explain why you feel that way. There are no right or wrong answers.**

*Group Activity (30 minutes)*

- **The only way we can make these two acronyms real is if we put them into practice. So, I will give you some of the letters from either acronym. In your group, I would like you to take the time to prepare a scenario that demonstrates the skill and then you will present it to the group and we will try to figure out what skill you were using and if it seemed to work or not. Do you have any questions? Answer any possible questions.**
- **Script: You will have 15 minutes to prepare your scenarios. Allow time for adolescents to get into their pairs and create their scenario. Begin the 15 minutes once everyone has settled. Once the talking has subsided signaling the end of the activity. Ask group if they need more time, give them a few more minutes if needed, if not **Alright, let's regroup, who would like to go first. If no one volunteers, simply pick a pair.****
- **Once all scenarios are finished encourage entire group to give each other applause. Script: I must say that you all are very creative, you did a great job.**

*Introduce Challenge Activity/Wrap Up (5 minutes)*

- **Script: The last thing that I would like you to do is for your challenge activity, if you turn in your books to page 26. You will find that there are two reflective sheets that deal with both the FAST and the GIVE acronym. I would like for you to complete them for next week. Is the challenge activity clear? Wait for feedback and answer any questions if necessary.**
- **Script: Well that is all for today, does anyone have any questions for me?**

## Session 5

### **Purpose:**

To introduce participants to assertiveness skills that are useful to deal with distressing situations that may otherwise lead to maladaptive behaviors.

### **Overview:**

Participants will be introduced to assertiveness skills can be used when faced with distressing situations and emotions caused by negative interactions with others.

- Check In
- Lesson: The importance of being assertive
- Assertiveness Training
- Introduction of DEAR MAN acronym
- Group Activity 1-Asking for what I want and refusing a request
- Group Activity 2
- Introduce Challenge Activity/Wrap Up
- Materials Needed:
  - DEAR MAN Slips (p.43)

**ESCAPE:  
Program Integrity Checklist  
Session 5 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
Check In	<b>Yes/No</b>
Lesson: The importance of being assertive	<b>Yes/No</b>
Assertiveness Training	<b>Yes/No</b>
Introduction of DEAR MAN acronym	<b>Yes/No</b>
Group Activity 1-Asking for what I want and refusing a request	<b>Yes/No</b>

**Additional Notes:**

## Session 5

### Assertiveness Training

#### Check In and Review of Challenge Activities (10 minutes)

- **Check In.**
- **Script:** Let's start today by going over your challenge activity for today's meeting. You were supposed to do two personal reflection activities regarding the acronym GIVE and FAST. Can everyone please take them out your activity books?

**I am sure that everyone has something different so let's go over everyone's situation.** Proceed with Assertiveness lesson only when you feel comfortable with the client's ability to apply lessons from first four sessions.

#### Lecture (10 minutes)

- **Script:** The idea behind assertiveness skills is to get what you want out of an interaction, and for your wishes to be taken seriously.
- **They include:**
  - Standing up for your rights in such a way that they are taken seriously.
  - Requesting others to do something in such a way that they are more likely to do it.
  - Refusing unwanted or unreasonable requests and making the refusal stick.
  - Resolving an interpersonal conflict.
  - Getting your opinion or point of view taken seriously.
- **I know that this seems like a lot of information so one of the ways to remember these skills is to remember the acronym "DEAR MAN", the letters stand for the following:**

**Describe-** List the facts. Put it into words.

- **Example:** The situation: Robert says: "I have been working really hard as one of the substitute players on the school sports teams. I have been working hard the entire school year, practicing on my own, even getting someone to train me after school and still I have not gotten a position in the starting lineup, even though my coach has consistently been very positive".

**Express-**Talk about your feelings. Say why you want what you want

**Assert-** Say exactly what you want. Be able to accept a "no" sometimes.

**Reinforce-**Tell the other person what they will get out of the deal. Strengthen your request with previous examples and times that you followed through or kept your promise.

(stay) **Mindful-**Be focused, Don't be distracted by less meaningful details or arguments. A clear and calm approach presented mindfully is more likely to be accepted.



**Appear Confident**-Use a nice tone of voice. Look people in the eye. Speak clearly, and do not stammer or “beat around the bush”  
**Negotiate**-Discuss options. Be open to other suggestions and ideas. Be willing to give and to get. Have others ideas in mind.

- ***Script***: Please refer to WORKSHEET 5-1 on page 27. It gives examples of each of these skills. We will use this form as a guideline for assertiveness skills.

- **Describe** the situation. When necessary, briefly describe the situation you are reacting to. Stick to the facts. No judgmental statements. Be objective.
  - *Example*: “I have been working really hard as one of the substitute players on the school sports teams. I have been working hard the entire school year, practicing on my own, even getting someone to train me after school and still I have not gotten a position in the starting line up., even though my coach has consistently been very positive”.
- **Express** feelings or opinions about the situation clearly. Describe how you feel or what you believe about the situation. Don’t expect the other person to read your mind or know how you feel. For instance, give a brief rationale for a request or for saying no.
  - *Example*: “Coach, I deserve to have a chance to be in the starting line up for the team.”
- **Assert** Wishes. Ask for what you want. Say no clearly. Never expect people to know that you want them to do if you don’t tell them. Ask them for what you want. Don’t tell them what they should do. Don’t beat around the bush, never really asking or saying no. Also, don’t threaten.
  - *Example*: “Coach, I would like to get an opportunity to be a starter in the next game. Can you make that happen for me please?”
- **Reinforce**. Remember to reward people who respond positively to you when you ask for something, say no, or express an opinion. Sometimes it is effective to reinforce people before they respond to you positively by telling them the positive effects of getting what you want or need.
  - *Example*: For example, with the position on the team, “Coach, you will not be disappointed that you took a chance with me to start for the team, I am also happy that you took my hard work into consideration, it shows that you mean what you say about working as hard as we can to achieve our goals”
- (stay) **Mindful**: Keep your focus on your goals in the situation. Maintain your position and don’t be distracted onto another topic.

- **Keep asking, saying no, or expressing your opinion over and over and over.**
  - **Don't raise your voice. Try to "kill them with kindness" being careful not to sound condescending or sarcastic.**
  - **Ignore. If another teenager attacks, threatens, or tries to change the subject, ignore their threats, comments, or attempts to divert you. Just keep making your point.**
- **Appear confident. Use a confident voice tone and display a confident physical manner with appropriate eye contact. Such a manner demonstrates to both the other person and yourself that you are serious and deserve respect for what you want. No stammering, whispering, staring at the floor, retreating, saying you are not sure. BUT, be careful not to seem arrogant.**
- **Negotiate. Be willing to compete to get what you really want. Offer and ask for other types of solutions to the problem. Reduce your request. Maintain your no, but offer to do something else or solve the problem another way. An alternative technique is to turn the tables.**
  - **Turn the table: turn the problem over to the other person. Ask for alternative solutions. If you have to work on a group project for your class, you can say things to your other group members: What do you think we should do? I'm not able to say yes, and you really seem to want me to. What can we do here? How can we solve this problem?**
- ***Script:* Now, it is important to remember that sometimes your feelings of distress in an interpersonal situation may be so intense that it may be harmful to confront that person right that moment. In this case, you would begin to "layer" the skills you were taught – for example, if you are in the midst of a difficult interpersonal interaction, such as a bad breakup and are experiencing very intense feelings as a result, it may be useful to practice willingness of those feelings (so as to not worsen the situation) and/or to distract yourself by focusing your attention on something else until your feelings lessen in intensity. After you have gained back some control over your emotions, you may be more ready to use interpersonal effectiveness skills with the person in question.**
- ***Group Activity 1 (5 minutes)***
- ***Script:* Let's come up with a situation and try to solve the situation as a group. Let's do the steps together? Turn to page 28 in your Activity Book entitled: Asking For What I Want Or Refusing A Request. Go over each step with the group carefully, making sure they understand the concept.**
- ***Group Activity 2 (30 minutes)***

- **Script:** Now that we have gone over this as a group, for the next activity, I am going to ask you to get into pairs and it can't be with the person that you were with the last time when we were in pairs for an activity. Once you are in your pair, I will give you 2 poster boards and some of the letters for the acronym "Dear Man" and I want you in your group to develop a campaign poster for adolescents like yourself that will demonstrate the importance of using the particular skill that I have given you when faced with distressing situations. The poster can reflect what would happen if you use the skill or what the consequence could be if you don't use this skill. Is everyone clear? Do you have any questions? *Answer any questions that the adolescents may ask.* You will have 20 minutes in your group to design your campaign poster and I want you to be as creative as you can. Allow time for adolescents to get into their pairs and create their scenario. Begin the 20 minutes once everyone has settled. Once the talking has subsided at the end of the task... Ask group if they need more time, give them a few more minutes if needed, if not **Alright, let's regroup, who would like to go first.** If no one volunteers, simply pick a pair.
- Once all scenarios are finished encourage entire group to give each other applause. **Script:** I must say that you all were very creative, you did an excellent job.
- *Introduce Challenge Activity/Wrap Up ( 5 minutes)*
- **Script:** The last thing that I would like you to do is for your challenge activity, if you turn in your books to page 31. You will find that there is one reflective sheets that deal with the DEARMAN acronym. I would like for you to complete it for next week. Is the challenge activity clear? *Wait for feedback and answer any questions if necessary.*
- **Script:** Well that is all for today, does anyone have any questions for me? Now I want you remember that next week is our last session together as a group. I will share some additional information with you and we will be going over most of the things that we learned over the past couple of weeks and having a little celebration of you and all that you have accomplished in the last few weeks.

## Session 6

### **Purpose:**

To review and demonstrate mastery of the skills that have been introduced over the past 5 sessions.

### **Overview:**

Participants will have the opportunity to demonstrate their understanding and acquisition of the skills from the ESCAPE program.

- **Check In**
- **Review of Challenge Activities**
- **Skills Practice Module**
- **Activity 1**
- **Activity 2**
- **Wrap Up**
- **Materials Needed:**
  - **Final Session Scenarios (p.44,45)**

**ESCAPE:  
Program Integrity Checklist  
Session 6 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
<b>Check In</b>	<b>Yes/No</b>
<b>Review of Challenge Activities</b>	<b>Yes/No</b>
<b>Skills Practice Module</b>	<b>Yes/No</b>
<b>Activity 1</b>	<b>Yes/No</b>
<b>Activity 2</b>	<b>Yes/No</b>

**Additional Notes:**

## **SESSION 6: SKILLS REHEARSAL**

### **Check In and Review of Challenge Activities (10 minutes)**

- **Check In.**
- **Script:** Let's start today by going over your challenge activity for today's meeting. You were supposed to do a personal reflection activity regarding the acronym DearMan. Can everyone please take them out your activity books?

**I am sure that everyone has something different so let's go over everyone's situation.** *Read over the form, help adolescents clarify feelings; check for additional feelings they may have experienced but did not list. See if they were able to employ any Willingness strategies, Distraction strategies, interpersonal effectiveness or assertiveness strategies and address the outcomes. Proceed with Skills Rehearsal only when you feel comfortable with the client's ability to apply lessons from first three sessions.*

### ***Review (15 minutes)***

- **Script:** Today we are going to start with a review of ALL the skills we have gone over from the previous lessons and talk about problem-solving skills. Specifically, I want you to make sure that you know when the best time to apply each strategy is.
- You should keep in mind that it will often be the case that in order to successfully cope with and manage distress, you may need to use more than one strategy. Also, seeing it is our last session today, we will also take some time to practice some of the scenarios and review for the last time, all that we have learned over the last few sessions.
- **Script:** So let's start with how we can identify that we are experiencing distress? *Solicit Responses.* Can you tell me why it's important? *Let the group come up with some sort of answer before clarifying. The answer should include something like "Recognizing that you are feeling distress is important, because it will help guide us in deciding that you need to cope with it, and also, which coping strategy to use to help deal with it."*
- *Write all answers on the board and once everyone is done, take the time to review them.*
  - Identification is always the first step
- **Script:** So now I want to go over the rest of the skills we have gone over and figure out when is the best time to use each
- **Script:** *Ok, let's discuss willingness. When do you think willingness skills are most useful? Wait for answer; make sure they come up with something. Answer should include, "Willingness is most useful when in situations where nothing else can be done to resolve the source of the*

**negative emotion (for instance, memories involving something sad that may have happened to you).**

- *Have adolescent give examples, if they are “stumped”, give them a hint.*
- **Script: Ok, now let’s talk about Healthy distraction. When are healthy distractions most useful? Wait for answer; making sure again that they make an attempt to answer. Answer should include, “Healthy distractions are most useful when your goal is to allow yourself time to prepare to deal with something or to make sure that you are addressing other important aspects of your life and not ignoring them because you are feeling distressed.”**
- **Script: Ok, now let’s talk about Interpersonal Effectiveness. When do you use interpersonal effectiveness skills? Wait for answer; making sure again that they make an attempt to answer. Answer should include, “Interpersonal skills deal with skills that you can use when you are dealing with any number of people more than yourself. You want to use them when you want to develop and keep healthy relationships or end distressing ones and when you want to keep your self-respect.**
  - *Have adolescent give examples*
  - **Script: Ok, lastly, when are assertiveness skills most useful? Again let adolescent answer, making sure answer includes “Assertiveness strategies are most useful when in situations where there is the potential for conflict resolution that will result in alleviating your distressing feelings.”**
    - *Have adolescent give examples*
    - **Script: Excellent work! You are all right on target.**

Review of Homework/ Skills from Previous Sessions Activity 1 (10 minutes)

- **Script: Now let’s review your challenge activity forms. What I would like you to do is let me know which skill you think would be best for the different distressing situations you describe. Which one did you personally find was the most effective and how are you going to practice it in the future and/or share with your peers.**

*Activity 2 (40 minutes)*

- **Now, over the past few sessions, you all have been extremely creative so seeing it is our last session together, I expect no less than the excellent way you have acted in the past few sessions. The overview of the scenario will be given to you, you will just have to develop the concept and make it come to life. I am going to put you into groups and I am going to give you 2 scenarios that should last about 2-3**

**minutes and then you will demonstrate them to the class. Of course, you will not have to do them all in a row; we will alternate between groups so that everyone gets a break in between the skits. Seeing you will have 3 scenarios, I am going to give you 20 minutes in your group to come up with your scenarios. If I notice that you don't need that much time then we will stop earlier. Let's begin.**

- **Go over the scenarios with the group.**
- *Close Out:*

*Script:* **Well, we have come to the end of the ESCAPE program. It has been an absolute delight to work with each of you. I hope that you have learned a lot and that the skills that you have learned and practiced over the last six sessions will not only be useful today but also in the future.**



**ACTIVITY 1-CHARADES**

<b>ANGRY</b>	<b>HAPPY</b>
<b>SAD</b>	<b>NERVOUS</b>
<b>EXCITED</b>	<b>JOY</b>
<b>SURPRISE</b>	<b>FEAR</b>
<b>BOREDOM</b>	<b>ANNOYED</b>

**D.E.A.R. M.A.N. Activity**

**D**escribe the current situation

**E**xpress your feelings and opinions about the situation.

**A**ssert yourself by asking for what you want or saying no clearly.

**R**einforce the reward to the person ahead of time.

**M**indfully keep your focus on your objectives.

**A**ppear Confidant

**N**egotiate by being willing to give to get

### **Final Session Scenarios**

1. There is an individual in your class who consistently spreads mean rumors about you. Every time you think you want to confront this person, you think about the possible consequences and say to yourself “Sticks and stones may break my bones, but their words will never hurt me”. The problem is, it is getting more difficult to say and to believe. What do you do?
2. There is a bully at your school, they have been teasing you and taunting you since the beginning of the school year and you cannot understand why. You have done all you can to avoid this person but it seems as if they seek you out, just to make your life miserable. What do you do?
3. Lately, you feel as if life cannot get any worse, your grades are not doing well, you tried out for the school team and didn’t make it and you feel as if you do not have any true friends. You feel like giving up. What do you do?
4. You have a friend who has started to use marijuana to deal with their distress, they say that it makes them feel a lot more at ease and helps them to focus better when they are feeling stressed. Your friend tells you that they feel as if you seem pretty capable of handling your distressful situations and want to know what do you to cope with your stress. What can you tell them that you do, that would also help them.

<p>5. You have a friend who has been going through A LOT lately. They keep on saying that none of these situations are bothering them; however you are not certain that they are aware of their “true feelings” and are concerned as to what the outcome may be once their distress begins to feel overwhelming. What kind of advice should you give to your friend to help them become more in tune with their emotions? Be sure to mention to your friend what some of the possible consequences of keeping their emotions to themselves could be.</p>
<p>6. Think of a situation that could cause a lot of distressful emotions and demonstrate the difference between avoiding the situation and distracting yourself from the situation.</p>
<p>7. You have a friend who has begun to engage in drinking alcohol in large amounts. You know that they are doing this because they are feeling overwhelmed by all of their school work and problems at home. Using the acronym ACCEPTS, demonstrate how you would show your friend how to better deal with their distressful situation with other means than drinking.</p>
<p>8. Using the GIVE acronym, create a scenario that demonstrates how you can develop or keep healthy relationships in your life. Be able to explain to the group where each part of the acronym was used.</p>
<p>9. USING the FAST acronym, create a scenario that demonstrates how to maintain your self-respect even in distressing situations. Be able to explain to the group where each part of the acronym was used.</p>
<p>10. Create a scenario where the DEAR MAN acronym is demonstrated. Be able to explain to the group where each part of the acronym was used.</p>

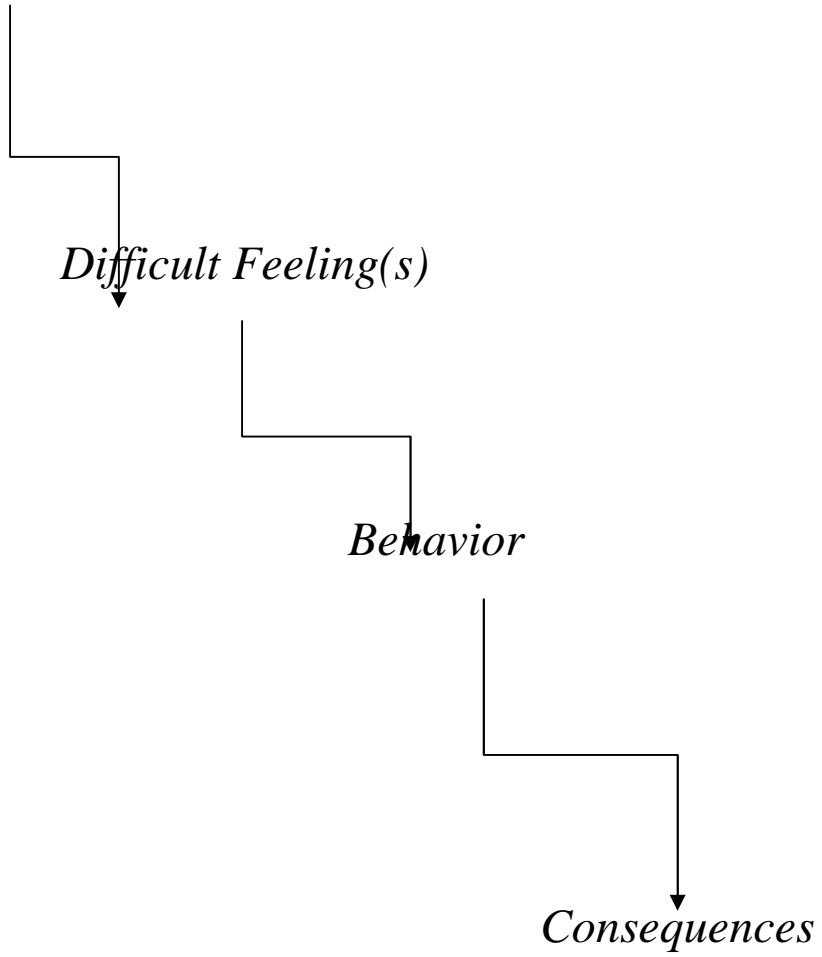
**ESCAPE:**  
**Empowering Skills for Coping with Adolescent Pressures and Emotions**



**Stress, Health, Addictions Research Program  
University of Maryland – College Park  
Department of Behavioral and Community Health**

# ESCAPE Model

*Trigger*



## Difficult Feelings for Adolescence



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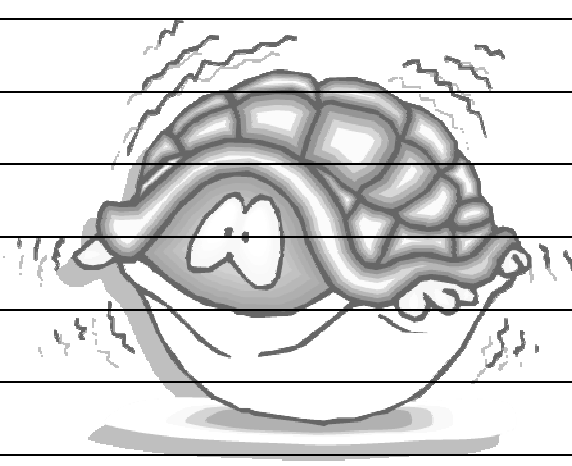
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**WORKSHEET 1-2B. IDENTIFICATION OF DISTRESSFUL EMOTIONS**

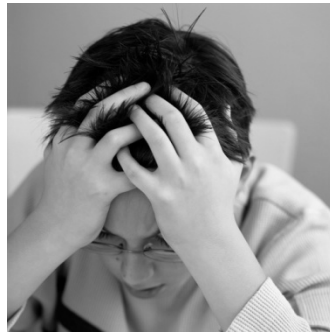
**Please use the space below to briefly describe 3 situations that made you *feel FRUSTRATION*:**







# Challenge Activities...



To be completed before session 2

## Complete: Self-Monitoring of Distress

WORKSHEET 1-1

**WORKSHEET 1-1. SELF-MONITORING OF DISTRESS**

<b>Distress Model</b>	<b>My Triggers</b>	<b>My Distressing Feelings</b>	<b>My Behaviors</b>	<b>Consequences &amp; Rating of Event</b>
<b>Definition &amp; Description</b>	<i>Situations (both internal and external) that caused me to experience distress—</i>	<i>Full range of negative feelings that were a result of this trigger</i>	<i>What did I do to manage or resolve the distress— (can include any escape and avoidance behaviors that I may have done)</i>	<i>What occurred as a result of the behaviors— short term and long term/positive and negative What rating would I give the consequence of my actions (1-10)</i>
<b>Situation 1</b>				
<b>Situation 2</b>				

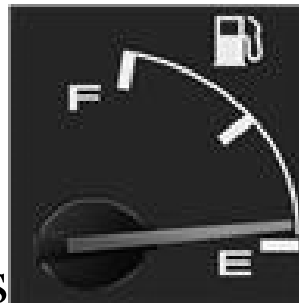
**Situation 3**

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## Possible Outcomes of Holding Back Difficult Feelings



1) Pressure Cooker



2) Feelings of Emptiness



3) Serious Health Problems

## Handout 2-1: Emotional Unwillingness versus Willingness

### We often attempt to control our emotions

- Seems like a reasonable goal
- Being “in control of our emotions” is often associated with positive qualities such as competence, balance, achievement etc.
- Sometimes emotional control *seems* to work
  - Distraction (focusing on something else, drinking, etc.) can work in the short-term
  - Because this seems to work – at least somewhat – our *natural* response is to keep trying harder and using distraction more frequently
- It seems like other people can control their feelings
  - Little children are often given the message to control their emotions (“Don’t be sad” or “There is nothing to be afraid of”)
  - Many adolescents keep the expression of their emotional experiences private
- Control works so well in other aspects of our life
  - Other accomplishments (educational, career, physical) have likely been achieved through diligent discipline, training and control

### Research suggests it is not possible to gain complete control over feelings

- Attempts to control/avoid feelings are not effective over time.
- Attempts to control/avoid feelings don’t seem to work when you really need them to
- Attempts to control/avoid feelings often backfire
  - Increase the likelihood of these feelings
  - Make us more bothered by them when we have them
  - Set us up for failure by making us hypersensitive to emotions

**In fact, attempts to avoid or control emotions may actually make us feel worse**



- Increases our physiological arousal (i.e. fear, anxiety)
- Interferes with our ability to tolerate distress
- Failures at control/avoidance (which are inevitable) will increase distress

## Handout 2-1: Emotional Unwillingness versus Willingness (continued)

### So what do we do?

- **We don't need** to control our feelings in order to do the things in life that we want to do
- We need to change our focus

### Answer: Willingness

- Willingness refers to how open you are to experiencing your own experience as it happens – without trying to manipulate it, avoid it, escape it, or change it
- Willingness is not about giving up
- Willingness is not about deciding for yourself that you will live with unbearable emotional pain
- Willingness does not mean you will feel constantly overwhelmed
  - Willingness will *ultimately* help you feel less overwhelmed

**Remember:** Being unwilling to have our feelings – attempting to control them – makes us feel worse and more distressed over time, which is not what we really want in life.

