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LOYOLA UNIVERSITY CHICAGO

USING FOCUS GROUPS TO ASSESS SUBSTANCE ABUSE PREVENTION
NEEDS FOR LOWER-INCOME AFRICAN-AMERICAN ADOLESCENTS

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS
DEPARTMENT OF COUNSELING PSYCHOLOGY

BY

KYLE WILLIAM THOMPSON

CHICAGO, ILLINOIS

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CHAPTER I

INTRODUCTION AND PURPOSE

Over the past several decades, the rising prevalence of adolescent substance abuse has remained a considerable health concern to the American public. While the entire nation has reason to be concerned about the problem of adolescent substance abuse, recent research (Harper, 1979; Jessor, 1993) indicates that smaller populations, within the larger U.S. population, seem to be at greater risk for adolescent substance abuse and the consequences it brings to their communities. Research indicates, for example, that greater social pressures and a lack of available resources work together to place adolescents living in lower income areas at greater risk for substance use and abuse (Jencks & Mayer, 1990). Similarly, certain racial groups, facing similar social pressures, tend to be at greater risk than others. In summarizing the available research in this area Van Hasseldt, Hersen, Null, Ammerman, Bukstein, McGillivray, & Hunter (1993), conclude that "there is now a convergence of evidence demonstrating that African-Americans are clearly at greater risk than most other populations for the all-encompassing deleterious consequences of both alcoholism and drug abuse." When the two issues are combined by considering that 44% of adolescents living below the poverty line are African-

Americans, compared to 11% for Whites and 37% for Hispanics (Jessor, 1993), it becomes evident that economically disadvantaged African American adolescents seem to be at greatest risk for substance abuse and its consequences.

While there has been considerable research in the area of adolescent substance abuse prevention and many successful programs have been developed, this research has, for the most part, met with limited success in meeting the needs of those populations most at-risk. One reason for this is that researchers have developed prevention programs that can be generalized to the predominantly White, middle-class American culture and have largely ignored the needs of lower income or minority populations (Jessor, 1993). Similarly, it has been suggested, (Kazdin, 1993) that in focusing too specifically on one particular risk factor or on one particular intervention strategy, many researchers have overlooked many of the interrelated variables that serve to put adolescents at risk. Consequently, it has been suggested that further research, using multidisciplinary or ethnographic approaches, is needed to accurately assess the myriad needs of populations deemed to be at greatest risk. Such an approach would enable researchers to focus on the population's perceived prevention needs while simultaneously accounting for factors, such as race or economic status, which might have gone unnoticed in quantitative study.

The primary purpose of this study, as well as the "Its My

Choice" program it is a part of, is to develop, through the use of ethnographic methods, a greater understanding of the various psychological, familial, and social factors that operate to put lower-income, African-American adolescents at greater risk for substance abuse and other risk behaviors. By using focus groups to identify this particular population's perceptions of both the risk factors and preventative resources that exist in the context of their community, rather than solely on pre-existing theory, it is possible to acquire a more culturally relevant understanding of it's prevention needs. This knowledge can then be applied, along with the knowledge generated by quantitative research, towards the development of a culturally specific prevention program that is better suited to meet these needs.

While the "It's My Choice" study is seeking to gain a greater understanding of this community's overall risk, this paper's focus will primarily be on those issues most directly related to adolescent substance abuse. Research into other areas of adolescent risk prevention, most notably prevention of HIV and STD infection, early pregnancy, and violence, will be presented in other studies associated with the "It's My Choice" program.

CHAPTER II

REVIEW OF RELATED LITERATURE

Because adolescent substance abuse has remained, over the past several decades, a significant health concern to the American public, a considerable amount of research has been dedicated to its prevention. Beginning with the earliest studies of the late 1960's and continuing through the most recent multidisciplinary studies, the field of prevention research has played a key role in identifying several educational, familial, social, and psychological factors that can contribute to adolescent substance abuse and in incorporating them into successful prevention programs. The various findings and of these approaches have been presented in a manner that roughly parallels the chronological order in which they appeared in the literature.

Prevention Strategies

Educational Approaches

As the field developed in the late 1960's and early 1970's, much of its early focus rested on the role education played in prevention programming. Prevention programs of this era consisted primarily of informational programs designed to educate students of the effects of tobacco, alcohol, and illicit drug use (Battjes, 1985). While these early programs

were effective in increasing participants' awareness of the dangerous consequences of substance abuse, they met with limited, if any, success in decreasing use rates of the populations studied. As it has been readily accepted (Battjes, 1985; Botvin & Botvin, 1992), the reason for this is simply that education of the negative effects of substance abuse is not in itself sufficient to cause behavioral change. Although preventative education may not in itself lead to significant reductions in substance abuse, it can be effective in combination with more directive prevention interventions (Botvin, Baker, Dusenbury, Tortu, & Botvin, 1990; Schilling & McAlister, 1990). While the field of substance abuse prevention has turned its primary attention to developing interactive programs that are more likely to result in use reduction, the use of substance abuse education remains an important part of most prevention programs. This importance is evident by the continued popularity of the nationwide Drug Awareness Reduction Education (D.A.R.E.) program and of the various media interventions (Schilling & McAlister, 1990). At this point in time, very little research has been conducted in the area of developing culturally specific education programs designed to better meet the needs of minority populations.