# Handouts and Assignments...

To be completed before session 3:

**Complete: Emotional Willingness Monitoring Form**

WORKSHEET 2-2 & 2-3

**Re-Read: Emotional Willingness versus Unwillingness**

HANDOUT 2-1

**Worksheet 2-2: Emotional Acceptance: Think of a time you were unwilling to have, or tried to avoid, your feelings**

✓ What did you do to try to avoid your feelings?


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✓ What behavior(s) did you participate in?

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✓ Were these attempts to avoid your emotions successful in the short term?

In the long term?

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✓ What thoughts did you experience as a result of trying to avoid your emotions?

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✓ Did any other feelings arise as a result of trying to avoid your emotion?

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✓ What were they? (*e.g., fear, anxiety, etc.*)

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✓ Other (longer-term) consequences of attempts to avoid emotions? (*e.g., are you more or less prepared to manage these feelings in the future?*)

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✓ When is avoiding our emotions least effective? (*i.e. what factors make it less likely to work?*)



## Worksheet 2-3: Emotional Willingness Monitoring Form:

Situation:

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Emotion(s):

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Initial distress level (0-100):

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Willingness: Were you willing to have your emotions? Circle one answer below

**NO, Unwilling:** Attempted to avoid and get rid of feelings

**YES, Willing:** Allowed myself to experience feelings

As a result of this choice, did you participate in any unhealthy behaviors?  
If yes, what did you do?

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If no, what did you do?

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As a result of this choice, did you experience any other feelings? (*e.g., fear, etc.*)

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As a result of this choice, did you experience any additional thoughts?

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Resulting Distress Level (0-100) \_\_\_\_\_

## Key Concepts of Distraction



**A**  
**Activities**

**C**  
**Contributing**

**C**  
**Comparison**

**E**  
**With Opposite Emotions**

**P**  
**With Pushing Away**



**T**  
**With other Thoughts**



**S**  
**With other intense Sensations**



## **Handout Form 3-1 Effective Ways to Regulate Emotions: Distraction Strategies**

### **Being able to adjust your emotional reaction is an important skill**

- It is useful to know that there are things we can do to take the edge off our emotions
- It is useful to know that there are things we can do so that we are not bombarded/overwhelmed by intense emotions for a very long time

### **Distraction can be useful in adjusting your emotions:**

- Put the emotion aside for *awhile* (not forever), and come back to it
- Distract until the intensity of the emotion lessens somewhat
- Distract until it is safe to experience the emotion
- Distract until you have the resources to manage the emotion
- Distract until the situation is more supportive of approach strategies

### **One important dimension of controlling our emotions is the flexible use that we have to use various strategies:**

- The more strategies we have available to us, the more flexibility we have
- The strength of any strategy that we use is that it fits the situation that we are facing.
- For example, distraction may be useful in one situation, and approach in another situation.

**WORKSHEET 3-1. Distraction versus Avoidance**

<b>DISTRACTION</b>	
<b>Situation</b>	<b>Outcome</b>
1.	
2.	
3.	
4.	

<b>AVOIDANCE</b>	
<b>Situation</b>	<b>Outcome</b>
1.	
2.	
3.	

4.	
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**WORKSHEET 3-2. ACTIVITIES CHECKLIST**

<u>Senses</u>	<u>Activity</u>
<u>With Vision</u>	
<u>With Hearing</u>	
<u>With Smell</u>	
<u>With Taste</u>	

# Handouts and Assignments...

To be completed before session 4:

**Complete: Emotional Willingness Monitoring Form**

WORKSHEET

**Re-Read: Emotional Willingness versus Unwillingness**

HANDOUT 2-1

Session 3  
 Worksheet 3-4

Distraction Practice: Monitoring Form

<b>Situation:</b> Describe as much as you can the details of the situation (ex: month of the year, time, temperature, etc)	<b>Emotional response:</b> What emotions did you experience in response to the situation?	<b>Emotional intensity:</b> Intensity of the emotion (0 to 100)	<b>Distraction strategy:</b> What distraction strategy did you use?	<b>Effectiveness of strategy:</b> Do you believe this strategy was effective in controlling your emotions? Why or Why Not?	<b>Emotional intensity:</b> Intensity of the emotion (0 to 100)

Session 4  
*Strategies for Developing Healthy Relationships*

**GIVE** 

**G**  
**Gentle-Be nice and respectful**

**I**  
**Act Interested**

**V**  
**Validate**

**E**  
**Easy Manner**

*Strategies for Keeping Your Self Respect*

**FAST**

**F**

**Be Fair**

**A**

**No Apologies**

**S**

**Stick to Values**

**T**

**Be Truthful-Be honest**



# Handouts and Assignments...

To be completed before session 5:

**Complete GIVE and FAST work sheets**

**Re-Read, Memorize and know the meaning of the GIVE and FAST acronyms:**

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 HANDOUT 4-1



## WORKSHEET 5-1. D.E.A.R. M.A.N.<sup>1</sup>

DESCRIBE  
EXPRESS

(stay) MINDFUL  
APPEAR  
CONFIDENT

ASSERT  
REINFORCE

NEGOTIATE

- Describe** Describe the current SITUATION (if necessary).  
Tell the person exactly what you are reacting to. Stick to the facts.
- Express** Express your FEELINGS and OPINIONS about the situation.  
Assume that your feelings and opinions are not self-evident. Give a brief rationale. Use phrases such as “I want”, “I don’t want,” instead of “I need,” “you should,” or “I can’t.”
- Assert** Assume that others will not figure it out or do what you want unless you ask. Assume that others cannot read your mind. Do not expect others to know how hard it is for you to ask directly for what you want.
- Reinforce** Reinforce or reward the person ahead of time by explaining the CONSEQUENCES. Tell the person the positive effects of getting what you want or need. Tell him or her (if necessary) the negative effects of you not getting what you need. Help the person feel good ahead of time for doing or accepting what you want. Reward him or her afterwards.
- (stay) Mindful** Keep you focus ON YOUR OBJECTIVES. Maintain your position. Do not be distracted.  
**“Broken Record”** Keep asking, saying no, or expressing your opinion over and over and over. Keep your voice calm and even while doing this.  
**Ignore** If another person attacks, threatens, or tries to change the subject, Ignore the threats, comments, or attempts to divert you. Do not respond to attacks. Ignore distractions. Just keep making your point.
- Appear Confident** Appear EFFECTIVE and competent. Use a confident voice tone and physical manner; make good eye contact. No stammering, whispering, staring at the floor, retreating, saying “I’m not sure,” etc.
- Negotiate** Be willing to GIVE to GET. Offer and ask for alternative solutions to the problem. Reduce your request. Maintain no, but offer to do something else or to solve the problem another way. Focus on what will work.  
**Turn the tables** Turn the problem over to the other person. Ask for alternative solutions- “What do you think we should do?” “I’m not able to say yes, and you seem to really want me to. What can we do here?” “How can we solve this problem?”

**WORKSHEET 5-2. ASKING FOR WHAT I WANT OR REFUSING A REQUEST**<sup>1</sup>

**D.E.A.R. M.A.N.**

**Describe** the current situation. Tell the person exactly what you are reacting to. Stick to the facts.

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**Express** your feelings and opinions about the situation. Assume that others cannot read your mind.  
Do not expect others to know how hard it is for you to ask directly for what you want.

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**Assert** yourself by asking for what you want or saying no clearly. Assume that others cannot read your mind. Do not expect others to know how hard it is for you to ask directly for what you want.

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**Reinforce** the reward to the person ahead of time. Tell the person the positive effects of getting what you want or need. Help the person feel good ahead of time for doing what you want.

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**Mindfully** keep your focus on your objectives. Maintain your position. Do not be distracted.

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**Appear Confident** Use a confident voice tone and physical manner; make good eye contact. No stammering, whispering, staring at the floor, retreating, saying “I’m not sure,” etc.

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**Negotiate** by being willing to give to get. Offer and ask for alternative solutions to the problem.

What am I willing to “settle for” or “give up” in order to gain what I want in the situation?

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# Handouts and Assignments...

To be completed before session 6...

- **Re-Read and be able to explain**
- **Worksheet 5-1 and 5.2**
  
- **Complete self-monitoring of distress: focus on interpersonal situations**
  - WORKSHEET 5-3

**WORKSHEET 5-3. SELF-MONITORING OF DISTRESS:  
FOCUS ON INTERPERSONAL SITUATIONS**

	<p><b>My Interpersonal Situation/Interpersonal Trigger</b></p> <p><i>Situations (What happened to make you upset)</i></p>	<p><b>My Distressing Emotions &amp; Ratings</b></p> <p><i>List all the EMOTIONS that you are feeling as a result of the trigger <u>and</u> rate each from 1-10</i></p>	<p><b>My Behavioral Response</b></p> <p><i>What is done to manage the distress (includes willingness and distraction, as well as DEAR MAN skills)</i></p>	<p><b>My Consequences &amp; Ratings</b></p> <p><i>What occurs as a result of the behaviors and rate how you feel from 1-10 as a result of the consequences</i></p>
1.				
2.				
3.				
4.				

## Appendix L: Survey sent to Expert Panel for Delphi Method Round 1

### Expert Panel Manual Evaluation

Q1 Dear Expert Panelist, Thank you for your continued interest in this project and for your contributions to the development of this intervention manual for middle school adolescents. Below are instructions regarding this phase of the research study.

**Purpose** This research addresses the underlying relationship between stress, emotional regulation, and subsequent negative behaviors by developing an adolescent appropriate intervention for middle school adolescents between the ages of 12 and 14 years.

**Procedures** We have sent you a copy of the proposed manual. The manual was adapted based on (1) your concerns, opinions and initial feedback and (2) the concerns, opinions and feedback that we received from adolescents representing the target population. We are now entering the final phase of this project. We ask that you read through the entire manual and then answer the subsequent questions based on your initial reactions. Once we have received the feedback of the entire expert panel, we will compile the responses and send them back to you so that you can see how everyone on the panel responded. We will then ask you to help us prioritize the suggested changes. We will make the necessary adjustments to the manual based on your feedback. Once this process is completed, we will send the revised manual back to you indicating where the changes have been made. We will request your feedback and satisfaction with the manual, if there are any additional changes are needed, we will continue to make the changes and adaptations until a level of satisfaction has been reached.

**Confidentiality** All data obtained from the expert panelists will be kept confidential and will only be reported in an aggregate format (only reporting combined results and never reporting individual results). All identifiers will be kept confidential, and no one other than the primary investigator and assistant researchers listed below will have access to them. The data collected will be stored in the HIPPA-compliant, Qualtrics-secure database until it has been deleted by the primary investigator.

**Questions about the Research** If you have questions regarding this study, please contact Sylvette A. La Touche-Howard, MA, NCC at xxx-xxx-xxxx (office), xxx-xxx-xxxx (cell) adolescentstudy.umd@gmail.com (email)



## Questions about your Rights as Research Participants

If you have any questions about the research study itself, please contact Dr. Daughters at the Stress, Health and Addiction Research Program at the School of Public Health xxx-xxx-xxxx; xxxxx@umd.edu. If you have any questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland 20742; (e-mail) irb@deans.umd.edu; (telephone) xxx-xxx-xxxx. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.

Q2 I have read, understood, and printed a copy of the above instructions and desire of my own free will to participate in this study.

- Yes (1)  
 No (2)

Q3 Appropriateness The following 6 questions address the appropriateness (potential ability to be suitable or fitting) of each session for middle school adolescents. Please rate your opinions of the components for each session.

Q4 Session 1- Welcome/Orientation to the Program Please rate each of the following components of Session 1 on its appropriateness (potential ability to be suitable or fitting) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Program Overview (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welcome/Orientation to the program (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Building Exercises (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice Breaker (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Rules (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Model (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity- Charades (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application of Skills to Program Model (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Breakdown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(9) Introduction of Challenge Task /Wrap Up (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Q5 Please elaborate on any of your ratings of the components in session 1. If you do not have any additional comments or suggestions, please type N/A.

Q6 Please state any feature(s) that you would like to have added to or removed from session 1. If you would not change anything please type N/A.

Q7 Session 2-Control is the Problem & Willingness/Acceptance as a Solution  
Please rate each of the following components of Session 2 on its appropriateness (potential ability to be suitable or fitting) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Check In/ Brief Review of Previous Session (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check and Review Homework (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: Control is the Problem (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: Willingness/Acceptance as a Solution (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Activity/ Wrap Up (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 Please elaborate on any of your ratings of the components in session 2. If you do not have any additional comments or suggestions, please type N/A.

Q9 Please state any feature(s) that you would like to have added to or removed from session 2. If you would not change anything please type N/A.

Q10 Session 3-Distracted as a Healthy Coping Skill Please rate each of the following components of Session 3 on its appropriateness (potential ability to be suitable or fitting) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Check In/Review of Homework (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: Discussion of Distraction as a Healthy Coping Skill (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of the ACCEPTS acronym (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Useful Activities for Healthy Distractions (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Activity/Wrap Up (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 Please elaborate on any of your ratings of the components in session 3. If you do not have any additional comments or suggestions, please type N/A.

Q12 Please state any feature(s) that you would like to have added to or removed from session 3. If you would not change anything please type N/A.

Q13 Session 4- Using Values Directions Please rate each of the following components of Session 4 on its appropriateness (potential ability to be suitable or fitting) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Check In/ Review of Homework (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: Using Values Directions (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of GIVE and FAST acronym (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Activity/Wrap Up (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 Please elaborate on any of your ratings of the components in session 4. If you do not have any additional comments or suggestions, please type N/A. Q16 Please state any feature(s) that you would like to have added to or removed from session 4. If you would not change anything please type N/A.

Q17 Session 5-The Importance of Being Assertive Please rate each of the following components of Session 5 on its appropriateness (potential ability to be suitable or fitting) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Check In/Review of Homework (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: The	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

importance of being assertive (2)				
Assertiveness Training (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction to DEAR MAN acronym (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity #1 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity #2 (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Activity/Wrap Up (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 Please elaborate on any of your ratings of the components in session 5. If you do not have any additional comments or suggestions, please type N/A.

Q19 Please state any feature(s) that you would like to have added to or removed from session 5. If you would not change anything please type N/A.

Q20 Session 6-Skills Practice & Review Please rate each of the following components of Session 6 on its appropriateness (potential ability to be suitable or fitting) for middle school adolescents.

Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Check In/Review of Homework (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of Challenge Activities (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills Practice Module (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity #1 (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Group Activity #2 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Q21 Please elaborate on any of your ratings of the components in session 6. If you do not have any additional comments or suggestions, please type N/A.

Q22 Please state any feature(s) that you would like to have added to or removed from session 6. If you would not change anything please type N/A.

Q23 Effectiveness The following 6 questions address the effectiveness (extent to which the activity fulfills its intended purpose or function) for middle school adolescents. Please rate your opinions of the components for each session.

Q24 Session 1-Welcome/Orientation to the Program Please rate each of the following components of Session 1 on its effectiveness (extent to which the activity fulfills its intended purpose or function) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Program Overview (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welcome/Orientation to the program (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Building Exercises (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice Breaker (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Rules (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Model (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity-Charades (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application of Skills to Program Model (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Breakdown (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Task /Wrap Up (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q25 Please elaborate on any of your ratings of the components in session 1. If you do not have any additional comments or suggestions, please type N/A.

Q26 Please state any feature(s) that you would like to have added to or removed from session 1. If you would not change anything please type N/A.

Q27 Session 2-Session 2-Control is the Problem & Willingness/Acceptance as a Solution Please rate each of the following components of Session 2 on its effectiveness (extent to which the activity fulfills its intended purpose or function) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Check In/ Brief Review of Previous Session (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check and Review Homework (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: Control is the Problem (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: Willingness/Acceptance as a Solution (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Activity/ Wrap Up (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q28 Please elaborate on any of your ratings of the components in session 2. If you do not have any additional comments or suggestions, please type N/A.

Q29 Please state any feature(s) that you would like to have added to or removed from session 2. If you would not change anything please type N/A.

Q30 Session 3-Distraction as a Healthy Coping Skill Please rate each of the following components of Session 3 on its effectiveness (extent to which the activity fulfills its intended purpose or function) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Check In/Review of Homework (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: Discussion of Distraction as a Healthy Coping Skill (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of the ACCEPTS acronym (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Useful Activities for Healthy Distractions (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Activity/Wrap Up (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31 Please elaborate on any of your ratings of the components in session 3. If you do not have any additional comments or suggestions, please type N/A.

Q32 Please state any feature(s) that you would like to have added to or removed from session 3. If you would not change anything please type N/A.



Q33 Session 4- Using Values Directions Please rate each of the following components of Session 4 on its effectiveness (extent to which the activity fulfills its intended purpose or function) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Check In/ Review of Homework (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: Using Values Directions (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of GIVE and FAST acronym (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Activity/Wrap Up (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q34 Please elaborate on any of your ratings of the components in session 4. If you do not have any additional comments or suggestions, please type N/A.

Q35 Please state any feature(s) that you would like to have added to or removed from session 4. If you would not change anything please type N/A.

Q36 Session 5-The Importance of Being Assertive Please rate each of the following components of Session 5 on its effectiveness (extent to which the activity fulfills its intended purpose or function) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Check In/Review of Homework (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson: The importance of being assertive (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assertiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Training (3)				
Introduction to DEAR MAN acronym (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity #1 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity #2 (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction of Challenge Activity/Wrap Up (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q37 Please elaborate on any of your ratings of the components in session 5. If you do not have any additional comments or suggestions, please type N/A.

Q38 Please state any feature(s) that you would like to have added to or removed from session 5. If you would not change anything please type N/A.

Q39 Session 6- Please rate each of the following components of Session 6 on its effectiveness (extent to which the activity fulfills its intended purpose or function) for middle school adolescents. Please use the box below each question to add any additional comments that you believe would enhance the program component.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Check In/Review of Homework (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review of Challenge Activities (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills Practice Module (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity #1 (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Activity #2 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q40 Please state any feature(s) that you would like to have added to or removed from session 6. If you would not change anything please type N/A.

Q41 Please mention any feature that you would like to have added or removed in session 6. If you would not change anything please type N/A.

**Q42 Goals and Objectives**

The program has 4 goals:

- (1) Enable adolescents to understand the relationship between their emotions and behavior.
- (2) Educate adolescents on how to identify and label their emotions.
- (3) Teach skills to adolescents that will enable them to cope with their difficult emotions.
- (4) Provide adolescents with skills that will enable them to avoid engaging in later risk behavior.

The following 4 questions pertain to the intended goals and objectives of the proposed program. Please rate the ENTIRE program on its ability to meet its intended goals and objectives.

Q43 To what extent does the ENTIRE program meet the objective of enabling adolescents to understand the relationship between their emotions and behavior?

	To a Great Extent (1)	Somewhat (2)	Very Little (3)	Not at All (4)
Objective 1: To enable adolescents to understand the relationship between their emotions and behavior (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q44 Additional Comments/Suggestions that would enhance this objective

Q45 To what extent does the ENTIRE program meet the objective of educating adolescents on how to identify and label their emotions?

	To A Great Extent (1)	Somewhat (2)	Very Little (3)	Not at All (4)
Objective 2: To Educate adolescents on how to identify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

and label their emotions (1)				
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Q46 Additional Comments/Suggestions that would enhance this objective

Q47 To what extent does the ENTIRE program meet the objective of teaching skills to adolescents that will enable them to cope with their difficult emotions?

	To a Great Extent (1)	Somewhat (2)	Very Little (3)	Not at All (4)
Objective #3: To teach skills to adolescents that will enable them to cope with their difficult emotions (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q48 Additional Comments/Suggestions that would enhance this objective

Q49 To what extent does the ENTIRE program meet the objective of teaching skills to adolescents that will enable them to cope with their difficult emotions?

	To a Great Extent (1)	Somewhat (2)	Very Little (3)	Not at All (4)
Objective #4: To provide adolescents with skills that will enable them to avoid engaging in later risk behavior (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q50 Additional Comments/Suggestions that would enhance this objective

Q51 Learning and Educational Materials-Facilitator Materials The following 3 questions pertain to the appropriateness of the materials and tools for the facilitator. Please rate the following learning and educational materials and tools concerning their appropriateness.

Q52 Please rate the following learning and educational materials and tools concerning their appropriateness.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Facilitator Materials: The overall content & layout. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q53 Additional Comments/Suggestions that would enhance this objective  
Q54

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Facilitator Materials: The format(s) used for discussion (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q55 Additional Comments/Suggestions that would enhance this objective  
Q56

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Facilitator Materials: The language and situational examples that were offered (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q57 Additional Comments/Suggestions that would enhance this objective

Q58 Learning and Educational Materials-Facilitator Materials The following 3 questions pertain to the effectiveness of the facilitator's materials and tools. Please rate the following learning and educational materials and tools concerning their effectiveness.

Q59 Please rate the following learning and educational materials and tools concerning their effectiveness.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Facilitator Materials: The overall content & layout. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q60 Additional Comments/Suggestions that would enhance this objective

Q61

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Facilitator Materials: The format(s) used for discussion (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q62 Additional Comments/Suggestions that would enhance this objective

Q63

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Facilitator Materials: The language and situational examples that were offered (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q64 Additional Comments/Suggestions that would enhance this objective

Q65 Learning and Educational Materials-Student Materials

The following 5 questions pertain to the appropriateness of the student's materials and tools. Please rate the following learning and educational materials and tools concerning their appropriateness for middle school adolescents.

Q66 Please rate the following learning and educational materials and tools concerning their appropriateness for middle school adolescents.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Student Materials: The overall content & layout. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q67 Additional Comments/Suggestions that would enhance this objective

Q68

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Student Materials: The Challenge Tasks (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q69 Additional Comments/Suggestions that would enhance this objective

Q70

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Student Materials: The handouts (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q71 Additional Comments/Suggestions that would enhance this objective

Q72

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Student Materials: The worksheets (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q73 Additional Comments/Suggestions that would enhance this objective

Q74

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Student Materials: The graphics and visual illustrations (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q75 Additional Comments/Suggestions that would enhance this objective

Q76 Learning and Educational Materials-Student Materials The following 5 questions pertain to the effectiveness of the student's materials and tools. Please rate the following learning and educational materials and tools concerning their effectiveness with middle school adolescents.

Q77 Please rate the following learning and educational materials and tools concerning their effectiveness with middle school adolescents.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Student Materials: The overall content & layout. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q78 Additional Comments/Suggestions that would enhance this objective

Q79

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Student Materials: The Challenge Tasks (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q80 Additional Comments/Suggestions that would enhance this objective



Q81

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Student Materials: The handouts (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q82 Additional Comments/Suggestions that would enhance this objective

Q83

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Student Materials: The worksheets (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q84 Additional Comments/Suggestions that would enhance this objective

Q85

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Student Materials: The graphics and visual illustrations (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q86 Additional Comments/Suggestions that would enhance this objective

Q87 Relevancy and Feasibility The following 2 questions pertain to the relevancy and feasibility of the proposed program. Please rate the proposed program on its relevancy for and feasibility with middle school adolescents.

Q88 Relevancy How would you rate the program's relevancy for middle school adolescents?

	Very Relevant (1)	Relevant (2)	Irrelevant (3)	Very Irrelevant (4)
Relevancy (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q89 Additional Comments/Suggestions that would enhance this objective

Q90 Feasibility How would you rate the program's feasibility with middle school adolescents?

	Very Feasible (1)	Feasible (2)	Not feasible (3)	Definitely not feasible (4)
Feasibility (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q91 Additional Comments/Suggestions that would enhance this objective

Q92 Demographic Information:

*We would like to know a little more about our expert panel. Please answer the following 7 demographic information questions.*

Q93 Age \_\_\_\_\_

Q94 Sex

- Male (1)
- Female (2)
- Other, please specify (3) \_\_\_\_\_

Q95 Ethnicity/Race: please check all that apply

- White/Caucasian (1)
- Black/African American (2)
- Asian/Southeast Asian (3)
- Hispanic/Latino (4)
- Native American/American Indian (5)
- Other, please specify (6) \_\_\_\_\_

Q96 Education (the highest grade or degree you have completed)

- 1st to 8th Grade (1)
- Some High School (2)
- High School Graduate (3)
- G.E.D (4)
- Technical or Business School (5)
- Some College (6)
- College Graduate (7)
- Some Graduate School (8)
- Graduate or Professional Degree (9)

Q97 Current Professional Role with Middle School Adolescents (you can choose more than one)

- Community Organizer (1)
- Community Liaison (2)
- Program Developer (3)
- Community Health Educator (4)
- Middle School Educator (5)
- Researcher (6)
- Other (please specify) (7) \_\_\_\_\_

Q98 Years of Experience with Middle School Adolescents (please round to the nearest year).

Q99 Do you have (or have you had) a membership in a professional organization that pertains to adolescents?

- Yes (1)
- No (2)

Q93 If yes, please specify

## Appendix M: Response to Reviews sent to Expert Panel for Delphi Round 2

### Response to Reviewers based on Round 1

Dear Expert Panelist,

This document represents a summary of the suggestions and comments from the entire Expert Panel for the proposed program for middle school adolescents in Round 1. I have taken each reviewer comment very seriously. This document has 4 sections:

(A) Changes Resulting from Comments-This section includes all recommendations that have been made and the modifications that have resulted. (Pgs. 1-3)

(B) Clarification Needed from Expert Panel-This section includes recommendations that I am requiring further clarification/elaboration so that I can make the suggested changes. (Pgs 3-5).

All changes and requested information have been underlined to make it easier for you to “hone in” on what has been done or is being requested from you.

(C) Additional Summary and Responses-This section includes additional comments that have been made by the expert panel that you may find interesting. (Pgs 5-7).

#### A. Changes Resulting from Comments

1. *(Session 1) You have given the "instructor/leader" a script to follow, and you have made it clear that there is flexibility in delivering the program. Perhaps, not all can be accomplished in six sessions. I think it's an excellent program. The identification of feelings is critical and provides the names and language needed to talk about find feelings, normal, distressful, and good.*

I am pleased that the “script” for the facilitator appears to be clear and that there appears to be a degree of flexibility for the facilitator. I am also pleased that it appears evident that the identification and labeling of feelings has been emphasized. I would like to address the issue of the facilitator’s ability to accomplish the tasks in the session. The observation has been duly noted. The timing for each session was adapted from a similar program that was created for adults. Many of the activities were extracted or adapted from a book that was designed to teach adolescents about the identification of feelings and learning how to deal with them, however we will not know the exact amount of time that should be allocated for each session until we pilot the program. At that time, it will be crucial for all facilitators to make careful note of any issues and concerns that they encounter regarding time when the piloting of the program with actual adolescents occurs. I have also added a section on the Program Integrity checklist that asks the facilitator to note what time the session began and ended and the total duration of the session. All observations regarding timing will be reconsidered at that time and adjustments will once again be made.

2. *(Session 1) Maybe for Ice Breaker each member of group can be given 2 to 3 minutes.*

**I took into consideration the possibility that some groups may have more enthusiastic and involved students than others, especially on the first day of a group as group cohesion still has not solidified. Thus, I changed the set time of 10 minutes to 10-15 minutes to give facilitators greater flexibility in case participants are more or less talkative during that segment. You can find this change on page 6.**

3. *(Session 1) It would be helpful to me and maybe to others to give a secondary title to each session (helpful in terms of remembering the sequence of the activities and what is most important). e.g., Session 1 "A model and activities for learning skills to deal with difficult feelings, for example, sadness, frustration, fear (anxiousness), anger." Session 2 "Expressing feelings in a constructive way: consequences of holding back feelings."*

**Prior to each session, I have provided the facilitator with a sheet that gives the overview, purpose and outline for each session. Additionally, I have provided the facilitator with a program integrity checklist, which is intended for the facilitator to use to ensure that they are covering all of the topics. I recognize that this may not have been completely understood/addressed and thus I addressed this issue by making it clearer in the "Note to Facilitators" section on page 2. The new wording is highlighted for your review.**

4. *(Session 2) Ratings are okay for younger students, however the 1-10 rating is probably too wide of a range. Many children have a hard time working with extremes. The information for the most part is appropriate, however because it requires long-term memory may give false results.*

**I addressed this issue and I reduced the rating scale activity in Session 2 to a 5 point Likert scale based on a study from Laerhoven Zaag-Loonen & Derkx (2004). In the current revision, the facilitator will write out the Likert scale on the board and mention what each number represents so that the adolescents have the same understanding of each numerical value. Please see pages 8-9.**

5. *(Session 2) Willingness may need further examples.*

**I did address this concern. We added an example of an overwhelmed adolescent who would rather avoid his problems but he has to address the situation. The students are presented with the solution and then asked to further dialogue regarding the possibilities that the adolescent could engage in. Please see page 19-20. I would welcome your feedback on this modification.**

6. *(Session 4) More directions needed for challenge activity*

***I addressed this comment. I revisited the Challenge Activity for session 4 and added further text to clarify the expectations for the challenge activity. Please review the modifications on page 31 of the manual. I would appreciate your feedback and hope that it meets your expectation.***

7. (Session 4) *I would lean more to reorganizing the task to be completed.*

**I did address this issue, please see my response to A6.**

8. (Session 5) *The advice and training with respect to assertiveness is important. DEAR MAN does provide a way of teaching the important skills. However, I don't like the fact that your acronym "Dear Man" gives preference to the assertive male and that your example of assertive behavior is "Robert" asking for a position on the basketball team. I would much prefer that Julia or Mezelda are asserting their rights, requesting a place on the team; and that your acronym is . . . "Dear Mam" or even "Dear Mum." but not Dear Man.*

**I did address this concern. Please note that on page 34-35, I have changed the name from Robert to Stephanie, therefore neutralizing the gender effects of this acronym.**

9.(Goals & Objectives) *The objective sounds more like an overall goal. My definition of an objective would include measurable, preliminary steps taken to achieve the main goal. For instance a possible objective would be - 'To provide students with meaningful activities that address the link between emotions and behavior' or 'Students will participate in role playing activities in order to learn anger management techniques.'*

**I have addressed this concern. After revisiting the definition for the term “goals” and “objectives”, I have reworded Goals and Objectives on page 1 to state simply “Program Goals”. I have changed the word “purpose” at the beginning of each session to state “Session Objective”. You can find these changes on at the beginning of each session.**

10. (Facilitator Manual/Adolescent Workbook) *Ensure when it asks to list 3 feelings, there are three separate spaces rather than one large paragraph style box.*

**I have addressed this issue. There are no longer 3 situations to discuss in session 1 but 2, I have made the modifications and there is now a box for each situation. Please see pages 4-7 in the student manual.**

11.(Facilitator Manual/Adolescent Workbook) *Ask feedback from group members to reason why/no completing the task at hand.*

**I have addressed this comment and a text has now been incorporated into sessions 2,3,4 & 5 to remind the facilitator to address the issue of non-completion if this arises. This can be found on pages 19,24, 30 and pg. 35.**

12.(Facilitator Manual/Adolescent Workbook) *Please keep in mind students written skills.*

**I have kept this in mind throughout the entire creation of this manual. This was also emphasized several expert panelists during the interview segment of the manual creation. Although the students are encouraged to write down their feelings or responses, please note that they are never asked to submit it for a grade or evaluation. The**

facilitator's sole responsibility is to ensure that the adolescents have completed the task (if it is a challenge activity) or engaged in the task (if it is an in session activity). This is reiterated in every session, you can see this on pages 17,23,29,35.

## **B. Clarification Needed from Expert Panel**

1. *(Session 1) The exercises although structurally adequate, tends to assume a much younger population.*

**Thank you for this recommendation. I took note of this and reviewed this section. I have not yet addressed this concern. It would be helpful to me if expert panelists would highlight the specific sections that appear more appropriate for a much younger audience. In addition, specific suggestions for making the exercises more appropriate for 12-14 years would be appreciated.**

2. *(Session 1) I would consider requesting only two situations rather than three. The handout pictures might be an incentive to shadow the student's true feelings. For instance, a child might feel encourage to make up a situation if he can't think of a "good" story to tell.*

**Thank you for this recommendation. I took note of this and reviewed this section. I addressed this suggestion by changing the amount of situations that the students have to write from 3 to 2. This adaptation will also aid in keeping the activity within the projected time allocation. I have not yet addressed the issue of taking out the pictures on the activity sheets for that activity. The pictures are intended to actually assist the adolescent in understanding the appearance of each emotion without telling them what to write. The pictures are also supposed to represent some of the scenarios that the facilitator uses to describe the emotions. It is also in the facilitator script that they should emphasize to the adolescents that they will not have to share their responses with the understanding that some of their examples may be quite personal. I would like to receive more feedback regarding the use of the pictures.**

3. *(Session 2) The "introductions" as student will call them, are a little "wordy".*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not fully address this concern because the introduction does consist of a lot of student interaction and thus it is not only the facilitator speaking for 15 minutes without interruption. I do believe that the initial appearance of the facilitator script may have made it also appear too "wordy" so on page 17 and 18, I added more white space to the script. I would appreciate additional feedback as to how to make the introduction more engaging and less "wordy" for the participants.**

4. *(Session 2) Some areas need to lend more to the maturity level of the student.*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not address this issue because similar to the situation in Statement B1, I was not aware which activities were the ones that did not lend to the maturity level of the student. It would be helpful if the specific activities are mentioned, in addition, please suggest various ways that these activities could be improved to meet the maturity level of the participants.**

5. *(Session 2) With children heavily involved in technology, I think it proper to utilize technology to express points of interest. I think that at times that youth can feel bored by some of the paper work. If they can be lead into the activity by youtube/ or thoughts on video games etc. Otherwise I think it is good.*

**Thank you for this recommendation. I took note of this and reviewed this section. I definitely agree that technology is important and I do believe that it would be a great educational tool; however, I did not infuse technological tools because I am not aware of the availability of technological resources (ie-WiFi, televisions, or computers) in various educational institutions or community centers. I would appreciate your feedback as to how I could infuse technology into the program in a way that the program can still remain standard across the board, for example, are there certain technological tools that are standard throughout the school systems and/or community centers in the Prince George's county and surrounding Washington, DC area.**

6. *(Session 3) Once again, I look at the level of sophistication for the task. A restructuring of the content might provide that sophistication that is missing in a couple of areas.*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not address this comment, however I would like to. I would like to solicit your opinion as to what content should be restructured so that the program could reach its maximum effectiveness.**

7. *(Session 3) I would infuse more of a structural setting--story-like.*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not address this comment because I was not clear on how to infuse a story like setting. I would like to make that modification, however if further clarification and suggestion could be given, it would be extremely helpful.**

8. *(Session 3) Little stronger*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not address this comment because I did not know what a "little stronger" meant. Again, it would be extremely helpful to have any further suggestions or clarification to this statement on how to make the session a "little stronger".**

9. *(Session 5) More Clarity.*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not address this comment because I was unclear as to what needed more clarity. I would like to make the entire session as clear as possible. It would be helpful if I could receive some examples and some solutions for this issue.**



10.(Goals and Objectives)*It needs to be more age-appropriate. Some part could be more mature and others less.*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not address this issue. It would be helpful if I could receive some examples that would help me to make the program more age appropriate for the target population.**

### **C. Additional Summary & Responses**

*1. (Session 4) I believe that a word like "distress" is difficult to comprehend, because it leans more to cultural awareness of problem-solving.*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not address this issue by making any additional modifications to the manual, however, the point is extremely valid. I did not change this because I believe that in session 1, the facilitator is meant to take their time explaining different emotions and how they can be labeled as “distressful feelings. In creating the manual, we met not only with expert panelists but also with adolescents (who represented the target population that we are trying to meet). I realized that cultural awareness does play a role in problem solving, this is why the students are given the same conceptual material but are encouraged to do a lot of personal and interpersonal activities so that they can be made aware of alternative behaviors in a safe environment where they can also receive feedback. If you still disagree, please let me know.**

*2.(Session 5) Too many acronyms, I would like to see a more comprehensive way for youth to understand, retain and use the acronyms.*

**Thank you for this recommendation. I took note of this and reviewed this section. I did not make any modifications to the program to address this issue because there are only 4 acronyms in the entire program (not counting the title for the program which is still to be determined). There is one in session 3, two in session 4 and 1 in session 5. Most expert panelists and focus group participants liked the concepts of acronyms. Additionally, there are a variety of other activities that have been incorporated into the program to help the youth understand the concept of dealing with difficult emotions (ie-challenge activities, interactive games, group discussions, etc). If you still disagree, please let me know.**

*3. (Session 2) The shift from "controlling" our feelings to "understanding" our feelings is an important feature of your program.*

**I am pleased that you feel this way. I felt that this was an important component also.**

4. *(Session 2) Love the idea of interactive and group activities.*

**I am pleased that the interactive and group activities are well liked.**

5. *(Session 3) The acronyms seem to be helpful--giving meaning to and clarifying the main concepts. I wonder if that will be the case during the sessions with the participants. As you point out, there are good "healthy" distractions and other kinds of "inappropriate" distractions.*

**I agree with your statement. Based on the evaluations at the end of the pilot study, we will be able to evaluate how affective the acronyms were for the participants.**

6. *(Session 3) I really think that youth choosing their own activities is good.*

**I agree. I believe that even though the program is fairly structured, it is important to give the adolescents choices.**

7. *(Session 4) I really think that youth choosing their own activities is good.*

**I agree. I believe that even though the program is fairly structured, it is important to give the adolescents choices.**

8. *(Session 4) (Interpersonal effectiveness skills and strategies for resolving conflicts) is especially relevant/important at these ages. I think that your GIVE and FAST acronyms provide helpful, very practical advice for middle school students for whom interpersonal relationships are so important.*

**I am pleased that this sentiment was felt.**

9. *(Session 6) Reviews are very important; putting them into practice is even better!*

**I agree and we will only be able to evaluate how well the adolescents put these behaviors into "practice" once we are able to pilot the program and do follow up studies.**

10. *(Goals and Objectives) I really like how each student is asked to identify a current feeling for each session.*

**I hope that this will help to personalize the experience for each adolescent.**

11. *(Goals and Objectives) (a) I am sure that there are other factors that have not been considered (b) There are many other contributing factors to engaging in risky behavior*

**I agree. There are definitely other factors which are involved in adolescents engaging in risky behavior. I have decided to address one of the issues. Based on existing research (ie- Daughters et al., 2009, McPherson et al., 2010) the inability to deal with difficult emotions are one of the factors that contribute to risk behavior in adolescents. It is my hope that this program can help to reduce one of the many factors that contribute to this important adolescent issue.**

12. *(Goals and Objectives) Many people are aware of their feelings but have trouble articulating them in a comfortable and understanding environment.*

**It is my hope that the facilitators that are trained for this program will be able to provide that “comfortable and understanding environment” that is needed so that the participants will feel free to express themselves. The activities that are provided have also been included to aid in facilitating that type of environment.**

13. *(Goals and Objectives) I really like how each student is asked to identify a current feeling for each session.*

**I am glad that you are pleased with this component of the program.**

14. *(Goals and Objectives) (a)Needs to be Specific and Measurable( b)Follow up studies of students having participating in the program will be important to the evaluation of its effectiveness. On paper it looks like an excellent program, especially for young people ages 13 and 14. The charades, the acronyms, the carryover from one session to the next are well thought out and contribute to the program's fun and overall integrity.*

**I am pleased to know that the program appears to be “well thought out” and is believed to have the capacity to be an “excellent program”. I will address this comment by stating that I also strongly believe in assessment and evaluation. I plan to add evaluative measures (both quantitative and qualitative) to assess whether there has been a change in attitude and behavior. I plan to also conduct a follow up study to measure whether the adolescents who were involved in the program were better able to handle their stressful situations and engage in less risky behavior than their peers who were not involved in the program.**

15. *(Facilitator Manual/Adolescent Workbook) (a) Keep them up to date.(b) Make sure handouts are up to date and are relevant with the current group.*

**I agree. It is absolutely imperative that I keep not only the visuals up to date but also the activities and the examples that are used, this is one of the reasons why the focus groups with the adolescents was so important.**

14. *(Facilitator Manual/Adolescent Workbook) Be prepared to provide technology support with some of these exercises.*

**I have addressed this issue on Section B5 (page 4).**

15. *(Facilitator Manual/Adolescent Workbook) The relevancy seemed dependent on participant background.*

**As future implementation and further evaluation occur, we will be able to evaluate the effects (if any) on participant background and relevance.**

## Appendix N: Survey sent to Expert Panel for Delphi Method, Round 2

### *Expert Panel Manual Evaluation-Round 2 -July2011*

Q1 Dear Expert Panelist, Thank you for your continued interest in this project and for your contributions to the development of this intervention manual for middle school adolescents. Below are instructions regarding this phase of the research study.