Alternative Life Skills Approaches

Over the past ten years adolescent substance abuse prevention research has been somewhat more theoretically bound and has concentrated on utilizing increased community, school,

or family involvement as well as alternative life skills education programs to decrease adolescent substance use and abuse. In a three year study, for example, Botvin and his co-authors (1990) found that the use of their Life Skills Training (LST) program, a school based, cognitive-behavioral intervention with a curriculum that stresses positive self-esteem and teaches adolescents about alternatives to substance abuse, resulted in decreased tobacco, alcohol, and marijuana use among students at 56 New York high schools. Similarly, by incorporating the LST approach into a community based effort that included families, schools, and community officials, Pentz, Trebow, Hansen, MacKinnon, Dwyer, Johnson, Flay, Daniels, and Connack (1990) found that adolescent substance abuse prevalence decreased within the community. Both of these studies clearly indicated that prevention programs based on increasing school and community involvement and stressing ways other than substance abuse for adolescents to deal with their problems could be successful in decreasing adolescent use and abuse rates.

Family-Based Approaches

Additionally, other researchers have found that increased family involvement in the lifestyles of adolescents is fundamental to substance abuse prevention. Basing their work on earlier findings that adolescent use is inversely correlated with positive family management strategies and is positively correlated with parental use and norms that are

tolerant of use, Peterson, Hawkins, Abbott, and Catalino (1994) suggested that adolescent substance abuse could be decreased by decreasing parental use and by encouraging parents to develop less tolerant attitudes towards inappropriate use. One effective approach that has been suggested by Szapocznik, Santisteban, Rio, Perez-Vidal, Sansisteban, and Kurtines (1989) for changing at-risk families' attitudes about substance abuse is the Family Effectiveness Training (FET) model, which teaches at-risk families to develop more effective coping strategies. Although the family involvement model of preventing adolescent substance abuse can be effectively applied to virtually all families, the authors suggest that it might be most effective for families from cultural backgrounds, such as Hispanics, that place a greater importance on the role of family in adolescent development.

Limitations of Current Strategies

Cultural Concerns

As all of these previous studies indicate, the school, the family, and the entire community have all been proposed as targets for prevention interventions and successful prevention programs have been established with each as a principle focus. While all of these programs have been successful in decreasing adolescent substance abuse in their sample populations, each approach has met with rather limited success in meeting the substance abuse prevention needs of those adolescents from

various minority populations who are most at risk. One reason for this that has been suggested in the literature (Hawkins, Catalano, & Miller, 1992; Jessor, 1994) is that past researchers have overlooked the different needs of minority populations in their attempts to create a prevention program that is most applicable to the majority U.S. population. As Jencks and Mayer (1990) indicated, the various social pressures and lack of community resources associated with poverty have led adolescents growing up in lower-income areas to develop an "at-risk" world view that is fundamentally different from that of the White, Middle-Class adolescents, who are most frequently the research participants in current prevention studies.

Similarly, several researchers have found that different populations, such as Hispanics (Szapocznik, Sanisteban, Rio, Perez-Vidal, Sanisteban, & Kurtines, 1989; Boles, Casas, Furlong, Gonzalez, & Morrison, 1994) and African-Americans (Van Hasseltd, Hersen, Null, Ammerman, Bukstein, McGillivray, & Hunter, 1993) have different cultural norms that serve to put them at different levels of risk for alcoholism and other substance abuse than the majority American population. Van Hasseltd and his co-authors (1993), suggested, for example, that while African-American adolescents tend to have lower use rates than White adolescents, a number of factors, including the types of substances abused, the higher poverty rate for the African-American community, and the continued decrease in

the number of intact families, combine to create a situation in which the negative consequences of adolescent substance abuse are felt to a greater extent within the African-American community. Additionally, it has been suggested, that the relatively high death rates among African-American males both contributes to and is a result of adolescent substance abuse (Harper, 1979). Consequently, it has been suggested that these economic and cultural differences be taken into greater consideration when developing prevention programs for these populations. To better meet these needs, Van Hasseltdt and his co-authors (1993) suggested the use of an Afro-Centric prevention program that incorporates more traditional family and community based prevention approaches with the use of traditional African music and dance to provide African-American adolescents with a greater sense of cultural pride that can be useful in bolstering prevention efforts within this community.