**Purpose** This research addresses the underlying relationship between stress, emotional regulation, and subsequent negative behaviors by developing an adolescent appropriate intervention for middle school adolescents between the ages of 12 and 14 years. **Procedures.** We have included a Response to Reviewers document. This document represents a tabulation of all of the feedback that was given in Round 1 regarding the proposed manual in addition to our responses to each comment. Your feedback has been extremely helpful and we believe that it has added to the potential effectiveness. We have sent you a copy of the REVISED proposed manual. The manual was adapted based on your concerns, opinions and feedback. Please note that all changes to the manual and student workbook have been highlighted so that it is easy to find. We ask that in Round 2, that you will review the Response to Reviewers (using the Facilitator Manual and Student Manual when necessary) and then use this survey to choose whether you are “Satisfied” ; or “Not Satisfied”; with the decision that has been made. We have included a text box after each item which enables you to add any further comments and/or suggestions that you may feel are necessary. You may also leave it blank if you do not have anything further to add. Once this process is completed, we will process any additional comments that have been made and inform you of any changes. We will request your feedback and satisfaction with the manual, if there are any additional changes are needed, we will continue to make the changes and adaptations until a level of satisfaction has been reached.

**Confidentiality** All data obtained from the expert panelists will be kept confidential and will only be reported in an aggregate format (only reporting combined results and never reporting individual results). All identifiers will be kept confidential, and no one other than then primary investigator and assistant researchers listed below will have access to them. The data collected will be stored in the HIPPA-compliant, Qualtrics-secure database until it has been deleted by the primary investigator.

**Questions about the Research.** If you have questions regarding this study, please contact Sylvette A. La Touche-Howard, MA, NCC at xxx-xxx-xxxx (office), xxx-xxx-xxxx (cell) adolescentstudy.umd@gmail.com (email)

#### **Questions about your Rights as Research Participants**

If you have any questions about the research study itself, please contact Dr. Daughters at the Stress, Health and Addiction Research Program at the School of Public Health xxx-xxx-xxxx; xxxxx@umd.edu. If you have any questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland 20742; (e-mail) irb@deans.umd.edu; (telephone) xxx-xxx-xxxx. This research has

been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.

Q2 I have read, understood, and printed a copy of the above instructions and desire of my own free will to participate in this study.

- Yes (1)
- No (2)

Q3 . Changes Resulting from Comments

Q4 .

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A1. (1)	<input type="radio"/>	<input type="radio"/>

Q5 Additional Comments or Suggestions pertaining to Item A1.

Q6.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A2. (1)	<input type="radio"/>	<input type="radio"/>

Q7 Additional Comments or Suggestions pertaining to Item A2.

Q8.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A3. (1)	<input type="radio"/>	<input type="radio"/>

Q9 Additional Comments or Suggestions pertaining to Item A3.

Q10.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A4. (1)	<input type="radio"/>	<input type="radio"/>

Q11 Additional Comments or Suggestions pertaining to Item A4.

Q12.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A5. (1)	<input type="radio"/>	<input type="radio"/>

Q13 Additional Comments or Suggestions pertaining to Item A5.

Q14.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A6. (1)	<input type="radio"/>	<input type="radio"/>

Q15 Additional Comments or Suggestions pertaining to Item A6.

Q16.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A7. (1)	<input type="radio"/>	<input type="radio"/>

Q17 Additional Comments or Suggestions pertaining to Item A7.

Q18.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A8. (1)	<input type="radio"/>	<input type="radio"/>

Q15 Additional Comments or Suggestions pertaining to Item A8.

Q16.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A9. (1)	<input type="radio"/>	<input type="radio"/>

Q17 Additional Comments or Suggestions pertaining to Item A9.

Q18.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B5. (1)	<input type="radio"/>	<input type="radio"/>

Q19 Additional Comments or Suggestions pertaining to Item A10.

Q20.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A11. (1)	<input type="radio"/>	<input type="radio"/>

Q21 Additional Comments or Suggestions pertaining to Item A11.

Q22.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item A12. (1)	<input type="radio"/>	<input type="radio"/>

Q23 Additional Comments or Suggestions pertaining to Item A12.

Q24. Clarification Needed from Expert Panel

Q25.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B1. (1)	<input type="radio"/>	<input type="radio"/>

Q25 Additional Comments or Suggestions pertaining to Item B1.

Q26.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B2. (1)	<input type="radio"/>	<input type="radio"/>

Q27 Additional Comments or Suggestions pertaining to Item B2.

Q28.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B3. (1)	<input type="radio"/>	<input type="radio"/>

Q29 Additional Comments or Suggestions pertaining to Item B3.

Q30.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the	<input type="radio"/>	<input type="radio"/>

response(s) and/or modifications made regarding Item B4. (1)		
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Q31 Additional Comments or Suggestions pertaining to Item B4.

Q32.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B5. (1)	<input type="radio"/>	<input type="radio"/>

Q33 Additional Comments or Suggestions pertaining to Item B5.

Q34.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B6. (1)	<input type="radio"/>	<input type="radio"/>

Q34 Additional Comments or Suggestions pertaining to Item B6.

Q35.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B7. (1)	<input type="radio"/>	<input type="radio"/>

Q36 Additional Comments or Suggestions pertaining to Item B7.

Q37.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B8. (1)	<input type="radio"/>	<input type="radio"/>

Q38 Additional Comments or Suggestions pertaining to Item D3.

Q39.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the response(s) and/or modifications made regarding Item B9. (1)	<input type="radio"/>	<input type="radio"/>

Q40 Additional Comments or Suggestions pertaining to Item B9.

Q41.

	Satisfied (1)	Not Satisfied (2)
I am satisfied with the	<input type="radio"/>	<input type="radio"/>



response(s) and/or modifications made regarding Item B10. (1)		
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Q42 Additional Comments or Suggestions pertaining to Item B10.

Q43 Is there anything else that you would like to comment on (or offer further suggestion) regarding the Overall Program? If yes, please type your comments in the space below. If no, please continue to the next question.

Q44 Name of Program It is important that we have a name for this program. The following choices are 15 names that have been generated as possible names for this program. Please choose your top 3 choices. Once you have chosen your "top 3", if there is another name that you would like to suggest, please type it in the "other" section.

Q45 Click on your choice and drag it and place it in the box that represents your choice. Only One Choice Per Box.

#1 Choice	#2 Choice	#3 Choice
<input type="checkbox"/> ACTS- Adolescents Coping Through Stress (1)	<input type="checkbox"/> ACTS- Adolescents Coping Through Stress (1)	<input type="checkbox"/> ACTS- Adolescents Coping Through Stress (1)
<input type="checkbox"/> ASRP - Adolescent Stress Reduction Program (2)	<input type="checkbox"/> ASRP - Adolescent Stress Reduction Program (2)	<input type="checkbox"/> ASRP - Adolescent Stress Reduction Program (2)
<input type="checkbox"/> CASE-Coping with Adolescent Stress and Emotions (3)	<input type="checkbox"/> CASE-Coping with Adolescent Stress and Emotions (3)	<input type="checkbox"/> CASE-Coping with Adolescent Stress and Emotions (3)
<input type="checkbox"/> EACE - Empowering Adolescents to Cope with Emotion (4)	<input type="checkbox"/> EACE - Empowering Adolescents to Cope with Emotion (4)	<input type="checkbox"/> EACE - Empowering Adolescents to Cope with Emotion (4)
<input type="checkbox"/> EASE-Empowering Adolescents (to deal with) Stress and Emotions (5)	<input type="checkbox"/> EASE-Empowering Adolescents (to deal with) Stress and Emotions (5)	<input type="checkbox"/> EASE-Empowering Adolescents (to deal with) Stress and Emotions (5)
<input type="checkbox"/> Empowering Our Adolescents Through Education (6)	<input type="checkbox"/> Empowering Our Adolescents Through Education (6)	<input type="checkbox"/> Empowering Our Adolescents Through Education (6)
<input type="checkbox"/> ESCAPE-Empowering Skills for Coping with Adolescent Pressure and Emotions (7)	<input type="checkbox"/> ESCAPE-Empowering Skills for Coping with Adolescent Pressure and Emotions (7)	<input type="checkbox"/> ESCAPE-Empowering Skills for Coping with Adolescent Pressure and Emotions (7)
<input type="checkbox"/> EYCS - Empowering Youth to Cope with Stress (8)	<input type="checkbox"/> EYCS - Empowering Youth to Cope with Stress (8)	<input type="checkbox"/> EYCS - Empowering Youth to Cope with Stress (8)
<input type="checkbox"/> INSPYRE - Innovative New Skills Pertaining to Youth Related Empowerment (9)	<input type="checkbox"/> INSPYRE - Innovative New Skills Pertaining to Youth Related Empowerment (9)	<input type="checkbox"/> INSPYRE - Innovative New Skills Pertaining to Youth Related Empowerment (9)
<input type="checkbox"/> iRule-Introducing Skills to relate, to understand and to label Emotions and Pressures (10)	<input type="checkbox"/> iRule-Introducing Skills to relate, to understand and to label Emotions and Pressures (10)	<input type="checkbox"/> iRule-Introducing Skills to relate, to understand and to label Emotions and Pressures (10)

<p>_____ MACS - Motivating Adolescents to Cope with Stress (11)</p> <p>_____ MAP-Managing Adolescent Pressures (12)</p> <p>_____ MYCE - Motivating Youth to Cope with Emotions (13)</p> <p>_____ MYCS - Motivating Youth to Cope with Stress (14)</p> <p>_____ TYME- Teaching the Youth Mastery of Emotion (15)</p>	<p>_____ MACS - Motivating Adolescents to Cope with Stress (11)</p> <p>_____ MAP-Managing Adolescent Pressures (12)</p> <p>_____ MYCE - Motivating Youth to Cope with Emotions (13)</p> <p>_____ MYCS - Motivating Youth to Cope with Stress (14)</p> <p>_____ TYME- Teaching the Youth Mastery of Emotion (15)</p>	<p>_____ MACS - Motivating Adolescents to Cope with Stress (11)</p> <p>_____ MAP-Managing Adolescent Pressures (12)</p> <p>_____ MYCE - Motivating Youth to Cope with Emotions (13)</p> <p>_____ MYCS - Motivating Youth to Cope with Stress (14)</p> <p>_____ TYME- Teaching the Youth Mastery of Emotion (15)</p>
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Q46 Other Suggestions:

Q47 Demographic Information: We would like to know a little more about our expert panel. Please answer the following 3 demographic information questions.

Q86 Age

Q87 Sex

- Male (1)
- Female (2)
- Other, please specify (3) \_\_\_\_\_

Q88 Ethnicity/Race: please check all that apply

- White/Caucasian (1)
- Black/African American (2)
- Asian/Southeast Asian (3)
- Hispanic/Latino (4)
- Native American/American Indian (5)
- Other, please specify (6) \_\_\_\_\_

## Appendix O: Response to Reviews sent to Expert Panel for Delphi Method

### Round 3

#### Response to Reviewers based on Round 2

Dear Expert Panelist,

Thank you for your continued participation in this process. All of the panelists (100%) reported that they were satisfied with all of the modifications and responses that were offered in the previous Response to Reviewers document. This document represents a summary of the suggestions and comments from the entire Expert Panel for the proposed program for middle school adolescents in Round 2. I have taken each reviewer comment very seriously. This document has 3 sections:

(A) Changes Resulting from Comments-This section includes all recommendations that have been made in Round 2 and the modifications that have resulted. (Pgs. 1 & 2)

(B) Additional Summary and Responses-This section includes additional comments that have been made by the expert panel that you may find interesting. (Pg.2 &3).

(C) Program Name Recommendations and Results (Pgs 3 &4).

#### B. Changes Resulting from Comments

##### *Programmatic Detail*

**1) You are using a lot of acronyms and I am not sure if the students will remember everyone. Consider using the full wording more often.**

- Thank you for your feedback, I have gone through the manual and I have made the suggested modifications. In the most recent version, all acronyms are taught in one session and then reviewed prior to assigning the challenge activity and then again in the beginning of the following session.

**2) Add more detail when using the word “Trigger”. Even though you have explained its definition in previous paragraphs, a student still needs reminding. It is a little abstract in thought.**

- Thank you for your feedback. I revisited the facilitator manual and added text in session 2 (pg. 16, 17) where the word trigger is defined again and examples are shared prior to reviewing the assigned challenge activity for that session.

**3) (re: including technology) It feels great to be useful and included. Most community centers in Washington, DC and PG county have access to media, projectors and sound. Some, many don't allow access to youtube however the videos can be downloaded in advance and played via laptop.**

- Thank you so much for clarifying your suggestion. This is important information to have and I am happy that media can be incorporated into the program and that it will be able to be utilized. With this knowledge, I will look into incorporating more media into the program and test the media pieces along with the piloting of the program.

- *Program Layout*

**4) It sounds good. The format could use a little work. Maybe a different font and add a few boxes, overall it is pretty good.**

- Thank you for your feedback. I have put the Session Objective and Session Overview in text boxes at the beginning of each session (pgs.3,14,21,27,33,39) and once the wording for the manual is finalized, I will then fine tune the aesthetics of the program layout design. A finalized PDF copy will be available for all of the panelists once that is done.

#### *Training & Logistics*

**5) I think that facilitators should also view a video which simulates extreme behaviors which aids them in taking their task seriously.**

- Thank you for this recommendation. I took this into consideration and I would like to inform the panel that it will be mandatory for all facilitators to complete a comprehensive training session prior to facilitating the program.

### **C. Additional Summary and Responses**

- **High Quality program. The improvements you made have further enhanced the engagement and improved the efficiency of the program.**
  - Thank you for your feedback. I am pleased that the improvements and modifications have been approved by the expert panel and I do believe that improvements will enhance the efficiency of the program.
- **The student manual is more concrete and understandable.**
  - Thank you for your feedback. I am pleased that the student manual now appears to be more concrete and understandable.
- **(re: satisfaction with the creation of program integrity sheet for facilitators and titles for each session) “Great, some of the titles and coded titles were a bit confusing”**
  - Thank you for your feedback. I am pleased that the layout now appears to be less confusing.
- **(re: Neutralizing of the “Dear Man” acronym) “Gender neutral has its place, however I think young adults will get the jist”.**

- Thank you for your feedback. I too would hope that young adults would be able to “get the gist”, however to ensure that no one takes any personal offense, neutralizing the example avoids any potential misunderstandings.
- **(re: layout in session 1)-“It is good to set the difference in children’s/adolescents and adults ability to describe feelings in set amounts of time.”**
  - Thank you for your feedback, yes, it is important that the facilitator and the adolescent’s time is clearly presented in the facilitator manual so that there is an even allocation of lecture/presentation and student activity and interaction. Both are essential for an enhanced learning experience.
- **(re: having accountability checks for student’s challenge activity assignments) “Participants should have a level of accountability”**
  - Thank you for your feedback. I also believe the accountability checks will help the students to be more accountable and will enhance their learning experience.
- **Your process was great. I feel that that the youth would really respond to this curriculum.**
  - Thank you for your feedback. I do hope that this curriculum will be effective with adolescents. I look forward to piloting the program and hope to continue to engage the panel during that time.

#### **D. Program Name Preference**

Fifteen names were presented to the expert panel as possible names for the Distress Tolerance program for middle school adolescents. Out of the 15 options, 8 were selected as possible names for the proposed program. A breakdown of the votes can be found below.

- 33.33% of the panel (n=4) chose EASE-Empowering Adolescents (to deal with) Stress and Emotions as their first choice for the program’s name.
- 16.7% of the panel (n=2) chose ESCAPE-Empowering Skills for Adolescent Pressures and Emotions as their first choice for the program’s name.
- 8.3% of the panel (n=1) chose ACTS- Adolescents Coping Through Stress as their first choice for the program’s name.
- 8.3% of the panel (n=1) chose ASRP- Adolescent Stress Reduction Program as their first choice for the program’s name.
- 8.3% of the panel (n=1) chose CASE- Coping with Adolescent Stress and Emotions as their first choice for the program’s name.

- 8.3% of the panel (n=1) chose INSPYRE- Innovative New Skills Pertaining to Youth Related Empowerment as their first choice for the program's name.
- 8.3% of the panel (n=1) chose MAP-Managing Adolescent Pressures as their first choice for the program's name.
- 8.3% of the panel (n=1) chose TYME- Teaching the Youth Mastery of Emotion

**The panel will be asked to choose from the top two names (EASE or ESCAPE) in the next round.**

## **Appendix P: Questionnaire sent to Expert Panel for Delphi Method, Round 3**

Q1 Dear Expert Panelist,

Thank you for your continued interest in this project and for your contributions to the development of this intervention manual for middle school adolescents. Below are instructions regarding this phase of the research study.

**Purpose** This research addresses the underlying relationship between stress, emotional regulation, and subsequent negative behaviors by developing an adolescent appropriate intervention for middle school adolescents between the ages of 12 and 14 years.

**Procedures** We have sent you a copy of the Response to Reviewers and the most recent revised version of the proposed manual. The manual was adapted based on your concerns, opinions and feedback from Round 2. We are now in possibly the final round of the Delphi method. The first 5 questions pertain to your satisfaction with the modifications made from Round 2. We ask that you answer whether or not you are satisfied with the current modifications and/or responses that were offered. The following questions pertain to your overall opinions of the proposed manual. Once this process is completed, we will contact you via email and let you know if there are any major modifications that were suggested that we need your consensus on. If not and the suggested modifications are minor (ie-layout or grammatical issues) we will address them on the research level.

**Confidentiality** All data obtained from the expert panelists will be kept confidential and will only be reported in an aggregate format (only reporting combined results and never reporting individual results). All identifiers will be kept confidential, and no one other than the primary investigator and assistant researchers listed below will have access to them. The data collected will be stored in the HIPPA-compliant, Qualtrics-secure database until it has been deleted by the primary investigator.

### **Questions about the Research**

If you have questions regarding this study, please contact Sylvette A. La Touche-Howard, MA, NCC at xxx-xxx-xxxx (office), xxx-xxx-xxxx (cell) adolescentstudy.umd@gmail.com (email)

### **Questions about your Rights as Research Participants**

If you have any questions about the research study itself, please contact Dr. Daughters at the Stress, Health and Addiction Research Program at the School of Public Health xxx-xxx-xxxx; xxxxx@umd.edu. If you have any questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland 20742; (e-mail) irb@deans.umd.edu; (telephone) xxx-xxx-xxxx. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.

Q2 I have read, understood, and printed a copy of the above instructions and desire of my own free will to participate in this study.

- Yes (1)
- No (2)
- 

Q3 Responses to Reviewers The following 5 questions are based on the responses/modifications that were made in the Responses to Reviewers document (Round 2). Please rate whether or not you are satisfied with the response/modification that was made based on the suggestions of the expert panel.

Q4 I am satisfied with the response(s) and/or modifications made regarding Item A1.

- Satisfied (1)
- Not Satisfied (2)

Q5 Additional Suggestions or Comments regarding Item A1.

Q6 I am satisfied with the response(s) and/or modifications made regarding Item A2.

- Satisfied (1)
- Not Satisfied (2)

Q7 Additional Suggestions or Comments regarding Item A2.

Q8 I am satisfied with the response(s) and/or modifications made regarding Item A3.

- Satisfied (1)
- Not Satisfied (2)

Q9 Additional Suggestions or Comments regarding Item A3.



Q10 I am satisfied with the response(s) and/or modifications made regarding Item A4.

- Satisfied (1)
- Not Satisfied (2)

Q11 Additional Suggestions or Comments regarding Item A4.

Q12 I am satisfied with the response(s) and/or modifications made regarding Item A5.

- Satisfied (1)
- Not Satisfied (2)

Q13 Additional Suggestions or Comments regarding Item A5.

Q14 Program Name Preference Please choose ONE of the following two names as your preference for this intervention program for middle school adolescents.

- EASE-Empowering Adolescents (to deal with) Stress and Emotions (1)
- ESCAPE-Empowering Skills for Adolescent Pressures and Emotions (2)

Q15 Appropriateness The following question addresses the appropriateness (potential ability to be suitable or fitting) of the overall program for middle school adolescents. Please rate your opinions based on the overall components for each session.

Q16 Please rate the proposed program on its appropriateness (potential ability to be suitable or fitting) for middle school adolescents.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Proposed Program (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 If you would like to further comment or offer any further suggestions based on the appropriateness of the proposed program, please feel free to do so in the space below. If not, please proceed to the next question.

Q18 Effectiveness The following question addresses the effectiveness (extent to which the activity fulfills its intended purpose or function) of the overall program for middle school adolescents. Please rate your opinions based on the overall components for each session.

Q19 Please rate the proposed program on its effectiveness (extent to which the activity fulfills its intended purpose or function) for middle school adolescents.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Proposed Program (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 If you would like to further comment or offer any further suggestions based on the effectiveness of the proposed program, please feel free to do so in the space below. If not, please proceed to the next question.

Q21 Program Goals: The program has 4 program goals: (1) Enable adolescents to understand the relationship between their emotions and behavior. (2) Educate adolescents on how to identify and label their emotions. (3) Teach skills to adolescents that will enable them to cope with their difficult emotions. (4) Provide adolescents with skills that will enable them to avoid engaging in later risk behavior. The following 4 questions pertain to the intended goals and objectives of the proposed program. Please rate the ENTIRE program on its ability to meet its intended goals and objectives.

Q22 To what extent does the ENTIRE program meet the goal of enabling adolescents to understand the relationship between their emotions and behavior?

	To a Great Extent (1)	Somewhat (2)	Very Little (3)	Not at All (4)
Goal 1: To enable adolescents to understand the relationship between their emotions and behavior (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23 Additional Comments/Suggestions that would enhance this goal.

Q24 To what extent does the ENTIRE program meet the goal of educating adolescents on how to identify and label their emotions?

	To A Great Extent (1)	Somewhat (2)	Very Little (3)	Not at All (4)
Goal 2: To Educate adolescents on how to identify and label their emotions (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q25 Additional Comments/Suggestions that would enhance this goal.

Q26 To what extent does the ENTIRE program meet the objective of teaching skills to adolescents that will enable them to cope with their difficult emotions?

	To a Great Extent (1)	Somewhat (2)	Very Little (3)	Not at All (4)
Goal #3: To teach skills to adolescents that will enable them to cope with their difficult emotions (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 Additional Comments/Suggestions that would enhance this goal.

Q28 To what extent does the ENTIRE program meet the objective of teaching skills to adolescents that will enable them to avoid engaging in later risk behavior?

	To a Great Extent (1)	Somewhat (2)	Very Little (3)	Not at All (4)
Goal #4: To provide adolescents with skills that will enable them to avoid engaging in later risk behavior (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29 Additional Comments/Suggestions that would enhance this goal.

Q30 Learning and Educational Materials-Facilitator Materials The following 3 questions pertain to the appropriateness of the materials and tools for the facilitator. Please rate the following learning and educational materials and tools concerning their appropriateness.

Q31 Please rate the following learning and educational materials and tools concerning their appropriateness.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Facilitator Materials: The overall content & layout. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitator Materials: The format(s) used for discussion (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitator Materials: The language and situational examples that were offered (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q32 Additional Comments/Suggestions that would enhance this objective

Q33 Learning and Educational Materials-Facilitator Materials The following 3 questions pertain to the effectiveness of the facilitator's materials and tools. Please rate the following learning and educational materials and tools concerning their effectiveness.

Q34 Please rate the following learning and educational materials and tools concerning their effectiveness.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Facilitator Materials: The overall content & layout. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitator Materials: The format(s) used for discussion (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Materials: The language and situational examples that were offered (3)				
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Q35 Additional Comments/Suggestions that would enhance this objective

Q36 Learning and Educational Materials-Student Materials The following 5 questions pertain to the appropriateness of the student’s materials and tools. Please rate the following learning and educational materials and tools concerning their appropriateness for middle school adolescents.

Q37 Please rate the following learning and educational materials and tools concerning their appropriateness for middle school adolescents.

	Very Appropriate (1)	Appropriate (2)	Inappropriate (3)	Very Inappropriate (4)
Student Materials: The overall content & layout. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Materials: The Challenge Tasks (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Materials: The handouts (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Materials: The worksheets (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Materials: The graphics and visual illustrations (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q38. Additional Comments/Suggestions that would enhance this objective

Q39 Learning and Educational Materials-Student Materials The following 5 questions pertain to the effectiveness of the student's materials and tools. Please rate the following learning and educational materials and tools concerning their effectiveness with middle school adolescents.

Q40 Please rate the following learning and educational materials and tools concerning their effectiveness for middle school adolescents.

	Very Effective (1)	Effective (2)	Ineffective (3)	Very Ineffective (4)
Student Materials: The overall content & layout. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Materials: The Challenge Tasks (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Materials: The handouts (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Materials: The worksheets (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Materials: The graphics and visual illustrations (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q41 Additional Comments/Suggestions that would enhance this objective

Q42 Relevancy and Feasibility: The following 2 questions pertain to the relevancy and feasibility of the proposed program. Please rate the proposed program on its relevancy for and feasibility with middle school adolescents.

Q43 Relevancy How would you rate the program's relevancy for middle school adolescents?

	Very Relevant (1)	Relevant (2)	Irrelevant (3)	Very Irrelevant (4)
Program Relevancy (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q44 Additional Comments/Suggestions that would enhance this objective

Q45 Feasibility How would you rate the program's feasibility with middle school adolescents?

	Very Feasible (1)	Feasible (2)	Not feasible (3)	Definitely not feasible (4)
Program Feasibility (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46 Additional Comments/Suggestions that would enhance this objective

Q47 Sustainability How would you rate the program's potential ability to be sustainable?

	Very Sustainable (1)	Sustainable (2)	Not sustainable (3)	Definitely not sustainable (4)
Program Sustainability (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q48 Additional Comments/Suggestions that would enhance this objective

Q49 Overall Satisfaction How would you rate your overall satisfaction with the proposed program?

	Very Satisfied (1)	Satisfied (2)	Not satisfied (3)	Definitely not satisfied (4)
Overall Satisfaction with Proposed Program (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q49 Additional Comments/Suggestions that would enhance this objective

Q50 Demographic Information: We would like to know a little more about our expert panel. Please answer the following 3 demographic information questions.

Q51 Age

Q53 Sex

- Male (1)
- Female (2)
- Other, please specify (3) \_\_\_\_\_

Q54 Ethnicity/Race: please check all that apply

- White/Caucasian (1)
- Black/African American (2)
- Asian/Southeast Asian (3)
- Hispanic/Latino (4)
- Native American/American Indian (5)
- Other, please specify (6) \_\_\_\_\_



**Appendix Q: Finalized Version of the Adolescent Distress Tolerance Program**

**EASE:**

**Empowering Adolescents to deal with Stress and Emotions**



**Stress, Health, Addiction Research Program  
University of Maryland – College Park  
Department of Behavioral and Community Health**

**Program Goals:**

1. To enable adolescents to understand the relationship between their emotions and behavior.
2. To educate adolescents on how to identify and label their emotions.
3. To teach skills to adolescents that will enable them to cope with their difficult emotions.
4. To provide adolescents with skills that will enable them to avoid engaging in later risk behavior.

## Note to Facilitators:

- Remind adolescents at the start of the first EASE program session that all of the sessions will be audio taped. Provide assurance that no one outside of the study will have access to the audio files.
- The time limits provided for each section are a general guideline as to how the time should be distributed within the session. It is most important that the group understands the information.
- Homework Completion: At the beginning of each EASE session, check the completion of each adolescent's challenge task. Completion is rated on a scale from 1-5 (1-no tasks have been completed to 5-all tasks completed). A form for this purpose is attached in the appendix. If needed, additional forms will be available at the SHARP lab. After each session, place the completed sheet inside the adolescent's file.
- This manual is provided as a program guideline. **It is not a script.** Although it is important to make sure to address all of the topics outlined, it is *not necessary* to do so verbatim.
- There is a summary sheet at the beginning of each session. This summary sheet is meant to provide the facilitator with the purpose and overview of each session.  
Additionally, a checklist has been provided for each session. The checklist should be used to assess the program's integrity. It is important to complete this form, it is meant to be used by the facilitator as a helpful guideline for what is to be covered in the each of the program's sessions.
- It is important to have a list of relevant and local resources that are available for your participants. To prevent feelings of isolation, make this list available to all of your participants. It is important that your participants are aware that there are places where they can access further help for coping with their emotions and other issues that they may possibly face.
- It is important that to the best of your ability that you can ensure that your participants are safe at their program location and that you do your best to provide a "judgment free" zone in your group.

# Session 1

## Session Objective:

To introduce participants to the EASE program, to establish group rules, and to

explore the concept of feelings and the role that it plays in the adolescents' life.

### **Session Overview:**

Participants will be introduced to the EASE model, which demonstrates the connection between individuals' emotions, behaviors, and their consequences. Participants will be given the opportunity to demonstrate their understanding through discussions, challenge tasks and games.

### **Session Outline:**

- **Program Overview**
- **Welcome/orientation to the EASE program**
- **Group Building Exercises**
- **Ice breaker**
- **Group Rules**
- **Program Model**
- **Group Activity-Charades (p.42)**
- **Application of skills to Program Model**
- **Program Breakdown**
- **Introduction of Challenge Task/Wrap Up**

#### **Materials needed:**

- **Brown bag for charades, Colored Paper, Activity Books**

**EASE:  
Program Integrity Checklist  
Session 1 Checklist**

Date: \_\_\_\_\_

Group: \_\_\_\_\_

	Item Completed Yes/No
<b>Program Overview</b>	Yes/No
<b>Welcome/orientation to the EASE program</b>	Yes/No
<b>Group Building Exercises</b>	Yes/No
<b>Ice breaker</b>	Yes/No
<b>Group Rules</b>	Yes/No
<b>Program Model</b>	Yes/No
<b>Group Activity-Charades</b>	Yes/No
<b>Application of skills to Program Model</b>	Yes/No
<b>Program Breakdown</b>	Yes/No
<b>Introduction of Challenge Task/Wrap Up</b>	Yes/No

Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_

Total Duration of Session: \_\_\_\_\_

Additional Notes:

# Session 1

## **I. Welcome/orientation (approximately 5 minutes)**

### A. Introduction of the Facilitators

Script: “Hello and welcome to the EASE program. My name is \_\_\_\_\_ (name of the group facilitator) and this is \_\_\_\_\_ (name of assistant facilitator) and we will be your group leaders for the next few weeks. I want to thank you for deciding to be a part of the EASE program and we hope that by the end of our time together that you will be happy that you came.

### B. Overview of the Program

- **Script:** “The name EASE is an acronym. The name EASE stands for Empowering Adolescents to deal with Stress and Emotions. During these next six weeks, we are going to participate in different activities that are going to help us to be empowered as we learn how to cope better with difficult situations and feelings that adolescents sometimes deal with. We went over a lot of the content in this program with adolescents just like you, and we took many of their thoughts into consideration. We hope that you will get a lot from this program.

C. Review structural details of program

- **Script:** “We are going to meet together for 6 group meetings; each group meeting will last around an hour. All of the group meetings will take place over the next six weeks at the same time and at this location. During this time you will be learning some interesting skills and be given some useful tools to help you cope with difficult situations and feelings. More importantly, we will participate in different activities that will give us the opportunity to practice these skills so that we will be able to apply them when we need them. We need you to do your absolute best to be on time and of course, everyone who is on time and has perfect attendance will receive something.

*Be prepared to field questions that adolescents may raise here; if they ask, “What does this or that mean?” Tell them “That’s a great question! We will be going over exactly what the program consists of in just a few minutes, anything that I don’t explain you can let me know and we can go over it then”*

**IV. Group Building Exercises (approx. 15-22 minutes)**

C. Ice Breaker Activity (approx. 10-15 minutes):

- **Script:** So before we begin, I would like us to take just a few minutes to get to know each other a little bit better seeing we are going to be spending the next few weeks together. So what I would like for us to do is to go around the room and we will say our name and describe one activity that we did this week that made us feel really good and what kind of feeling did we experience after that activity. If you cannot think of something that you did that made you feel good, then tell us something that you wish you can do before the week is over that will make you feel good and what kind of feeling you think you will feel after that activity. Does everyone understand the activity? *Start with yourself and then point in the direction that you would like the group to continue with. Make sure to emphasize at the end of your personal introduction to describe what emotion that you experienced, so that the adolescents will have an example of how they should proceed.*

**B. Group Rules (5 minutes)**

- *The purpose of this exercise is to create group rules to foster group cohesiveness and trust, take the time to listen to the statements of the adolescents. As one adolescent speaks, be aware of cues from other participants. Script: “One of the things that are going to be very important for our group is that we learn to trust each other and that we have a group that we can feel comfortable in, so I believe that now would be a good time to come up with some group rules that we believe will make our group better.” [Write “Group Rules” on the board] Remember, this is your group, so you can choose the rules that will work for you. They do not have to be the same rules that you have had in other classroom settings, although they could be. We are going to make two lists. We are going to have a list of things that we want others to do in our group (ex: Be respectful). We will also make another list of the things that we do not want others to do in our group (ex: No Interrupting). So, let us get started ... I am going to write the first ones. “No interrupting and Being Respectful .” Who has another suggestion for a rule for this group?*
  - If the adolescents are stumped, give a couple of examples: “no interrupting”, “speak respectfully”, “don’t tell other people what they should do”
  - Make sure list includes confidentiality. “What’s said in the room stays in the room”. *If an adolescent brings it up, fine. If not, the facilitator should raise it and add to the list on the board.*
  - Stop group after 5 minutes. *Tell the group that the guidelines will be made visible at every session, and they can always add more later.*
  - **Note: When confidentiality is discussed, the facilitator must make clear the two exceptions to confidentiality:**
    - 1. Intent to harm oneself or others
    - 2. Child abuse

**Script: It is important that everything remains confidential in our group, and this is a very important rule. As the facilitator, however, I do want to make you aware of two exceptions to this confidentiality. If you express any intent to hurt yourself or someone else, that is something that I would have to talk to someone about. Also, if you talk about any type of child abuse, whether you witnessed it or experienced it, the law requires us to report this information. I just want you to be aware of what will always be kept confidential, and what will have to leave this room.**

*Hand out adolescent manuals (2 minutes)*

- **“Ok, so now I am going to hand out the activity books that we will be using for this program. In this book, you will see that there are**

activities that are designed for us to do while we are here together as a group and some are for you to practice at home. Everything in this book is important so we want you to do your best to do everything that is assigned.

V. **Program Model (20 minutes)**

*Trigger → Difficult Feelings → Behavior → Consequences*

- **Script:** I wanted to start by simply asking you the question, “Do adolescents sometimes deal with difficult feelings?” *Wait for a response from the group. Probe where needed. I would like you to take about two minutes to think about some difficult feelings that most adolescents deal with. If you turn in your activity book to page 3, you will find a sheet of paper that I would like you to write down your thoughts and answers.*  
*(After 2 minutes)*
- **Script:** Ok, so now I am going to go around the group and I want you to share with me one of the feelings that you came up with and as you share them with me, I will write them on the board, this way everyone has a chance to share and we will just keep on going around the group until we have a list of all of the feelings and feelings that you came up with. *How does that sound? (listen for verbalized agreement and/or nods)*
- **Script:** Ok, great! Let’s start with \_\_\_\_\_ *(choose an adolescent)* and then \_\_\_\_\_ *(adolescent to the right of the chosen adolescent)* you will go next. *This will help to maintain the flow of the group.*
- *Allow adolescents to mention as many negative feelings as possible.*
- **Script:** Right now, I am going to give each of you several pieces of paper that I would like for you to help in rating each emotion. We are going to use a scale of 1 to 5, 1 being always difficult and 5 being not difficult at all *(draw a line on the board depicting this, write the following on the board: 1-always difficult, 2-mostly difficult, 3-neutral, 4-rarely difficult, 5-not difficult at all )*, and when I mention the emotion, I would like for you to rate the ability that you believe adolescents have to deal with each of these feelings? Then we will take an average score. Let’s go over each one. *Start with the first emotion*



*mentioned and continue in that order.*

*Allow adolescents to score all of the feelings.*

- **Script:** Ok, so I am going to go over each emotion and just like how the judges act in sports competitions, I will name the emotion and I would like for you to hold up the rating that you gave for each one and (facilitator assistant) will write them out and then we will get our average. Start in the same order as before.
- Summarize the overall means for each emotion mentioned. Highlight the feelings that received an average score of 5 or below (not too difficult to deal with) and 6 or above (feelings that sometimes seem to difficult to deal with). **Script:** So, overall we can see that sometimes some feelings seem very difficult to deal with and some may even feel very overwhelming. What I would like us to do now is to take a closer look at some of the feelings that we discussed (and if not mentioned) and some others that may not have been mentioned). I would like us to take a moment to focus on 4 difficult feelings (1) Sadness (2) Frustration (3) Nervousness and (4) Anger.

### SADNESS:

- **Script:** Can you come up with an example of some things or certain situations that could make an adolescent sad?
  - *If adolescents are unable to come up with responses, give examples: lost or sick pet, , a sad movie, breakup with a loved one, loss of a family member, bad news concerning a family member, etc.*
  - *After each example:*
- **Script:** Ok, that's good, now using another scale from 1-5 where 1 is never and 5 is always *On the board write 1-Never, 2-Rarely, 3-About half of the time, 4-Usually, 5 Always*, tell me how sad would this situation make you feel?
- **Script:** Ok (moving on to the next person) well, can you give me another example of a situation that made an adolescent feel sad?
  - *Once they are done, have them rank this situation as well.*
- **Script:** Now in your activity books on page 4, I want you to write down a situation in your life when you personally felt very sad. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down. *(Give participants 2 minutes)*
- Let's move on to the next feeling...frustration.

**FRUSTRATION:**

- **Script:** Can you come up with an example of some things or certain situations that could make an adolescent frustrated? *If adolescents are unable to come up with responses, give examples: studied really hard for a test but still didn't get a good grade; not making a certain sports team or club, trying to solve a problem but still unable to do so?*
  - **Script:** Ok, that's a really good example, once again I want you to use same scale from 1-5 how much frustration did this situation make you feel?
  
- **Script:** Ok, well (ask another adolescent), can you give me another example of a situation that made you feel frustrated?
  - *Once they are done, have them rank this situation as well.*
  
- **Script:** Now in your activity books on page 5, I want you to write down a situation in your life when you personally felt very frustrated. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.

*(Give participants 2 minutes)*
- Let's move on to the next feeling...nervousness.

**NERVOUSNESS:**

- **Script:** Can you come up with an example of some things or certain situations that could make an adolescent nervous? (Ask the next adolescent who is in the group)
  - *If adolescents are unable to come up with responses, give examples: having a family member who is extremely ill, having parents or guardians threatening to separate, fear of the grade you may get in a class*
  - *Once they have come up with the first example:*
  - **Script:** Ok, that is a good example; once again, I want you to tell on the same scale from 1-5 how nervous did this situation make you feel?
  
- **Script:** Ok, well (ask another adolescent), can you give me another example of a situation that made you feel nervous or afraid?
  - *Once they are done, have them rank this situation as well.*
  
- **Script:** Now in your activity books on page 6, I want you to write down a situation in your life when you personally felt very frustrated. This may be personal so I won't ask you to share with us unless you really

want to but I do want you to take the time to think about it and write it down.

**ANGER:**

- **Script:** Last, we are going to talk about anger. Can anyone come up with an example of situations where you felt angry or mad?
  - *If adolescents are unable to come up with responses, give examples: situations where someone disrespects you, loss of certain privileges based on punishment from parents or guardians, being treated unfairly by family, friends, teachers or coaches.*
  - *Once they have come up with the first example:*
- **Script:** Ok, that's good, once again I want you to tell on the same scale from 1-10 how angry did/does this situation make you feel?
- **Script:** Ok, can you give me another example of a situation that made you feel angry?
  - *Once they are done, have them rank this situation as well.*
- **Script:** Now in your activity books on page 7, I want you to write down a situation in your life when you personally felt very angry. This may be personal so I won't ask you to share with us unless you really want to but I do want you to take the time to think about it and write it down.

***Transition to Model***

- **Script:** Now we have discussed what some difficult feelings are and even some situations that cause us to feel that way. One of the things that we also need to discuss is the relationship between those situations and our feelings and how that even affects our behaviors and later certain consequences. All of the feelings that we discussed today can fall under two words Distressful Feelings.
- Let's spend some time today talking about the bigger picture of those Distressful feelings.  
Distress starts with a Trigger. *Write the word "trigger" on the board.* Triggers can be anything that causes us to feel distress. It can be people, for example a friend that shared your secret with someone else, it could be places, such as the classroom to a subject that you don't like, it can be things or events such as a bad grade, money problems
- Triggers can be obvious, losing a loved one, getting into an argument, being treated unfairly at school or at home. But they can also be less obvious things such as memories which can also cause some of the feelings we discussed like pain, sadness, frustration, guilt, or additional feelings like nervousness or anger.

*Can anyone give me some other triggers that adolescents may experience?*

- **Script:** Triggers lead to Distressing Feelings (draw an arrow from triggers to distressing feelings) like some of the ones we were just talking about—like sadness, frustration, fear and anger.
- **Script:** Distress does not occur in a vacuum so to speak; it has causes and effects that are important for us to consider. If we look at the bigger picture, after we experience distressing feelings, there is always a behavior (whether it is good or bad) that always comes after it. Let's use an example, let's say someone spread a rumor about me which was mean and unfair, this would serve as a trigger. *Write trigger and rumor on the board. What distressing emotion do you think I would feel? Solicit answers from the adolescents and write on board. Draw an arrow from the trigger to the distressing feelings. Good, ok, and as a result of those distressing feelings, what kind of behaviors do you think I would do? Solicit answers from the adolescents and write on board and again create another arrow connecting the distressing emotion to the behavior. If adolescents only give positive behaviors, try to probe them to also give negative behaviors. What do you think are some of the possible consequences that my behavior would lead to? Solicit answers from the adolescents and write on board. Draw an arrow from the behavior to the consequences. It is important to remember that the behaviors that we do to help us to cope with our distress always have consequences. These consequences can be both positive and negative—so you may feel better in the moment (positive), you may also have negative consequences, so even though these consequences can be both positive and negative—you may feel better in the moment (positive), however it can also end up having negative consequences in the long run.*

Now that we are looking at this all on the board, what questions or comments do you have?

## **VI. Activity: Charades (10 minutes)**

- **Script:** Now we have been doing a lot of sitting down and a lot of writing so to give ourselves the opportunity to get out of our seats and stretch a little, we are going to take a few minutes and play some charades, I have already chosen a range of feelings and put them in this bag. I am going to divide you into 2 groups and everyone will have a chance to act out the emotion and to guess. Who has played charades before? *If no one has played charades before, explain to them that the game consists of acting out a situation or a word and doing it in such a way that your team is able to guess what it is. Ok, so here are the rules, now, each action will be timed. Each group will have 30 seconds*

to guess what the person is acting out. Once your group's time is up the other group will have an opportunity to guess and gain the point.

- *Put the adolescents into 2 groups and begin the game. Allow for two rounds to transpire. Script: Well, that was fun! You all are talented actors/actresses! Now, let's get back in our seats.*

### **VII. Application of skills to Distress Model (10 minutes)**

- *Script: Ok, I want you to take all that we have done today, looking at difficult situations and distressing feelings and I want us to refocus on the model that we went over earlier and I want you to think about a personal example that the model can help to explain. You have colored sheets of paper to use so that we can all have a chance to come up front and describe your personal example of how this model applies to you. We will use the yellow paper for triggers, the red ones for distressing feelings, the blue ones for behavior and the orange color for consequences (Colors can vary just be consistent and make sure that there are enough of the same colored paper for everyone). You have 3 minutes to come up with your example.*
- *Give each student tape so that they can tape their example to the board when they are demonstrating their example. Script: Now everyone is going to get some tape so that they can post their examples on the board for everyone to see as you are explaining your application of the model.*
- *Allow each adolescent the chance to present their example and encourage adolescents to write down the examples in their activity book. Script: You have a sheet in your activity book on page 2, you can use this to write down someone else's example so that it can help you to have a variety of examples of how to apply the model.*

### **VIII. Program Breakdown (5 minutes)**

*Script: Let's talk for a moment about what we will be doing during each of the sessions*

#### C. Session 1 Breakdown

- *Script: And let's start with what we have done already for today.*
  - *As I mentioned earlier, we plan on providing you with the tools to help you better handle difficult situations and giving you the opportunity to practice these skills so that you will feel more empowered which is what the E in EASE stands for.*
  - *We also learned today that there is a bigger picture of distress and today we went over that bigger picture.*

- We are also took some time to discuss what “distressing feelings” were and some situations that caused them and that was really important because it helped us to better identify that what distress looks like when we are faced with difficult situations.
- The last thing that we are going to do today is go over the challenge activity that you have for next week, which will be an application of all of the things that we covered today.