Methodological Concerns

Because it has been found that a number of different factors, combine to place individuals at different levels of risk, Kazdin (1993) suggested that by focusing too strongly on one specific factor researchers have been overlooking several other factors that could place some groups at higher risk than others. Additionally, because the different risk behaviors, including substance abuse, suicide, running away, and early sexual behaviors have been found to be interrelated, Kazdin

(1993) also suggested that to effectively study the prevention of a certain risk behavior, one must consider the other risk behaviors. Consequently, Kazdin (1993) stated that for prevention programs to be successful, they must broaden their scope to consider the many possible factors that influence a community's risk level, rather than focusing their attention on just one or two specific risk factors or behaviors.

After noting the lack of success that traditional psychological research has had in accounting for the various needs of lower income and minority populations, Jessor (1993) suggested that a more culturally sensitive approach to assessing the different needs of various populations would involve using a multimodal approach to research rather than solely relying on traditional psychological methods. Similarly, Brooks (1994) suggested that using ethnographic methods together with more traditional research methods would allow for a more accurate understanding of both what a particular population's prevention needs consist of and how well those needs are being met. By incorporating both research traditions into one study, it is possible that each will identify and concentrate on areas that the other, due to restraints inherent in its specific approach to research, is likely to overlook. To illustrate this approach, Stanton, Black, Kaljee, & Ricardo (1993) utilized focus group interviews of urban adolescents to gain a better understanding of the participants' perceptions of the various factors that

put them at greater risk for HIV and other STD transmission and early pregnancy. This information was then used to develop a prevention program that more accurately understands and assesses these needs.

Conclusions

Over the past thirty years, the field of adolescent substance abuse research has experienced tremendous growth as successful prevention programs have been developed from a variety of models. More recent research, however, has suggested that, due to limitations in the theoretical focus of many of these approaches, these prevention programs have met with far less success in reducing substance abuse in the lower-class and minority populations that appear to be at greatest risk. In general these limitations have resulted from the tendency of past researchers to either overlook the needs of minority populations in favor of developing a prevention program that would be applicable to the majority population, or to focus too intently on one or two risk factors while overlooking a number of other interrelated factors. Consequently, it has been suggested that ethnographic research be used to develop an accurate understanding of the specific needs of the population being served, while maintaining a broad enough focus to avoid overlooking any of the potential variables. This information can then be applied to the development of a prevention program that more accurately understands and can meet the prevention needs of a

particular community. Because the use of ethnography in psychological research is fairly new to the field, however, much more research is needed in this area before it can become more widely accepted.

CHAPTER III

METHODS

Research Participants

In order to gain a more detailed profile of lower-income African-American pre-adolescents' perceptions of the various factors which serve to place them at greater risk for substance abuse, an ethnographic approach using focus group interviews was used. The research participants included in this study were 15 male and 35 female African-American pre-adolescents ranging in age from 8 to 12. The median age for all participants was 10 years old. Because research indicates that adolescents in the seventh to twelfth grade range are more likely to have already participated in at-risk behavior than younger pre-adolescents, a younger age group, consisting of children in grades 4 through 6, was selected to decrease the likelihood of previous substance use (Battjes, 1985; Botvin & Botvin, 1992). The research participants, all of whom reside in lower-income neighborhoods of a north Chicago suburb, were self-selected through their participation in a free six-week summer camp prevention program presented by a local community outreach agency in the summer of 1995. A majority of the participants had been previously identified as being "at-risk" and had attended prevention workshops at the

agency throughout the previous school year. Upon enrolling in the summer camp program, each pre-adolescent was invited to participate in the study. Of the 80 pre-adolescents enrolled in the summer camp program, 50 agreed to participate in the study. There appeared to be no substantial differences between those children who agreed to participate and those who did not. Prior to participating in the focus group interviews, informed consent for participation in this study as well as the "It's My Choice" program was received for each participant as well as his or her parent or guardian. The form used to acquire informed consent has been included as Appendix A.

Procedures

Conduct of the Interview

Once the research participants had been selected and informed consent was received, they were divided into three smaller, single gender, focus groups, each consisting of approximately 15 participants. Each group then participated in a guided interview that lasted between one hour and ninety minutes and consisted of 16 open-ended questions designed to assess the research participants' perceptions of their community and its relationship to safe and unsafe behavior. The interviews were conducted at the agency on June 29 and July 5, 1995 and the summer camp program began shortly after they were completed. To better insure participant's cooperation and openness, each interview was led by two same

gender moderators, who were either practicing therapists or graduate students in the field of counseling psychology. Throughout the interviews, the participants exhibited behaviors appropriate to pre-adolescents in their age range. While many participants seemed unreasonably excited or "wound up" at various parts of the interview, this can be attributed to both the length of the interviews and excessively warm conditions in the rooms where the interviews were completed. Participants in all three groups tended to be reserved towards the beginning of the session and to become more open as the interview progressed. To accurately preserve the data for later analysis, each interview was recorded using both audio and video tape.