B. Sessions 2-6

- In the sessions 2-6, we will learn a lot about coping skills training and do some very creative practice exercises
  - We’ll start with a review of previous material. Then we will move on to introduction of new skills.
  - Then, we are going to do some practice exercises, so that we can put the information that we learn into practice.
- Don’t worry about the other sessions yet, we will go over everything as it comes up. This was just an overview so you would know what to expect.
- *Script:* So now, let’s go over the challenge activity for next week.
- *If you turn in your activity book to page 9, you will see a page with the title ”Self Monitoring of Distress”*
  - *Script:* For the next time we meet, I want you to please look at that Challenge Task. Between now and the next time we meet, I want you to take a few minutes to fill out this form, just like how we went over situations in the past that were distressing, well for this challenge you should fill out this form just like we did with the situations earlier. This time I want you to keep track of distressing situations as they happen to you by writing them down. I also want you to complete the chart by writing in (1) what the trigger was, (2) what feelings you experienced, (3) how did you react and (4) the consequence of your behavior and your personal rating of that event. Ok, so is that clear? Does anyone foresee any problems? Does anyone have any questions? You will not be judged by what you write, however, I will look at whether you did the task or not. I want everyone to take part in this activity and we will discuss it more next class. No need to worry about sharing what you wrote, you can always use other examples if you don’t want to share personal ones. I just want to make sure that you understand what we did today.

**VII. Wrap Up (1-2 minutes)**

- *Script:* Now, we have covered a lot of things today. In fact, today is probably going to be your most packed session. As I said earlier, we are going to be

learning new skills in our next sessions and we are going to have an opportunity to practice them. I hope that you learned some things today that were practical and useful and I look forward to seeing you next week.

*DISMISS*

## Session 2

### **Session Objective:**

To explore the negative consequences of distressing feelings adolescents often suppress.

### **Session Overview:**

Participants will be introduced to strategies that will enable them to express their feelings in a constructive manner. Participants will be taught the difference between suppressing and expressing one's emotions and the health consequences that may result from making poor choices. Participants will be given the opportunity to demonstrate their understanding through discussions, challenge tasks and games.

- **Brief Review of Previous Session**
- **Check and Review Homework**
- **Lesson: Control is the Problem**
- **Group Activity**
- **Lesson: Willingness/Acceptance as Solution**
- **Introduction of Challenge Activity/Wrap Up**
- **Materials Needed:**
  
- **WORKSHEET 2-3**
  - **Re-Read: Emotional Willingness versus Unwillingness**
    - **WORKSHEET 2-1 & WORKSHEET 2-2**

**EASE:  
Program Integrity Checklist  
Session 2 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
<b>Brief Review of Previous Session</b>	<b>Yes/No</b>
<b>Check and Review Homework</b>	<b>Yes/No</b>
<b>Lesson: Control is the Problem</b>	<b>Yes/No</b>
<b>Group Activity</b>	<b>Yes/No</b>
<b>Lesson: Willingness/Acceptance as Solution</b>	<b>Yes/No</b>

**Time Started:** \_\_\_\_\_ **Time Ended:** \_\_\_\_\_

**Total Duration of Session:** \_\_\_\_\_

**Additional Notes:**



# Session 2

## **I. Review of Last Session/ Review of Challenge Activities/Identification of Feelings (15 minutes)**

- **Script:** Welcome back. It's good to see you again. We have a few things to cover today so let's get started!
- **Script:** To start off today, I am going to give each of you some sheets of paper and using either drawings, words or a combination of the two, I want you to describe your current emotion. We'll take 3 minutes to do this and then we will all take turns sharing. *Distribute the sheets of paper and set timer for 3 minutes or until you have observed that every adolescent has completed the task. Script: Ok, who would like to start, if none of the adolescents volunteer to be first, you should start and then choose someone to go next.*
- **How did you find that activity?** *Solicit responses and then continue to the review of the challenge tasks.*
- **Script:** Let's continue today by going over your challenge activities that you had to complete for this week. For today, you were supposed to keep track of any distressing situations that you experienced between our first session and today. Can everyone take out their activity books please?

**Script:** Ok, let's go over the first situation. So, we were supposed to (1) come up with what the trigger was. Now remember in our last session we discussed what a "trigger" is. Would anyone like to share with us, what they learned a trigger is? *Wait for response from students. Make sure to nod with encouragement as the student explains what a possible trigger is. If there are several volunteers, choose about one or two participants to share their definitions. If students are unclear or appear confused, encourage them to use examples. Make sure to reiterate the definition of a trigger before moving forward.*

**Script:** Triggers can be anything that causes us to feel distress. It can be people, for example a friend that shared your secret with someone else, it could be places, such as the classroom to a subject that you don't like, it can be things or events such as a bad grade, money

problems

- Triggers can be obvious, losing a loved one, getting into an argument, being treated unfairly at school or at home. But they can also be less obvious things such as memories which can also cause some of the feelings we discussed like pain, sadness, frustration, guilt, or additional feelings like nervousness or anger. Does anyone have any questions about what triggers are or how they can affect us? Wait to see if there are any questions, if so, make sure to listen and respond, if no, continue with reviewing the assignment.
- Ok, so continuing with our challenge activity for today... we were supposed to (1) come up with what the trigger was. (2) describe what feelings did we have as a result of the trigger, (3) what we did to manage the distress and (4) what occurred as a result of that behavior and then (5) how did we rate the result of the consequence. Let's do an example together on the board. *Make sure to have enough space on the board to write the responses.*
- So let's say our trigger was a person at school who was continuously bothering you and getting on your nerves (Facilitator should write the word "trigger" on the board and underline it and then beneath it right "Annoying Individual"). Then we were supposed to write down what feeling or feelings we had as a result, can anyone help me to think about what kind of feelings you would have if you had a person at school who kept on annoying you? *Solicit responses.*
- (Facilitator should draw an arrow and then write the word "feeling" on the board and underline it and then beneath it write "frustration", "angry" and any other words the students may have added). Then we were supposed to write what we did as a result of the trigger. Write the word "behavior" on the board, what do you think could be a behavior that would result from being frustrated or angry at someone who is annoying you. *Solicit responses.* What about "tell them off", get in a fight" and then we were supposed to write out what the consequences were. Write the word consequences on the board, *Solicit responses.* What about "Get in trouble with the school", "Get even more angry and frustrated", "Get injured or hurt".
- So how was this for you? What examples did you come up with? *Solicit responses from adolescents and try to write their examples on the board as they pertain to the model. After you have taken each adolescent's examples, ask the following questions to the group:*
- Did you realize anything about yourself? *Solicit responses.*
- Were there any additional feelings that you discovered that we had not mentioned from our last time together? *Check for additional feelings they may have experienced but did not list.*

- *Was there anyone who was not able to complete their challenge activities? Remind the students that these activities are important and that you are not checking it to see how perfectly it is written. However, you do want them to put some time and effort into their challenges. If there are some adolescents who did not complete their challenge activities, make sure to ask why and see if the group can brainstorm as to ways that the adolescent(s) may complete their activities and mention that you hope that next week there will be 100% completion.*  
*If everyone has completed their activity: **Ok, well I am glad that everyone got to do their challenge activities. I do hope that you found them insightful.***

## **II. Attempts to Control Feelings Can Make Distress Worse (15 minutes)**

- ***Script:* One common approach that adolescents usually use to reduce or lower their distress is attempting to control their feelings. Have any of you ever tried that or know of someone who has? For example, if you are really angry because someone was saying mean and false things to someone else about you but rather than dealing with the situation you say to yourself that you are going to just ignore it?**
- **Although this seems at first as if this is a reasonable thing to do, there are some problems with this strategy. Can anyone think of any? *Wait for responses from adolescents, if there is none; try to probe, by asking if everyone agrees that that is the best way to handle the situation.* For example, sometimes even though we may try to brush off the fact that someone was spreading false rumors about us, would you agree that deep down inside you were really angry about it? Look for non verbal responses from adolescents.**
- ***Script:* Therefore, the first problem in trying to control our feelings is that we often try to hold back or ignore our feelings and that as we know is not always possible.**
- **In general, just think about it, it is hard to actively sit and not think about something isn't it. Some of you seem as if you need convincing so let's try it. As an example, pick a topic...ok now sit here and the same topic that you just thought about I don't want you to think about it anymore (*give them 30 seconds*) It's quite difficult, right? As another example, (use one of the adolescent's names) what if (another adolescent) said to you, "Hey I have something to tell you but don't worry about it, I will tell you later" it would be hard for you not to think about it, right?**

- **Script:** We can say the same thing applies when it comes to our feelings and feelings. It is usually the case that when we try to control our feelings by holding them back or trying to ignore them, we actually increase the likelihood of having these feelings; that is, we become more focused on any possible indication of their presence and more aware of even their slightest presence. Worse, is that on top of still experiencing that particular distressing emotion, we are also more upset because we are adding a sense of failure because we were not able to control them. Can you think of an example of when this may have happened to you? *Solicit example to make sure they understand...if they stress the fact that they understand but can't relate, give a personal example and then move on to next section*
  
- **Script:** Now, it is the case that there are certain times when, in the short-term, we may be able to hold back our feelings. Unfortunately, even when we are “successful” in doing so, there are negative long-term consequences that result from this coping strategy. Can anyone think of any long term consequences of trying to hold back or keep down our feelings?
  - Basically, using strategies to control or hold back our feelings doesn't seem to work over the long term AND they don't seem to work when you really need them to.
  
- **Script:** There are several common outcomes of holding back our feelings. I am going to share 3 with you today. Please turn with me in your activity books to worksheet 2-2 on page 14.
  - The first one is the pressure-cooker you hold everything in until you burst with negative emotion that feels overwhelming and uncontrollable (this often happens at very inconvenient times)-Have you ever seen this happen to someone? *Solicit stories. Could you share with us the story?*
  
  - The second outcome that can happen to us when we hold back our feelings and that is that we experience Feelings of Emptiness. Feelings of emptiness are like having an emotional void from cutting off good and bad feelings. Do you know of anyone like this? *Use worksheet 2-2 to illustrate: Think of a time when you were unwilling to have a distressing feelings; what happened as a result?*
  
  - The third outcome is that over time, there are also serious health problems that are associated with suppressed distressful feelings.

Can you think of any? Write down their responses. If they do not mention any...What about having headaches, feeling sluggish, not wanting to eat anything or sometimes wanting to eat everything. Can you see how that could occur over a period of time of someone trying to keep down all of their distressing feelings?

### ***III. Group Activity (15 minutes)***

- ***Script:*** Before we move on, I am going to put you into pairs and I am going to ask you to come up with a scenario that demonstrates what we have talked about so far with regards to what some triggers can be, what kind of negative feelings can result from them and what can happen if we try to control these negative feelings over time and then the rest of us will try to see if we can identify what the trigger was etc. Now this scenario does not have to be long, just about 2 minutes and you will have 5 minutes to plan it. *Give the group 5 minutes*
- *Ask each group to come to the front to demonstrate their scenario and process each one with the group at large. Although the group will decide what the trigger was, the distressing emotion, the behavior and the consequence, make sure to recap each one.*
- ***Script:*** You all really have a lot of talent! Your examples were really well done! Thank you so much for participating.
- Now we have discussed and demonstrated triggers, negative feelings and some possible results from trying to keep down our feelings or trying to ignore them. Does anyone have any questions or comments? So, before we leave today, I want us to discuss what a potential alternative approach to avoiding our feelings could be.

### ***IV. Willingness (10 minutes)***

- ***Script:*** An alternative approach to avoidance is practicing the willingness to experience negative feelings.
  - ***Script:*** Willingness simply refers to how open you are to experiencing your own experience as it happens – without trying to manipulate it, avoid it, run from it, hide from it, escape from it, or even change it
  - In fact, willingness may actually help us to feel less overwhelmed, and decrease some of the feelings that accompany some of the

**triggers that we experience because as we saw from the skits earlier and even in our discussion, if we are unwilling to have our feelings and if we attempt to control and/or avoid them, it may actually make us feel worse and increase the same distress that we are trying to avoid.**

- **For example, Shaun is feeling very overwhelmed by all of the homework that he has to do for all of his classes. He feels that he is way over his head and thinks he would rather hang out with his friends instead. If we were to apply what we learned about willingness earlier, we would tell Shaun that although we understand that he would LOVE to hang out with his friends, he should not avoid his problems much longer and rather he should try to make a plan to slowly get all of his assignments out of the way knowing that he will feel a LOT better once he has completed all of his tasks.**
- **Does this seem like you can apply to this to real life? Why or Why not? *Solicit responses from adolescents.***
- ***Script:* All really good points. So, some common strategies for practicing willingness include: (1) Journaling (writing down how you feel in the moment) (2) Actively observing what's going on inside of us, how can we do that? *Solicit responses.* Can anyone think of any additional ones? *Solicit responses.* Any questions?**
  - ***Script:* There are 2 sheets in your activity book that I would like for us to review. They are on page 11 & 12. Review two sheets pertaining to willingness in the activity book and solicit feedback from adolescents about various points.**

V. **Explanation of the Challenge Activities & Wrap Up**  
**(5 minutes)**

*Script:* Ok, well before we go, let's take the time to review Handout 2-1 in your booklet. For the next time that we meet, I would like for you to complete Challenge Activities Worksheet 2-2 and 2-3 on pg. 14-16 for session 2, let's go over it together so that we are sure that the activity is clear. *Review the activity with the group.* Do you have any questions? Okay, well we have covered a lot today. Is there anything that you would like me to go over so that it can be clearer? Well, that's all for today, look forward to seeing you next time.

DISMISS

# Session 3

## **Session Objective:**

To teach participants how to use distractions as a healthy and useful skill for dealing with distress.

## **Session Overview:**

Participants will be introduced to the difference between a healthy distraction and avoidance. Participants will be taught how to apply these concepts in their daily lives. Participants will be given the opportunity to demonstrate their understanding through discussions, challenge tasks and games.

- **Review of Homework**
  
- **Lesson: Discussion of Distraction as a Healthy Coping Skill**
  - **Health and Unhealthy Distractions**
  - **Introduction of the ACCEPTS acronym**
- **Group Activity**
  
- **Useful Activities for Healthy Distractions**
  
- **Introduce Challenge Activity/Wrap Up**
  
- **Re-Read: Effective Ways to Self-Regulate: Distraction Strategies**
  - **HANDOUT FORM 3-1, WORKSHEET 3-2, 3-3**
  
- **Complete: Distraction Practice: Monitoring Form**
  - **WORKSHEET 3-4**



**EASE:  
Program Integrity Checklist  
Session 3 Checklist**

Date: \_\_\_\_\_  
Group: \_\_\_\_\_

	Item Completed Yes/No
<b>Review of Homework</b>	Yes/No
<b>Lesson: Discussion of Distraction as a Healthy Coping Skill</b>	Yes/No
<b>Health and Unhealthy Distractions Introduction of the ACCEPTS acronym</b>	Yes/No
<b>Group Activity</b>	Yes/No
<b>Useful Activities for Healthy Distractions</b>	Yes/No
<b>Introduce Challenge Activity/Wrap Up</b>	Yes/No

Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_  
Total Duration of Session: \_\_\_\_\_

Additional Notes:

## Session 3

### Healthy Distractions

#### I. Review of Homework/Session 1 & 2 Skills (10 minutes)

- **Script: Check In:** How is everyone doing today?  
*Script:* Let's start today by going over your challenge activity. For today, you were supposed to keep track of any distressing situations that you may have experienced between our last session and today. Can everyone take them out so that we can over them together?

*Script:* Ok, let's start with (choose a name of one of the adolescents in the group). When necessary, help adolescents clarify emotional responses; check for additional feelings they may have experienced but did not list. See if they

were able to employ any Willingness strategies and what the outcomes were. Was there anyone who was not able to complete their challenge activities? Remind the students that these activities are important and that you are not checking it to see how perfectly it is written. However, you do want them to put some time and effort into their challenges. If there are some adolescents who did not complete their challenge activities, make sure to ask why and see if the group can brainstorm as to ways that the adolescent(s) may complete their activities and mention that you hope that next week there will be 100% completion.

Proceed with teaching distraction skills only when you feel comfortable with the group's ability to apply lessons from first two sessions.

## **II. Healthy Versus Unhealthy Distractions (20 minutes)**

- **Script:** You all did a great job with that challenge activity! You are all very insightful! Okay, so today, I wanted us to discuss the concept of distraction and to look at how it is different from avoidance
- Distraction can often be seen as a useful skill, the key to making it useful is when we use it along with the concept of acceptance.
- Distraction involves doing something to redirect our attention toward something other than our distressing thoughts and feelings.
- Distraction involves us being able to put aside our distress *for awhile* by focusing attention on something else. Now the reason why I stressed “for awhile” is because that means that we still have the willingness to come back into contact with that emotion in the near future just not right at that present moment.
  - **How does that sound?** Look for visual cues that adolescents are understanding (nods etc) So, for example, if I am feeling a lot of distress because I didn't get a good grade on the test that I studied really hard for and I have another hard test coming up in a few days. I may need a distraction for a *little* while before I go back and review where I went wrong or before I email my teacher and express how unfair I thought his or her grading was or even before I start to study for my other test because perhaps if I start my task right away I may either not get it completed, or experience additional distressing feelings. Would you agree? So, maybe I may decide that I am going to go for a walk or go to my friend's house for an hour. Does that sound like a good distraction idea? Does anyone have any others? *Go around the group.*

- So, based on our previous example, distraction can be a useful skill to use until the intensity of an emotion that we are experiencing lessens somewhat and until we believe that it is safe to experience the emotion and also until you have what you need to respond to it effectively, etc.
  
- So, as you can see, distraction is different from avoidance. Avoidance is used as a way to NOT deal with our feelings. Avoidance is often unhealthy because it prevents us from dealing with or resolving whatever it is that is creating our distressing feelings. Also, like we discussed the last time, when we avoid an emotion it can actually make that emotion even more intense and increase our feelings of distress.
  
- Also, as we discussed, when we attempt to avoid our feelings, it often takes the form of unhealthy, destructive behaviors. Can anyone name a few of them? (*Allow the adolescents to share their opinions*)
- *Script: Great examples!!!*
- So, basically, now you can see why it is very important to be able to distinguish between distraction and avoidance.
- I want to share an acronym with you that will help you to remember the key concepts of distraction and it is based on the acronym: **ACCEPTS**.
- *Write ACCEPTS on the board.*
- The **A** stands for **Activities**. So do an activity that will keep your mind busy, do something that you enjoy such as drawing, listening to music or writing.
- The **C** stands for **Contributing**: Try to help others or even get involved in a service project.
- The next **C** stands for **Comparison**: Remind yourself about all the good things in your life. Take a moment to consider all of the things that are going well.
- The **E** stands for **With Opposite Emotions**: **DO** something to create a different emotion than what you are currently feeling. Replace negatives with positives.
- The **P** stands for **With Pushing Away**: Push the experience out of your mind for a bit. Some problems are better handled after the storm has passed.
- The **T** stands for: **With other Thoughts**: Get active with other healthy thoughts and actions. You have more control over your thoughts than you may think.
- The **S** stands for **With intense other Sensations**: Excite your mind with intense safe feelings. Put a piece of ice in your hand, or take a cold shower.

***Script:*** The main thing that I want you to get out of this is that when situations get stressful or difficult, these actions that we just went over can distract you or keep you mind on getting through the moment and staying safe. These skills will help to keep your mind focused on positive thoughts to cope through the situation. Your main goal is to understand that hard times do come but they also pass, our goal is to get through the moment.

### **III. Activity: (10 minutes)**

- To make sure we are able to make a distinction, let's work together to see if we can come up with some past examples of times when you used a healthy distraction strategy to cope with distress. I will give you 3 minutes to think about it and write them out. *You can find the page to write your thoughts on page 19.*
- ***Script:*** Ok, let's go over some of our healthy distractions that we have used in the past. I will take one example from each of you starting with (name of the adolescents) (Take one example from each adolescent).
- Now, I would also like you to take 2 minutes to think about a few examples of times when you used avoidance, or tried to fully escape your distressing feelings? *Have them fill out avoidance portion of worksheet 3-1. You can find a page to do that on 20.*
- ***Script:*** Ok, let's go over some of the times that we have used avoidance in the past. I will take one example from each of you starting with (name of the adolescents) (Take one example from each adolescent)
- ***Script:*** As always, excellent examples.

### **IV. Useful Activities for Healthy Distractions (20-25 mins)**

- ***Script:*** So now that we understand what distraction is, we need to find useful activities that we can engage in as a healthy distraction. I want us to find activities that will use at least one of our 5 senses. If you turn to Form 3-2, you will see various categories that need to be filled with activities. I am going to ask you to work in pairs, simply work with the person that is beside you. *Name the pairs as to avoid confusion, if there is an odd number simply make them into a group of 3. Make sure that each pair has at least 1 category.*
- ***Script:*** I am going to give each pair a poster sheet and some markers to generate your list and then you will have the opportunity to share it with

**the group. You have 10 minutes in your group. If possible, I would like you to create a list of activities that we can all choose from for later use, so try to come up with at least 5 to 7 activities for each category. Also, try to make sure that the activities are practical ones that you will be able to do.**

*(Allow for 10 minutes to transpire)*

- **Script:** I see that you have been busy which is great, so now I am going to ask each pair to come to the front and share the category you had and what you came up with, when we are done, we will stick them on the board so that we can write them down in our workbooks.

*Let each pair, present their categories and activities.*

- **Script:** Let's give each other a round of applause, you all came up with some really great activities!
- **Script:** So, if you look at Worksheet 3-3 on page 21, you will see some ideas that our team had came up with and you will also see blank spaces that you can write down any new ideas that we came up with here today. So I will give you a few minutes to fill in some of the spaces.