Content of the Interviews

Each interview consisted of 16 open ended questions designed to assess the research participants' perceptions of their community, the factors in it which can serve to place them at greater risk for substance abuse, as well as any existing resources which can aid in prevention. A complete list of the questions used in the focus group interviews can be seen in Appendix B. The questions were selected from a larger pool of 40 questions generated by the research team to cover a variety of subjects related to adolescent risk prevention. The final sixteen questions were selected on the basis that they allowed for an understanding of the perceptions of several different possible risk related

behaviors and available prevention resources without guiding the participants to respond in any specific manner. To encourage the research participants to answer freely without fear of embarrassment, they were reminded at the beginning of each interview of their right to confidentiality and that there were no "incorrect or unacceptable" answers.

The resulting interviews were loosely structured and covered the following areas. Three questions were included early in the interview to obtain a baseline understanding of the research participants' goals for the future and the types of activities they participate in on a daily basis. This allowed for an understanding of what these children consider to be "normal" pre-adolescent behavior. The next set of questions examined the participants' perceptions of the types of behaviors that can keep them from meeting their goals or would present a danger to them. These questions allowed for an understanding of the factors which might motivate pre-adolescents to participate in risk-taking behaviors, as well as, the perceived negative and positive consequences of such behaviors. To measure their perceptions of the available helping resources in their community, the research participants were asked what they thought could be done to help kids avoid these dangerous situations. Probes were included with this question to broaden participants' awareness of the various sources where help could be found without directing them toward any "correct" responses. Finally, four

questions were included to examine the research participants' perceptions about positive overall health (feeling good) and how it can be obtained, both in the individual and his or her community. These final four questions allowed for a better understanding of what these children consider to be "normal" health. Because they did not seem to be directly relevant to the understanding of this community's perceived needs in the area of substance abuse prevention, responses to the final four questions were not included in this study. These questions and the responses they generated will receive greater attention in other parts of the "It's My Choice" study.

CHAPTER IV
ANALYSIS AND RESULTS

Analysis

Once the data have been collected, the contents of each recording were transcribed by research assistants and the tapes of the interviews promptly destroyed to insure the confidentiality of the research participants. The transcripts were then analyzed using ethnographic methods. To get an overall feel for the responses, each transcript was read through two or three times by researchers before categorizing the responses. Responses for each question were then categorized into different areas based on their content. Categories were identified on the basis of previous research findings and then analyzed to determine how well they contributed to our understanding of the area of adolescent substance abuse by substantiating the results of previous research, adding to this information by introducing a new idea, or contradicting the previous research. As this study focuses primarily on identifying substance abuse risk factors, those responses most directly pertaining to substance abuse prevention needs were given closer attention than those responses which seemed to pertain more directly to other areas of at-risk behavior. Those responses have been given greater

attention in other studies associated with the "It's My Choice" project. Because many at-risk behaviors are interrelated, however, many of the results found that are pertinent to substance use prevention are applicable to other areas of risk prevention.

Goals for the Future and Focus on Prestige

Most of the responses in the area of the participants' future goals reflected a need to achieve status, through either high paying or high profile occupations. For example, the most common response among the males was to be a professional athlete and the second most common was to be a doctor. Among the females, careers such as doctors, lawyers, and entertainers, such as singers or dancers, were the most common responses. This focus on prestige appears to be related to the socioeconomic status of the participants, who might see achieving these types of occupations as a way out of their current living conditions. For both genders, the responses seem to indicate that attaining a college education was seen more often as a means of achieving these high status occupations than as a goal in itself. This seems to support the observation that pre-adolescents in this age group operate from a more concrete level of development that focuses on extrinsic consequences, such as increased prestige, rather than on the internal rewards, such as knowledge and education that can be achieved.

In addition to the these desirable occupations, the

participants also mentioned other ways of achieving a higher level of status as being important goals for the future. A common response for both genders was "to get married, get a job and a house, and to have children." The female participants, in particular, seemed to view motherhood as an acceptable means of achieving status within their community, while the males seemed to be more concerned with materialistic items, such as clothes and cars. One possible reason for this gender difference stems from the participants' concrete developmental level. While the male participants may have been interested in parenthood as a goal for the future, they seem to view it as a more abstract concept because they are not physically capable of giving birth. The female participants, on the other hand, because they have the physical capabilities for childbirth, seem to view the prospect of motherhood in a more concrete and personal manner. These findings are consistent with Stanton, Black, Kaljee, & Ricardo's (1993) finding that, for some adolescent females in African-American community, pregnancy might be as extrinsically rewarding as other forms of prestige.