*Give group 2-3 minutes to fill in the blank spaces.*

- **Script:** Now we have a list of positive things that we can do to serve as healthy distractions for when we are experiencing distress.
- So, let's recap what we learned for today, if you turn in your activity books to page 17 & 18, you will see the ACCEPTS acronym and a sheet that summarized Effective Ways to Regulate Feelings: Distraction Strategies and for your challenge activity, I would also like you to complete the activity sheet for this session, it is on page 23, let's go over it together. This challenge activity will give you the opportunity to practice your distracting skills between now and next week. *Review assignment with adolescents. Are there any questions? Clarify any questions. Well, that is all for today, I look forward to seeing you next week.*

***DISMISS***

# Session 4

## **Session Objective:**

To introduce participants to strategies that will enable them to maintain a positive relationship with others while still maintaining their self-respect when faced with distressing situations.

## **Session Overview:**

Using the GIVE and FAST acronym, participants will be introduced to the strategies that will enable them to positively deal with distressing feelings caused by interpersonal conflict.

- **Review of Homework**
- **Lesson: Using Values Directions, rather than Avoidance of Feelings, to guide behavior in Interpersonal Situations**
- **Introduction of GIVE and FAST acronym**
- **Group Activity**
- **Introduce Challenge Activity/Wrap Up**

## **Homework**

- Re-Read and review your responses to each of the past weeks forms
- Complete self-monitoring of distress: focus on interpersonal situations

Worksheet 4-3

**EASE:  
Program Integrity Checklist  
Session 4 Checklist**

Date: \_\_\_\_\_

Group: \_\_\_\_\_

	Item Completed Yes/No
<b>Review of Homework</b>	Yes/No
<b>Lesson: Using Values Directions, rather than Avoidance of Feelings, to guide behavior in Interpersonal Situations</b>	Yes/No
<b>Introduction of GIVE and FAST acronym</b>	Yes/No
<b>Group Activity</b>	Yes/No
<b>Introduce Challenge Activity/Wrap Up</b>	Yes/No

Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_

Total Duration of Session: \_\_\_\_\_

Additional Notes:

## Session 4

### Interpersonal Effectiveness

#### **I. Check In and Review of Challenge Activities (10 minutes)**

Check In.

*Script:* Let's start today by going over your challenge activity for today's meeting. You were supposed to keep track of any distressing situations that you experienced between and the last time that we were together and today. Can everyone please take them out your activity books? While we are doing that, let's

**review what the word ACCEPTS stands for:** *While you are reviewing the ACCEPTS acronym, try to ensure that everyone is actively participating, write the acronym on the board, go around the room, if someone is not able to answer what a specific letter stands for, ask for help amongst the other participants.*

*Script: Ok so what does the \_\_\_\_\_ stand for (fill in the blank with the appropriate letter)?*

- **A stands for Activities-An activity that will keep your mind busy like drawing, listening to music or writing.**
- **The C stands for Contributing: Try to help others**
- **The next C stands for Comparison: Remind yourself about all the good things in your life.**
- **The E stands for With Opposite Emotions: Replace negatives with positives.**
- **The P stands for With Pushing Away: Push the experience out of your mind for a bit.**
- **The T stands for: With other Thoughts: Get active with other healthy thoughts and actions.**
- **The S stands for With intense other Sensations: Excite your mind with intense safe feelings.**

**I am sure that everyone has something different so let's go over everyone's situation.** *Read over the form, help adolescents clarify feelings; check for additional feelings they may have experienced but did not list. See if they were able to employ any Willingness strategies and/or Distraction strategies and address the outcomes. Was there anyone who was not able to complete their challenge activities? Remind the students that these activities are important and that you are not checking it to see how perfectly it is written. However, you do want them to put some time and effort into their challenges. If there are some adolescents who did not complete their challenge activities, make sure to ask why and see if the group can brainstorm as to ways that the adolescent(s) may complete their activities and mention that you hope that next week there will be 100% completion.*

*Proceed with Assertiveness lesson only when you feel comfortable with the client's ability to apply lessons from first three sessions.*

## **II. Lecture: (10 minutes)**

- ***Script:* So far, we have been discussing ways of managing and tolerating distressful feelings and situations, without making it worse. However, as we all know in any situation, it is also important to keep in mind the direction we want to go in. That is, many times, tolerating distress is simply the first step; we also need to focus on where we want to go and what we want out of a situation. This requires use to tolerate distress,**



because sometimes the things we do to escape our distressing feelings may take us in a direction that we don't want to go with another person – for example, getting into an argument with your coach or your teacher, or worse getting put off of the school team or being asked to leave the classroom. So before we engage in an interaction with another person, it is helpful to consider: “What do I want out of this?”

- **Script:** After considering this question, it can be helpful to take part in what we would call “interpersonal effectiveness” skills. Who can share with the group what the word “interpersonal” means? (*Wait for volunteers*)
- **Script** (*Whether or not someone got it right or wrong*) The term “interpersonal” means “something that exists or occurs between 2 or more people”. Thus, interpersonal skills deals with skills that you can use when you are dealing with any number of people more than yourself. Conflict resolution is likely more effective in the long run.
- **Script:** In order to resolve conflict, you may need to use interpersonal effectiveness skills in other words, skills that have been proven to work when being faced with a situation that deals with more people than just yourself.
- **Script:** The two things that we are going to focus on today is how to keep a good relationship when faced with distressing feelings and how to keep your self-respect when faced with distressing situations
- Now the first acronym that we are going to go over today is the acronym GIVE. Now the acronym GIVE can be used to develop or keep healthy relationships in your life or it can also help you to end harmful or distressing relations that you may have.
- The G stands for be Gentle-Be nice and respectful. No fighting. Don't be a bully, speak calmly and make nice comments to others.
- The I stands for act Interested: Listen to the other person. Make good eye contact. Don't make faces. Wait until the other person is done to talk.
- The V stands for Validate: BE aware of the other person's feelings and situation. Let them know what they are feeling is real.
- The E stands for use an Easy Manner: It's okay to be silly and laugh sometimes. Be friendly. Be approachable. Be open for advice.
- Now, I want to hear from you. I want you to tell me if you think that following these activities are easy or difficult? *Solicit responses from everyone.* Please also explain why you feel that way. There are no right or wrong answers.

The next acronym that I want you to know is helpful in keeping your self-respect.

The acronym is FAST.

The F stands for be Fair-Treat others as you would want to be treated. Remember the Golden Rule! Sometimes you win sometimes you lose, but balance what you take with what you give.

The A stands for no Apologies-Don't say sorry for being you: apologize when you make a mistake. Don't over apologize.

The S stands for Stick to Values-Remember what is important to you and what you believe in. You decide your actions, not anyone else.

The T stands for be Truthful-Be honest. Take responsibility for your actions.

- Now, similar to the GIVE acronym, I want to hear from you. I want you to tell me if you think that following these activities are easy or difficult?  
*Solicit responses from everyone. Please also explain why you feel that way. There are no right or wrong answers.*

### **III. Group Activity (30 minutes)**

- **Script:** The only way we can make these two acronyms real is if we put them into practice. So, I will give you some of the letters from either acronym. In your group, I would like you to take the time to prepare a scenario that demonstrates the skill and then you will present it to the group and we will try to figure out what skill you were using and if it seemed to work or not. Do you have any questions? *Answer any possible questions.*
- **Script:** You will have 15 minutes to prepare your scenarios. *Allow time for adolescents to get into their pairs and create their scenario. Begin the 15 minutes once everyone has settled. Once the talking has subsided signaling the end of the activity. Ask group if they need more time, give them a few more minutes if needed, if not*
- **Script:** Alright, let's regroup, who would like to go first. *If no one volunteers, simply pick a pair.*
- *Once all scenarios are finished encourage entire group to give each other applause. Script: I must say that you all are very creative, you did a great job.*

### **IV. Introduce Challenge Activity/Wrap Up ( 5 minutes)**

- **Script:** The last thing that I would like you to do is for your challenge activity, if you turn in your books to page 26. You will find that there are two reflective sheets that deal with both the FAST (be Fair, no Apologies, Stick to values, be Truthful) and the GIVE acronym (Be Gentle, Act Interested, Validate & use an Easy manner) Now we spent a lot of time with this today and now I would like you to be able to explain these acronyms to a friend. It is important that you remember these acronyms. You have proved that you are a very creative and intelligent group. So, I would like you to come up with an interesting story, you can be as

**creative as you like, as long as by the end of the story we are able to understand what the problem or situation was and how the individuals in your story were able to use the FAST and GIVE acronym to address their situation. I would like you to use the space that is available to develop your own plot for a commercial or brief YouTube video that can be used to teach other adolescents about the value of the FAST and GIVE acronym. I would like for you to complete them for next week.**

- **I would like for you to complete this for next week. Is the challenge activity clear?**

*Wait for feedback and answer any questions if necessary.*

- **Script:** Well that is all for today, I look forward to hearing your stories next time we meet. Does anyone have any questions for me before we leave for today? *The facilitator should answer any questions that the adolescents may have.*

***DISMISS***

# Session 5

**Session Objective:**

To introduce participants to assertiveness skills that are useful to deal with distressing situations that may otherwise lead to maladaptive behaviors.

**Session Overview:**

Participants will be introduced to assertiveness skills can be used when faced with distressing situations and emotions caused by negative interactions with others.

- Check In
- Lesson: The importance of being assertive
- Assertiveness Training
- Introduction of DEAR MAN acronym
- Group Activity 1-Asking for what I want and refusing a request
- Group Activity 2
- Introduce Challenge Activity/Wrap Up
- Materials Needed:
  - DEAR MAN Slips (p.43)
  - Poster board and markers

**EASE:  
Program Integrity Checklist  
Session 5 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
Check In	<b>Yes/No</b>
Lesson: The importance of being assertive	<b>Yes/No</b>
Assertiveness Training	<b>Yes/No</b>
Introduction of DEAR MAN acronym	<b>Yes/No</b>
Group Activity 1-Asking for what I want and refusing a request	<b>Yes/No</b>

**Time Started:** \_\_\_\_\_ **Time Ended:** \_\_\_\_\_

**Total Duration of Session:** \_\_\_\_\_

**Additional Notes:**

# Session 5

## Assertiveness Training

### I. Check In and Review of Challenge Activities (10 minutes)

#### Check In.

*Script:* Let's start today by going over your challenge activity for today's meeting. You were supposed to do two personal reflection activities regarding the acronym GIVE and FAST. Can everyone please take them out your activity books?

- Let's review what the acronym "Give" and "Fast" stand for. Make sure to go around the room and get responses from everyone and encourage others to share. **Make sure to summarize in the end.**
- **Script:** So just to review, FAST stands for (be Fair, no Apologies, Stick to values, be Truthful) and the GIVE acronym stands for (Be Gentle, Act Interested, Validate & Use an Easy manner). I am sure that everyone has something different so let's go over everyone's situation.

**Was there anyone who was not able to complete their challenge activities?** Remind the students that these activities are important and that you are not checking it to see how perfectly it is written.

However, you do want them to put some time and effort into their challenges. If there are some adolescents who did not complete their challenge activities, make sure to ask why and see if the group can brainstorm as to ways that the adolescent(s) may complete their activities and mention that you hope that next week there will be 100% completion.

Proceed with Assertiveness lesson only when you feel comfortable with the client's ability to apply lessons from first four sessions.

### II. Lecture (10 minutes)

- *Script:* The idea behind assertiveness skills is to get what you want out of an interaction, and for your wishes to be taken seriously.
- They include:
  - Standing up for your rights in such a way that they are taken seriously.
  - Requesting others to do something in such a way that they are more likely to do it.
  - Refusing unwanted or unreasonable requests and making the refusal stick.

- Resolving an interpersonal conflict.
- Getting your opinion or point of view taken seriously.
- I know that this seems like a lot of information so one of the ways to remember these skills is to remember the acronym “DEAR MAN”, the letters stand for the following:
  - Describe- List the facts. Put it into words.
    - *Example:* The situation: Stephanie says: “I have been working really hard as one of the substitute players on the school sports teams. I have been working hard the entire school year, practicing on my own, even getting someone to train me after school and still I have not gotten a position in the starting lineup, even though my coach has consistently been very positive”.
  - Express-Talk about your feelings. Say why you want what you want
    - Assert- Say exactly what you want. Be able to accept a “no” sometimes.
    - Reinforce-Tell the other person what they will get out of the deal. Strengthen your request with previous examples and times that you followed through or kept your promise.

(stay) Mindful-Be focused, Don’t be distracted by less meaningful details or arguments. A clear and calm approach presented mindfully is more likely to be accepted.

Appear Confident-Use a nice tone of voice. Look people in the eye. Speak clearly, and do not stammer or “beat around the bush”  
Negotiate-Discuss options. Be open to other suggestions and ideas.

Be

willing to give and to get. Have others ideas in mind.

- *Script:* Please refer to WORKSHEET 5-1 on page 27. It gives examples of each of these skills. We will use this form as a guideline for assertiveness skills.
  - Describe the situation. When necessary, briefly describe the situation you are reacting to. Stick to the facts. No judgmental statements. Be objective.
    - *Example:* “I have been working really hard as one of the substitute players on the school sports teams. I have been working hard the entire school year, practicing on my own, even getting someone to train me after school and still I have not gotten a position in the starting line up., even though my coach has consistently been very positive”.

- **Express feelings or opinions about the situation clearly. Describe how you feel or what you believe about the situation. Don't expect the other person to read your mind or know how you feel. For instance, give a brief rationale for a request or for saying no.**
  - *Example:* "Coach, I deserve to have a chance to be in the starting line up for the team."
- **Assert Wishes. Ask for what you want. Say no clearly. Never expect people to know that you want them to do if you don't tell them. Ask them for what you want. Don't tell them what they should do. Don't beat around the bush, never really asking or saying no. Also, don't threaten.**
  - *Example:* "Coach, I would like to get an opportunity to be a starter in the next game. Can you make that happen for me please?"
- **Reinforce. Remember to reward people who respond positively to you when you ask for something, say no, or express an opinion. Sometimes it is effective to reinforce people before they respond to you positively by telling them the positive effects of getting what you want or need.**
  - *Example:* For example, with the position on the team, "Coach, you will not be disappointed that you took a chance with me to start for the team, I am also happy that you took my hard work into consideration, it shows that you mean what you say about working as hard as we can to achieve our goals"
- (stay) **Mindful: Keep your focus on your goals in the situation. Maintain your position and don't be distracted onto another topic.**
  - Keep asking, saying no, or expressing your opinion over and over and over.
  - Don't raise your voice. Try to "kill them with kindness" being careful not to sound condescending or sarcastic.
  - Ignore. If another teenager attacks, threatens, or tries to change the subject, ignore their threats, comments, or attempts to divert you. Just keep making your point.
- **Appear confident. Use a confident voice tone and display a confident physical manner with appropriate eye contact. Such a manner demonstrates to both the other person and yourself that you are serious and deserve respect for what you want. No stammering, whispering, staring at the floor, retreating, saying you are not sure. BUT, be careful not to seem arrogant.**
- **Negotiate. Be willing to compete to get what you really want. Offer and ask for other types of solutions to the problem. Reduce your**



request. Maintain your no, but offer to do something else or solve the problem another way. An alternative technique is to turn the tables.

- **Turn the table: turn the problem over to the other person. Ask for alternative solutions. If you have to work on a group project for your class, you can say things to your other group members: What do you think we should do? I'm not able to say yes, and you really seem to want me to. What can we do here? How can we solve this problem?**
- ***Script:* Now, it is important to remember that sometimes your feelings of distress in an interpersonal situation may be so intense that it may be harmful to confront that person right that moment. In this case, you would begin to “layer” the skills you were taught – for example, if you are in the midst of a difficult interpersonal interaction, such as a bad breakup and are experiencing very intense feelings as a result, it may be useful to practice willingness of those feelings (so as to not worsen the situation) and/or to distract yourself by focusing your attention on something else until your feelings lessen in intensity. After you have gained back some control over your emotions, you may be more ready to use interpersonal effectiveness skills with the person in question.**

### **III. Group Activity 1 (5 minutes)**

***Script:* Let's come up with a situation and try to solve the situation as a group. Let's do the steps together? Turn to page 28 in your Activity Book entitled: Asking For What I Want Or Refusing A Request. Go over each step with the group carefully, making sure they understand the concept.**

### **IV. Group Activity 2 (30 minutes)**

***Script:* Now that we have gone over this as a group, for the next activity, I am going to ask you to get into pairs and it can't be with the person that you were with the last time when we were in pairs for an activity. Once you are in your pair, I will give you 2 poster boards and some of the letters for the acronym “Dear Man” and I want you in your group to develop a campaign poster for adolescents like yourself that will demonstrate the importance of using the particular skill that I have given you when faced with distressing situations. The poster can reflect what would happen if you use the skill or what the consequence could be if you don't use this skill. Is everyone clear? Do you have any questions? *Answer any questions that the adolescents may ask.* You will have 20 minutes in your group to design your campaign poster and I want you to be as creative as you can. Allow time for adolescents to get into their pairs and create their scenario. Begin the 20 minutes once everyone has settled. Once the talking has subsided at the end of the task... Ask group if they need more time, give them a few more minutes if needed, if not **Alright, let's regroup, who would like to go first.** If no one volunteers, simply pick a pair.**

Once all scenarios are finished encourage entire group to give each other applause. **Script:** I must say that you all were very creative, you did an excellent job.

**V. Introduce Challenge Activity/Wrap Up ( 5 minutes)**

**Script:** The last thing that I would like you to do is for your challenge activity, if you turn in your books to page 31. You will find that there is one reflective sheets that deal with the DEARMAN acronym which once again stands for...*begin to write the letters on the board and invite the students to help you write out the meaning of the Dear Man acronym- Describing the Situation, Express, Assert, stay Mindful, Appear Confident and Negotiate.* I would like you to complete it for next week. Is the challenge activity clear? Does anyone have any questions? *Wait for feedback and answer any questions if necessary.*

**Script:** Well that is all for today, does anyone have any questions for me? Now I want you remember that next week is our last session together as a group. I will share some additional information with you and we will be going over most of the things that we learned over the past couple of weeks and having a little celebration of you and all that you have accomplished in the last few weeks. ~ *DISMISS*~

# Session 6

**Session Objective:**

To review and demonstrate mastery of the skills that have been introduced over the past 5 sessions.

**Session Overview:**

Participants will have the opportunity to demonstrate their understanding and acquisition of the skills from the EASE program.

- **Check In**
- **Review of Challenge Activities**
- **Skills Practice Module**
- **Activity 1**
- **Activity 2**
- **Wrap Up**
- **Materials Needed:**
  - **Final Session Scenarios (p.44,45)**

**EASE:  
Program Integrity Checklist  
Session 6 Checklist**

**Date:** \_\_\_\_\_

**Group:** \_\_\_\_\_

	<b>Item Completed Yes/No</b>
<b>Check In</b>	<b>Yes/No</b>
<b>Review of Challenge Activities</b>	<b>Yes/No</b>
<b>Skills Practice Module</b>	<b>Yes/No</b>
<b>Activity 1</b>	<b>Yes/No</b>
<b>Activity 2</b>	<b>Yes/No</b>

**Time Started:** \_\_\_\_\_ **Time Ended:** \_\_\_\_\_

**Total Duration of Session:** \_\_\_\_\_

**Additional Notes:**

# Session 6

## SKILLS REHEARSAL

### I. Check In and Review of Challenge Activities (10 minutes)

#### Check In.

- **Script:** Let's start today by going over your challenge activity for today's meeting. You were supposed to do a personal reflection activity regarding the acronym DearMan. Can everyone please take them out your activity books?

**I am sure that everyone has something different so let's go over everyone's situation.** *Read over the form, help adolescents clarify feelings; check for additional feelings they may have experienced but did not list. See if they were able to employ any Willingness strategies, Distraction strategies, interpersonal effectiveness or assertiveness strategies and address the outcomes. Proceed with Skills Rehearsal only when you feel comfortable with the client's ability to apply lessons from first three sessions.*

### II. Review (15 minutes)

- **Script:** Today we are going to start with a review of ALL the skills we have gone over from the previous lessons and talk about problem-solving skills. Specifically, I want you to make sure that you know when the best time to apply each strategy is.
- You should keep in mind that it will often be the case that in order to successfully cope with and manage distress, you may need to use more than one strategy. Also, seeing it is our last session today, we will also take some time to practice some of the scenarios and review for the last time, all that we have learned over the last few sessions.
- **Script:** So let's start with how we can identify that we are experiencing distress? *Solicit Responses.* Can you tell me why it's important? *Let the group come up with some sort of answer before clarifying. The answer should include something like "Recognizing that you are feeling distress is important, because it will help guide us in deciding that you need to cope with it, and also, which coping strategy to use to help deal with it."*
- *Write all answers on the board and once everyone is done, take the time to review them.*
  - Identification is always the first step

- *Script: So now I want to go over the rest of the skills we have gone over and figure out when is the best time to use each*
- *Script: Ok, let's discuss willingness. When do you think willingness skills are most useful? Wait for answer; make sure they come up with something. Answer should include, "Willingness is most useful when in situations where nothing else can be done to resolve the source of the negative emotion (for instance, memories involving something sad that may have happened to you).*
  - *Have adolescent give examples, if they are "stumped", give them a hint.*
- *Script: Ok, now let's talk about Healthy distraction. When are healthy distractions most useful? Wait for answer; making sure again that they make an attempt to answer. Answer should include, "Healthy distractions are most useful when your goal is to allow yourself time to prepare to deal with something or to make sure that you are addressing other important aspects of your life and not ignoring them because you are feeling distressed."*

*Script: Ok, now let's talk about Interpersonal Effectiveness. When do you use interpersonal effectiveness skills? Wait for answer; making sure again that they make an attempt to answer. Answer should include, "Interpersonal skills deal with skills that you can use when you are dealing with any number of people more than yourself. You want to use them when you want to develop and keep healthy relationships or end distressing ones and when you want to keep your self-respect.*

  - *Have adolescent give examples*
- *Script: Ok, lastly, when are assertiveness skills most useful? Again let adolescent answer, making sure answer includes "Assertiveness strategies are most useful when in situations where there is the potential for conflict resolution that will result in alleviating your distressing feelings."*
  - *Have adolescent give examples*
  - *Script: Excellent work! You are all right on target.*

### **III. Review of Homework/ Skills from Previous Sessions Activity 1 (10 minutes)**

- *Script: Now let's review your challenge activity forms. What I would like you to do is let me know which skill you think would be best for the different distressing situations you describe. Which one did you personally find was the most effective and how are you going to practice it in the future and/or share with your peers.*

#### ***IV. Activity 2 (40 minutes)***

- **Now, over the past few sessions, you all have been extremely creative so seeing it is our last session together, I expect no less than the excellent way you have acted in the past few sessions. The overview of the scenario will be given to you, you will just have to develop the concept and make it come to life. I am going to put you into groups and I am going to give you 2 scenarios that should last about 2-3 minutes and then you will demonstrate them to the class. Of course, you will not have to do them all in a row; we will alternate between groups so that everyone gets a break in between the skits. Seeing you will have 3 scenarios, I am going to give you 20 minutes in your group to come up with your scenarios. If I notice that you don't need that much time then we will stop earlier. Let's begin.**
- **Go over the scenarios with the group.**
- *Close Out:*

***Script:* Well, we have come to the end of the EASE program. It has been an absolute delight to work with each of you. I hope that you have learned a lot and that the skills that you have learned and practiced over the last six sessions will not only be useful today but also in the future.**

***DISMISS***

**ACTIVITY 1-CHARADES**

<b>ANGRY</b>	<b>HAPPY</b>
<b>SAD</b>	<b>NERVOUS</b>
<b>EXCITED</b>	<b>JOY</b>
<b>SURPRISE</b>	<b>FEAR</b>
<b>BOREDOM</b>	<b>ANNOYED</b>



**D.E.A.R. M.A.N. Activity**

**D**escribe the current situation

**E**xpress your feelings and opinions about the situation.

**A**ssert yourself by asking for what you want or saying no clearly.

**R**einforce the reward to the person ahead of time.

**M**indfully keep your focus on your objectives.

**A**ppear Confidant

**N**egotiate by being willing to give to get

### **Final Session Scenarios**

1. There is an individual in your class who consistently spreads mean rumors about you. Every time you think you want to confront this person, you think about the possible consequences and say to yourself “Sticks and stones may break my bones, but their words will never hurt me”. The problem is, it is getting more difficult to say and to believe. What do you do?
2. There is a bully at your school, they have been teasing you and taunting you since the beginning of the school year and you cannot understand why. You have done all you can to avoid this person but it seems as if they seek you out, just to make your life miserable. What do you do?
3. Lately, you feel as if life cannot get any worse, your grades are not doing well, you tried out for the school team and didn’t make it and you feel as if you do not have any true friends. You feel like giving up. What do you do?
4. You have a friend who has started to use marijuana to deal with their distress, they say that it makes them feel a lot more at ease and helps them to focus better when they are feeling stressed. Your friend tells you that they feel as if you seem pretty capable of handling your distressful situations and want to know what do you to cope with your stress. What can you tell them that you do, that would also help them.