Threats to Safety

Substance Abuse

As it was expected, drug use was viewed by all groups as a hindrance to meeting their goals and as a potential threat to their overall safety. Illicit drugs were seen as threatening because their illegal nature can lead to other

types of trouble, such as gang involvement and violence. Additionally, the health threats inherent to substance abuse, such as increased risk for HIV and other health problems were mentioned as potential safety threats. It is interesting to note, that among the a significant group of participants the legal drugs, alcohol and tobacco, were mentioned as often as illicit drugs, such as heroin and cocaine as presenting dangers to their community. This suggests that among this population there is an awareness of the potential dangers of all drugs and not just the legal consequences of the illicit substance use.

Gang Activity and External Violence

Almost unanimously the participants viewed substance abuse and gang activity as interrelated. As one participant, a 12 year old girl, reported; "like the people who sell drugs, they can't just sell drugs, they've got to be in the gang too and you just can't be in the gang without selling drugs." In addition to their involvement with drugs, the gangs were seen as threatening due to their recruiting practices and threats of continued violence. As some of the male participants reported, the gangs "can, by threatening you, make you do things you wouldn't be doing and...if you try to be like, 'no I don't want to be in your gang', they might start doing things, like to your house, busting windows and threatening you." Similar responses spoke of the difficulty to "get out, once you start doing things for them, you're in for life." As

these responses indicated, gangs and the violence associated with them, are seen as realistic threats to the children of this community.

Internal Problems

In addition to drugs and external violence, family problems and sexual abuse were also mentioned as possible threats to the participants' safety. Although not as commonly raised as other issues, such as illicit drug use and violence in their community, the responses referring to family problems, such as problematic drinking or sexual abuse, indicated that, for a significant minority of these children, these issues are seen as very real threats to their well being. As all of the responses in this area indicate, the participants in this study seem to be aware of the realistic threats to their personal safety, as well as that of their community, that exist in their communities.

Consequences of Unsafe Behavior

The majority of the responses in this area indicate that the participants are most aware of the more concrete, or immediate, consequences of risk related behaviors. For example, the most frequent response to the question asking why these behaviors are unsafe was simply that "you might get caught and go to jail, or else get beat up or killed." Other, more longterm, consequences, such as "not being able to go to college or get a job," as well as potential medical problems, were mentioned only after some probing by interviewers. This

seemed to indicate that while these threats were apparent to the children of this community, they were not as immediately acknowledged as the more concrete dangers. The prevalence of responses indicating short term consequences seems to further support the observation that these children operate from a developmental level that enables them to view more concrete and permanent consequences, such as imprisonment or death as far more threatening than other seemingly more distant, yet potentially equally dangerous, consequences. For example, while the possibilities of suffering the longterm health effects of chemical dependence or of not being able to acquire an education or establish a career might be perceived as realistic consequences of substance abuse by children in this age group, these longterm consequences are not seen as being as immediately significant or personally threatening as the more short term consequences.

Peer Pressure and Reinforcement of Risk Behavior

Increased Status

Peer pressure, in one form or another, was perceived by the participants as being the primary reinforcer for risk related behavior. For many of the participants, risk behaviors were seen as being a means of achieving increased prestige among peers in the community. Money and other types of material possessions were seen as the primary sources of this prestige. For example, by engaging in these types of behavior, a person in this situation has the opportunity to

"get things that you want or need, like nice clothes or shoes, but otherwise can't get." This seems to correspond with the participants' views for future goals, which were also geared towards achieving prestige. Within this community, there seems to be a pressure to obtain material possessions for the purpose of increasing one's sense of personal prestige that might lead these children to participate in at-risk behavior as a means for doing so.

Support and Belonging

Similarly, peer pressure to participate in risk behaviors was seen as a way to belong to a group. As one female participant stated; people who get into drugs or join gangs "are looking for something - like love or support - that they don't get at home." Responses such as this suggested that for some of the participants there might be problems at home with their families which, for one reason or another, might lead them to seek this love and belonging elsewhere. Indeed, for many of the participants, who have friends and relatives involved in these situations this need to do things that they may believe to be wrong for the purpose of trying to belong appears to be strongly felt. All of this suggests that for these children, at-risk behaviors, such as gang involvement, are seen as possible alternatives, supported by their peers for achieving a sense of prestige and belonging in their community, which might not otherwise be available to them.

Fear of Negative Retribution

Another form of peer pressure that was evident in the responses involves a fear of being ridiculed or outcast for not participating in these behaviors. As one female participant reports; "...they'd be like if somebody in the gang and they didn't do something right or something, the gang members, who supposedly loved them, they'll like beat them up or something, then they'd be like if their grandma come out, you do that to her too..." Responses such as this indicate, that, within this community, a strong sense of fear that if one does not join a gang or refuses to participate in risk behaviors, he or she is likely to become a target of ridicule or violence. As this example also illustrates, this fear of violence is not always limited to the individuals who refuse to conform to the risk-taking behaviors of their peers but is often extended to the families as well.