<p>5. You have a friend who has been going through A LOT lately. They keep on saying that none of these situations are bothering them; however you are not certain that they are aware of their “true feelings” and are concerned as to what the outcome may be once their distress begins to feel overwhelming. What kind of advice should you give to your friend to help them become more in tune with their emotions? Be sure to mention to your friend what some of the possible consequences of keeping their emotions to themselves could be.</p>
<p>6. Think of a situation that could cause a lot of distressful emotions and demonstrate the difference between avoiding the situation and distracting yourself from the situation.</p>
<p>7. You have a friend who has begun to engage in drinking alcohol in large amounts. You know that they are doing this because they are feeling overwhelmed by all of their school work and problems at home. Using the acronym ACCEPTS, demonstrate how you would show your friend how to better deal with their distressful situation with other means than drinking.</p>
<p>8. Using the GIVE acronym, create a scenario that demonstrates how you can develop or keep healthy relationships in your life. Be able to explain to the group where each part of the acronym was used.</p>
<p>9. USING the FAST acronym, create a scenario that demonstrates how to maintain your self-respect even in distressing situations. Be able to explain to the group where each part of the acronym was used.</p>
<p>10. Create a scenario where the DEAR MAN acronym is demonstrated. Be able to explain to the group where each part of the acronym was used.</p>

# **EASE:**

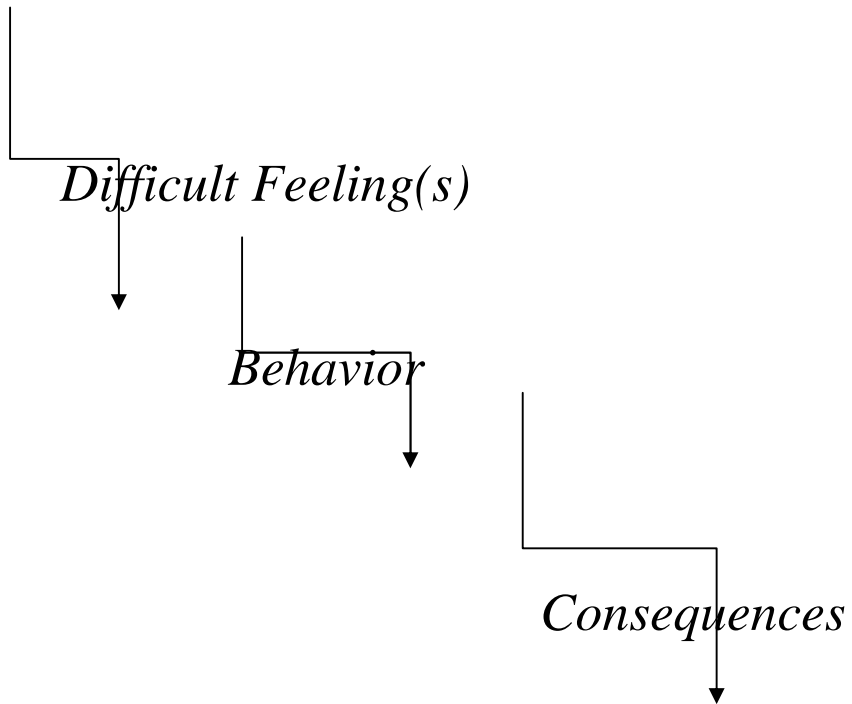
**Empowering Adolescents to deal with Stress and Emotions**



**Stress, Health, Addictions Research Program  
University of Maryland – College Park  
Department of Behavioral and Community Health**

# PROGRAM Model

*Trigger*



## Difficult Feelings for Adolescence



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**Worksheet 1-2a. Identification of Distressing Emotions**

Please use the space below to briefly describe 2 situations that made you **SAD**: 

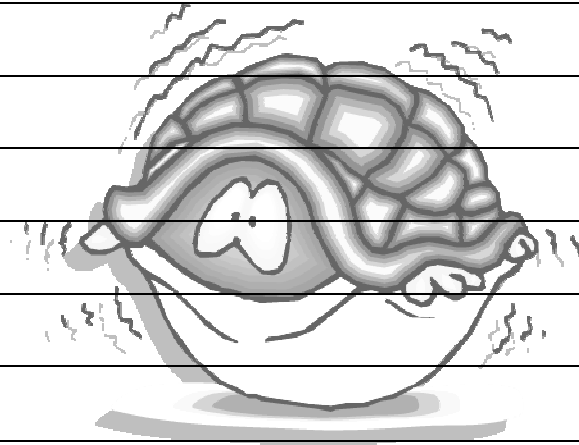
1)


2)

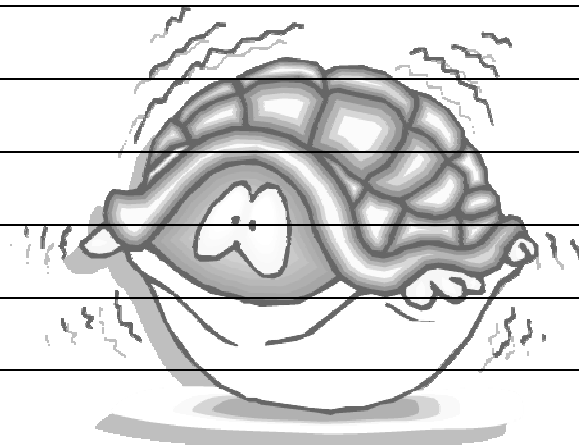



**Worksheet 1-2b. Identification of Distressful Emotions**

**Please use the space below to briefly describe 2 situations that made you *feel FRUSTRATION*:**

2)





**Worksheet 1-2c. Identification of Distressful Emotions**

**Please use the space below to briefly describe 2 situations that**

**made you *feel NERVOUS*:**



**1)**




**2)**






**Worksheet 1-2d. Identification of Distressful Emotions**

Please use the space below to briefly describe 2 situations that made you *feel MAD/ANGRY*: 

1)


2)




# Challenge Activities...



To be completed before session 2

## Complete: Self-Monitoring of Distress

WORKSHEET 1-1

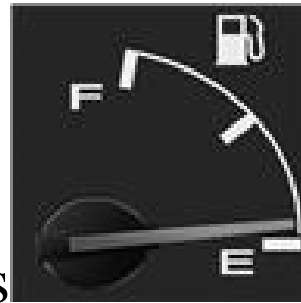
## **WORKSHEET 1-1. SELF-MONITORING OF DISTRESS**

<b>Distress Model</b>	<b>My Triggers</b>	<b>My Distressing Feelings</b>	<b>My Behaviors</b>	<b>Consequences &amp; Rating of Event</b>
<b>Definition &amp; Description</b>	<i>Situations (both internal and external) that caused me to experience distress—</i>	<i>Full range of negative feelings that were a result of this trigger</i>	<i>What did I do to manage or resolve the distress—(can include any escape and avoidance behaviors that I may have done)</i>	<i>What occurred as a result of the behaviors—short term and long term/positive and negative What rating would I give the consequence of my actions (1-10)</i>
<b>Situation 1</b>				
<b>Situation 2</b>				
<b>Situation 3</b>				

## Possible Outcomes of Holding Back Difficult Feelings



1) Pressure Cooker



2) Feelings of Emptiness



3) Serious Health Problems

## Handout 2-1: Emotional Unwillingness versus Willingness

### We often attempt to control our emotions

- Seems like a reasonable goal
- Being “in control of our emotions” is often associated with positive qualities such as competence, balance, achievement etc.
- Sometimes emotional control *seems* to work
  - Distraction (focusing on something else, drinking, etc.) can work in the short-term
  - Because this seems to work – at least somewhat – our *natural* response is to keep trying harder and using distraction more frequently
- It seems like other people can control their feelings
  - Little children are often given the message to control their emotions (“Don’t be sad” or “There is nothing to be afraid of”)
  - Many adolescents keep the expression of their emotional experiences private
- Control works so well in other aspects of our life
  - Other accomplishments (educational, career, physical) have likely been achieved through diligent discipline, training and control

### Research suggests it is not possible to gain complete control over feelings

- Attempts to control/avoid feelings are not effective over time.
- Attempts to control/avoid feelings don’t seem to work when you really need them to
- Attempts to control/avoid feelings often backfire
  - Increase the likelihood of these feelings
  - Make us more bothered by them when we have them
  - Set us up for failure by making us hypersensitive to emotions

**In fact, attempts to avoid or control emotions may actually make us feel worse**

- Increases our physiological arousal (i.e. fear, anxiety)
- Interferes with our ability to tolerate distress
- Failures at control/avoidance (which are inevitable) will increase distress

## Handout 2-1: Emotional Unwillingness versus Willingness (continued)

### So what do we do?

- **We don't need** to control our feelings in order to do the things in life that we want to do
- We need to change our focus

### Answer: Willingness

- Willingness refers to how open you are to experiencing your own experience as it happens – without trying to manipulate it, avoid it, escape it, or change it
- Willingness is not about giving up
- Willingness is not about deciding for yourself that you will live with unbearable emotional pain
- Willingness does not mean you will feel constantly overwhelmed
  - Willingness will *ultimately* help you feel less overwhelmed

**Remember:** Being unwilling to have our feelings – attempting to control them – makes us feel worse and more distressed over time, which is not what we really want in life.



# Handouts and Assignments...

To be completed before session 3:

**Complete: Emotional Willingness Monitoring Form**

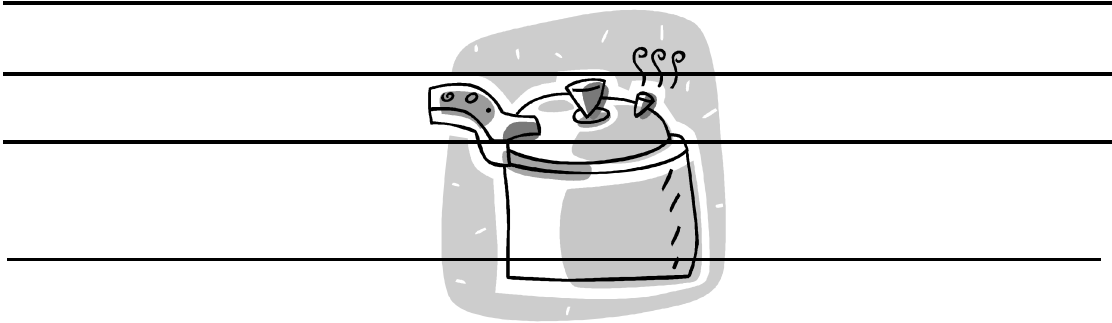
WORKSHEET 2-2 & 2-3

**Re-Read: Emotional Willingness versus Unwillingness**

HANDOUT 2-1

**Worksheet 2-2: Emotional Acceptance: Think of a time you were unwilling to have, or tried to avoid, your feelings**

✓ What did you do to try to avoid your feelings?



✓ What behavior(s) did you participate in?

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✓ Were these attempts to avoid your emotions successful in the short term?

In the long term?



✓ What thoughts did you experience as a result of trying to avoid your emotions?

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✓ Did any other feelings arise as a result of trying to avoid your emotion?

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✓ What were they? (*e.g., fear, anxiety, etc.*)

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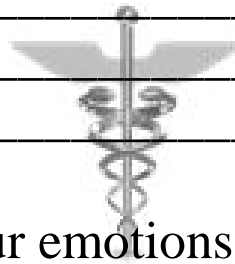
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✓ Other (longer-term) consequences of attempts to avoid emotions? (*e.g., are you more or less prepared to manage these feelings in the future?*)

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✓ When is avoiding our emotions least effective? (*i.e. what factors make it less likely to work?*)

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## Worksheet 2-3: Emotional Willingness Monitoring Form:

Situation:

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Emotion(s):

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Initial distress level (0-100):

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Willingness: Were you willing to have your emotions? Circle one answer below

**NO, Unwilling:** Attempted to avoid and get rid of feelings

**YES, Willing:** Allowed myself to experience feelings

As a result of this choice, did you participate in any unhealthy behaviors?  
If yes, what did you do?

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If no, what did you do?

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As a result of this choice, did you experience any other feelings? (*e.g., fear, etc.*)

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As a result of this choice, did you experience any additional thoughts?

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Resulting Distress Level (0-100) \_\_\_\_\_

## Key Concepts of Distraction



**Activities**

**Contributing**

**Comparison**

**E With Opposite Emotions**

**P With Pushing Away**



**T With other Thoughts**



**S With other intense Sensations**

## **Handout Form 3-1 Effective Ways to Regulate Emotions: Distraction Strategies**

### **Being able to adjust your emotional reaction is an important skill**

- It is useful to know that there are things we can do to take the edge off our emotions
- It is useful to know that there are things we can do so that we are not bombarded/overwhelmed by intense emotions for a very long time

### **Distraction can be useful in adjusting your emotions:**

- Put the emotion aside for *awhile* (not forever), and come back to it
- Distract until the intensity of the emotion lessens somewhat
- Distract until it is safe to experience the emotion
- Distract until you have the resources to manage the emotion
- Distract until the situation is more supportive of approach strategies

### **One important dimension of controlling our emotions is the flexible use that we have to use various strategies:**

- The more strategies we have available to us, the more flexibility we have
- The strength of any strategy that we use is that it fits the situation that we are facing.
- For example, distraction may be useful in one situation, and approach in another situation.

**WORKSHEET 3-1. Distraction versus Avoidance**

<b>DISTRACTION</b>	
<b>Situation</b>	<b>Outcome</b>
1.	
2.	
3.	
4.	

<b>AVOIDANCE</b>	
<b>Situation</b>	<b>Outcome</b>
1.	
2.	
3.	
4.	



**WORKSHEET 3-2. ACTIVITIES CHECKLIST**

<u>Senses</u>	<u>Activity</u>
<u>With Vision</u>	
<u>With Hearing</u>	
<u>With Smell</u>	
<u>With Taste</u>	

# Handouts and Assignments...

To be completed before session 4:

**Complete: Emotional Willingness Monitoring Form**

\* WORKSHEET

**Re-Read: Emotional Willingness versus Unwillingness**

\* HANDOUT 2-1

Worksheet 3-4  
Distraction Practice: Monitoring Form

<b>Situation:</b> Describe as much as you can the details of the situation (ex: month of the year, time, temperature, etc)	<b>Emotional response:</b> What emotions did you experience in response to the situation?	<b>Emotional intensity:</b> Intensity of the emotion (0 to 100)	<b>Distraction strategy:</b> What distraction strategy did you use?	<b>Effectiveness of strategy:</b> Do you believe this strategy was effective in controlling your emotions? Why or Why Not?	<b>Emotional intensity:</b> Intensity of the emotion (0 to 100)

Session 4

*Strategies for Developing Healthy Relationships*

**GIVE** 

**G**

**Gentle-Be nice and respectful**

**I**

**Act Interested**

**V**

**Validate**

**E**

**Easy Manner**

*Strategies for Keeping Your Self Respect*

**FAST**

**F**

**Be Fair**

**A**

**No Apologies**

**S**

**Stick to Values**

**T**

**Be Truthful-Be honest**

# Handouts and Assignments...

To be completed before session 5:

**Complete GIVE and FAST work sheets**

**Re-Read, Memorize and know the meaning of the GIVE and FAST acronyms:**

\* HANDOUT 4-1



## WORKSHEET 5-1. D.E.A.R. M.A.N.<sup>1</sup>

DESCRIBE

(stay) MINDFUL

EXPRESS

APPEAR

CONFIDENT

ASSERT

NEGOTIATE

REINFORCE

*Describe*

Describe the current SITUATION (if necessary).

*Express*

Tell the person exactly what you are reacting to. Stick to the facts.

Express your FEELINGS and OPINIONS about the situation.

Assume that your feelings and opinions are not self-evident. Give a brief rationale. Use phrases such as “I want”, “I don’t want,” instead of “I need,” “you should,” or “I can’t.”

*Assert*

Assume that others will not figure it out or do what you want unless you ask. Assume that others cannot read your mind. Do not expect others to know how hard it is for you to ask directly for what you want.

*Reinforce*

Reinforce or reward the person ahead of time by explaining the CONSEQUENCES. Tell the person the positive effects of getting what you want or need. Tell him or her (if necessary) the negative effects of you not getting what you need. Help the person feel good ahead of time for doing or accepting what you want. Reward him or her afterwards.

*(stay)*

*Mindful*

Keep you focus ON YOUR OBJECTIVES. Maintain your position. Do not be distracted.

**“Broken Record”** Keep asking, saying no, or expressing your opinion over and over and over. Keep your voice calm and even while doing this.

**Ignore** If another person attacks, threatens, or tries to change the subject, Ignore the threats, comments, or attempts to divert you. Do not respond to attacks. Ignore distractions. Just keep making your point.

*Appear*

*Confident*

Appear EFFECTIVE and competent. Use a confident voice tone and physical manner; make good eye contact. No stammering, whispering, staring at the floor, retreating, saying “I’m not sure,” etc.

*Negotiate*

Be willing to GIVE to GET. Offer and ask for alternative solutions to the problem. Reduce your request. Maintain no, but offer to do something else or to solve the problem another way. Focus on what will work.

**Turn the tables** Turn the problem over to the other person. Ask for alternative solutions- “What do you think we should do?” “I’m not able to say yes, and you seem to really want me to. What can we do here?” “How can we solve this problem?”



**WORKSHEET 5-2. ASKING FOR WHAT I WANT OR REFUSING A REQUEST**<sup>1</sup>

**D.E.A.R. M.A.N.**

**Describe** the current situation. Tell the person exactly what you are reacting to. Stick to the facts.

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**Express** your feelings and opinions about the situation. Assume that others cannot read your mind.  
Do not expect others to know how hard it is for you to ask directly for what you want.

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**Assert** yourself by asking for what you want or saying no clearly. Assume that others cannot read your mind. Do not expect others to know how hard it is for you to ask directly for what you want.

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**Reinforce** the reward to the person ahead of time. Tell the person the positive effects of getting what you want or need. Help the person feel good ahead of time for doing what you want.

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**Mindfully** keep your focus on your objectives. Maintain your position. Do not be distracted.

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**Appear Confident** Use a confident voice tone and physical manner; make good eye contact. No stammering, whispering, staring at the floor, retreating, saying “I’m not sure,” etc.

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**Negotiate** by being willing to give to get. Offer and ask for alternative solutions to the problem.

What am I willing to “settle for” or “give up” in order to gain what I want in the situation?

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# Handouts and Assignments...

To be completed before session 6...

- **Re-Read and be able to explain**
- **Worksheet 5-1 and 5.2**
  
- **Complete self-monitoring of distress: focus on interpersonal situations**
  - WORKSHEET 5-3

**WORKSHEET 5-3. SELF-MONITORING OF DISTRESS:  
FOCUS ON INTERPERSONAL SITUATIONS**

<p><b>My Interpersonal Situation/Interpersonal Trigger</b></p> <p><i>Situations (What happened to make you upset)</i></p>	<p><b>My Distressing Emotions &amp; Ratings</b></p> <p><i>List all the EMOTIONS that you are feeling as a result of the trigger <u>and</u> rate each from 1-10</i></p>	<p><b>My Behavioral Response</b></p> <p><i>What is done to manage the distress (includes willingness and distraction, as well as DEAR MAN skills)</i></p>	<p><b>My Consequences &amp; Ratings</b></p> <p><i>What occurs as a result of the behaviors and rate how you feel from 1-10 as a result of the consequences</i></p>
1.			
2.			
3.			
4.			

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