Overall, most of the responses in the area of reinforcement for risk-taking behavior illustrated that, while their families do play a significant part in influencing their behavior, the participants in this study appeared to be most strongly influenced by the beliefs and behaviors of their peers. For this particular population, the majority of their perceptions of both the negative and reinforcing consequences of risk behaviors seem to come from the similar beliefs of their peers. This supports the findings of Dielman, Butchart, Shope, and Miller (1991), who conclude that, while both are important factors, an individual's susceptibility to peer

pressure is a stronger predictor for adolescent risk behaviors than parental norms and similar behaviors.

Perceptions of Prevention

"Take All the Bad People Away"

Overwhelmingly, the participants' responses in the area of community involvement were focused on increasing police action and decreasing the prevalence of dangerous behaviors in their community. The most common response about what can be done about these problems was simply to "Get all the police to take all the bad people away." On the surface, this response appeared to be a plea for help or for their communities to do something to remove the more dangerous elements, such as the gangs and drug dealers from their neighborhoods. As the underlying content of these responses were examined more carefully, however, it became apparent that the participants tended to identify themselves as being separate from the people in their community who are actively using drugs, and participating in and encouraging other risk related behaviors. This suggests that the participants might have been utilizing a defense mechanism to protect themselves from the dangerous behaviors that exist within their community. By stating that they are not "bad people" like the gang members or the people who use drugs, the participants were essentially saying that "we are good people, we don't do these things," or "these bad things don't happen to us." This suggests that not only are the children of this population aware of the various behaviors

in their community that put them at risk but also that they have, at some conscious or unconscious level, begun to protect themselves from these risks by not associating themselves with them. While this differential identification appears to be somewhat healthy as it serves to protect these children from becoming too closely involved, it can also be potentially dangerous as the participants might begin to minimize the danger of the behaviors and situations they have already been exposed to.

Perceptions of Community Resources

On the surface, the responses in this area seem to reflect a general lack of awareness by the participants of the prevention resources available in their community. For example, the most common responses to the question regarding what their communities can do in the area of prevention were either "nothing" or "I don't know." This indicates that more information about the existence of the various resources that are available is needed for this community. A closer examination of the responses, however, illustrates that the participants were not only aware of some of the available resources but were also, in some cases, benefitting from them. For example, some common responses to questions about the types of things the participants do to avoid dangerous situations included: "Coming here (Family Focus)"; "Going to the YMCA to play basketball."; and "Riding my bike with my friends." Involvement with a group of non-using friends who

were not involved with gangs, was seen as an important part of prevention. One male participant, in describing his friends, reported; "Its like our own little gang, man, we all stick together and we're all friends but its not a gang, meaning that we go and beat people for no good reason."

The fact that the participants seem to be, on the surface, unaware of many of the prevention resources that are available to them but are nevertheless developing positive lifestyles and, in many cases, participating in some of these programs suggests that much of the preventative aspects of the available programs operate at a level that is outside of the children's awareness. For example, many of the activities, such as day camp, or a pick-up basketball game at the YMCA, that the participants perceive as simply being a good time are preventative in nature, despite the fact that they do not seem to be immediately recognized as such. These activities allow for the increased self-esteem that is associated with accomplishment and occur in safe, positive places that seem to foster this type of growth. By highlighting the positive, growth oriented aspects of the existing prevention resources, it appears that the children of this community would be better able to recognize them as the safe, helpful resources they are.

CHAPTER V

DISCUSSION

Applications for Prevention Program Development

As a result of the observations made throughout the focus groups, several common characteristics and perceptions relevant to this population's increased risk status have been identified. These observations, when applied to an understanding of current prevention programming can be used to develop a more culturally specific prevention programs that can better meet the needs of lower-income African-American adolescents. While many of this population's perceived needs have been recognized by the prevention field and have been incorporated into prevention programs, in one form or another, the responses of the participants indicate that these needs continue to exist and, in most cases, have yet to be adequately met.

On the surface, this sample seems to be better aware of the various dangers, such as substance abuse and violence, that exist in their community than was expected for their age group. This indicates, among other things, that the pre-adolescents of this lower-income African-American community have already been exposed to many of these dangers at an earlier age than the majority population. Another reason for

this sample's rather sophisticated knowledge of the consequences of substance abuse stems from the fact that many of the participants had been receiving drug prevention education at the agency throughout the previous school year. This indicates, that not only have the children in this sample become better aware of the dangers that face them, but also that they have begun to become better aware of ways to effectively deal with the existing threats to their safety. This supports the belief that early education in the area of the consequences of substance abuse can be an important foundation to a variety of prevention approaches. Because it is likely that different samples will have different levels of knowledge in this area, it is important to consider the level of prevention education a particular sample has been exposed to when developing a program that will most accurately fit its prevention needs.

Similarly, many of the responses indicated that the pre-adolescents in this sample recognize the threats that the legal drugs, alcohol and tobacco, place on their overall safety as being as significant as the more widely visible threats posed by the use of illicit drugs. Again, this signifies that at a fairly early age, these children, through previous exposure or early education, have already started to become aware of the longterm medical consequences of the use and abuse of these legal substances. Because the use of legal drugs appears to be a primary concern for this sample but has

not been adequately addressed by most current prevention programs, it is suggested that substance abuse prevention programs directed at lower-income African-American adolescents begin to dedicate a larger portion of their curriculum to alcohol and tobacco prevention.

In developing a prevention program to meet the needs of younger adolescents, the developmental differences that seem to exist between pre-adolescents, such as those participating in this study, and older adolescents must be considered. As a majority of the responses in a variety of areas indicated, the pre-adolescent children who participated in this study seemed to operate at a fairly concrete developmental level. This enabled them to focus primarily on behaviors, goals, and immediate consequences, rather than on more abstract themes, such as the processes involved in meeting goals or longterm consequences. This suggests that pre-adolescents do not necessarily share the same level of cognitive development with the older adolescents, whose more advanced level of cognitive development enables them to better grasp the more abstract themes and longterm consequences. To be successful, a prevention program should adequately address these developmental differences. In developing a program for pre-adolescents, for example, a greater focus should be given to the more immediate consequences of substance abuse, which are more likely to be seen as relevant to this population. While information about the longterm effects of chemical dependence

is an essential part of any effective substance abuse prevention program, it may be more appropriate, and potentially more effective, to save this more abstract information for later in the prevention process when it is more likely the children will be developmentally able to fully comprehend it.

In addition to these developmental differences, prevention programs designed to adequately meet the needs of this population must address several issues which seem specific to its socioeconomic and racial background. To begin with, the children in this community, like most pre-adolescents, tend to have rather strong needs for acceptance, whether obtained through love and support or increased prestige, and seem to identify risk behaviors as possible alternatives for acquiring this acceptance. As many responses indicate, the children in this population have developed a strong reliance on their peers for support in a number of areas, including basic needs, such as love, acceptance, and support. While this greater dependence on one's peers is to be expected for this age group, several responses indicated that some participants might be looking elsewhere for love and support not found at home. This suggests that, for a significant number of children in this community, a number of familial concerns, such as poverty, violence, or substance abuse, could be preventing them from receiving the love and support that is required for healthy development.

Consequently, it is suggested that future prevention programs place a greater emphasis on the role of the family as a prevention source, while continuing to support the development of positive, non-risk peer groups.

For a majority of the participants in this study, prestige was seen as the most realistically achieved source of acceptance. In addition to this acceptance, prestige also seems to be viewed by a majority of lower-income adolescents as a way out of the poverty level conditions of their neighborhoods. Consequently, achieving prestige was identified as the principle motivator for participating in at-risk behaviors. This commonly held belief that participating in risk related behaviors, such as selling or using drugs or joining a gang, can lead to increased prestige seems to be supported and promoted by the children's frequent exposure to people in their communities who have quickly increased their status by getting involved in such activities. Similarly, as many of the responses that spoke of the role the gangs play in threatening the neighborhoods indicated, this prestige also seems to be a source of power.

While prevention efforts have had some success in using high status role models to illustrate more positive ways of achieving success and prestige, the almost instant gratification that at-risk behaviors seem to provide remains a temptation for this community. One reason for this is that the children in this age group operate from a developmental

level that tends to focus more on the more immediate rewards of various behaviors than on their possible longterm consequences. From this perspective, the fact that an individual dresses in nice clothes and drives an expensive car has a far greater impact than his or her past history, whether it includes an arrest record for gang activity and selling drugs or a college education and a nice job. Consequently, the use of flashy, high status, role models in prevention programs can serve to reinforce this population's belief that to be successful, one has to earn a lot of money and acquire a lot of material possessions. To avoid sending this message, it is suggested that prevention programs directed at this population stress the appropriate methods that success can be achieved, including staying in school to get an education and working hard to meet one's goals, and decrease the attention given to the prestige of various role-models.

Despite their awareness of the dangers that exist in their community, these pre-adolescents did not seem to be as well informed about the various prevention resources that operate within their community. This indicates that a greater emphasis should be given to promoting the community's existing prevention resources. Additionally, the observation that many of the participants who participate in prevention activities, such as YMCA programs, did not recognize these activities as being involved with risk prevention indicates that a greater emphasis on the preventative aspects of the existing programs

is also needed.

Suggestions for Future Research

Overall, the results of this study support Kazdin's (1993) observation that a variety of familial, social, economic, and psychological factors interact within this community to place it at greater risk for substance abuse and other at-risk behaviors. Similarly, it is evident that substance abuse seems to be related to the other forms of at-risk behaviors, such as violence, and early sexual behavior. Because of its qualitative nature and relatively small sample size, however, several questions can be raised as to the generalizability of these results to the larger, lower-income, African-American population. As is the case with nearly all qualitative research, scientific concerns such as the lack of experimental control and reliable testing measures make it difficult to duplicate the results or generalize them to the larger population. Consequently, it is recommended that more research be dedicated to this area by both the qualitative and quantitative branches of psychological research before attempting to satisfactorily generalize these results to any larger population.

One particular area of concern for this study involves the fact that, due to their availability and other concerns, the participants used in the study were self-selected through their participation in a summer camp prevention program. As a result of this self-selection, it is safe to assume that

these adolescents have been identified as being at-risk and, through their enrollment in the summer camp program, have begun to take preventative action against this risk. Consequently, the question can be raised as to whether or not this sample's responses accurately represent the beliefs of the children in their community as a whole, or if they are, in fact somewhat different. Similarly, the fact that these children have been identified as at-risk yet have begun to take preventative action makes it difficult to assess exactly how they might be different. For example, the fact that these children have been identified as being at risk and placed in this program can imply that they are at greater risk than the children in their community who have not been identified as at-risk. On the other hand, the fact that these children have been involved in other programs at the agency throughout the previous school year and have begun to take preventative action can indicate that, at the time of the study, they are at less risk than their peers who have not been involved with the agency or enrolled in the prevention program. Similarly, the fact that most of the children involved in the program have been enrolled by their parents suggests that their parents may be more aware of the dangers that exist in the community than other parents who have not enrolled their children in similar programs. This seems to indicate that these children might have greater support at home than other children in their community and, consequently, are at less

risk. Because the participants' responses are likely to be somewhat different from the responses of other children in their community and it is difficult to exactly determine in which way they are actually different, it is suggested that a similar study be conducted using a separate group of pre-adolescents who have not been previously involved with any type of community outreach or prevention program before these results can be fully generalized to the children of their community.

Another methodological concern that merits attention involves the accuracy of focus group interviews in assessing the prevention needs of this particular sample. Because the pre-adolescents who participated in this study appeared to be highly concerned with and motivated by peer acceptance and the focus groups consisted of peer groups, it is likely that many of the participants' responses were strongly influenced by the responses of other participants. For example, it is unlikely that any particular participant would offer a response that would cause him or her to look foolish or different among his or her peers. Consequently, it is likely that a majority of the participants offered responses that were similar to their peers' "popular" responses. Because this type of response pattern generally results in a narrower range of responses than would be expected in the absence of this group influence effect, as most participants tend to respond with different variations of the "popular answer", it is suggested that

future studies using similar approaches incorporate individual follow-up interviews with the participants to better assess the accuracy of the group information.

As a result of these methodological limitations, it is suggested that further studies be completed using samples that are better representative of the larger population and incorporating methods to control against group influence on participants' responses before these results can be effectively generalized to other lower-income African-American communities.

APPENDIX A
CONSENT FORM FOR PARTICIPATION

APPENDIX A

CONSENT FORM FOR PARTICIPATION

IT'S MY CHOICE: PREVENTING HEALTH COMPROMISING BEHAVIORS

PARENTAL/GUARDIAN APPROVAL OF PARTICIPATION

I understand that as part of the Family Focus Summer Camp Program, educators from Loyola University Chicago and Chicago State University are providing a 5 week program aimed at teaching children to protect themselves from risks to their personal safety.

I understand that this program is voluntary, so my child is free to participate, as well as withdraw from this part of camp if he/she wishes at any time without any penalty.

I understand that my consent is necessary for my child to participate in the prevention program.

I understand that this program will cover a variety of different topics which represent threats to the health of our children, including drugs and alcohol, violence, HIV, teenage pregnancy/parenthood, and peer pressure.

I understand that the program will begin with an audio and videotaped group discussion between the educators and children enrolled in the camp, so that the children can identify situations which worry them, questions they have, and areas they would like more information about. The discussions will be recorded for the purpose of organizing the information as well as guiding our research. This information will guide the content of the presentations.

I understand that my child's identity will be kept confidential and not released in any research originating from this program and that all recordings of group discussions will be destroyed promptly following review by university members of this project.

I understand that the success and effectiveness of this program will be measured by having the children complete an evaluation of the program at the end of camp.

I understand that it is my right to ask questions and review materials used in the program and agree to contact the educators if I desire (Dr. Le'Roy Reese (312)995-2127 or Dr. Elizabeth Vera (708) 853-3351).

I APPROVE OF MY CHILD'S PARTICIPATION IN THE "IT'S MY CHOICE" PREVENTION PROGRAM.

Your Signature

Today's Date

Your Child's Signature

Relationship to Child

APPENDIX B
FOCUS GROUP QUESTIONS

APPENDIX B

FOCUS GROUP QUESTIONS

1. What kind of goals do you have for your future?
Probe: What would you like to be doing when you get older (e.g. 5, 10 years from now)?
2. What kinds of things could keep you from meeting your goals? What could get in the way?
Probe: At school, in the neighborhood, in the family etc.
3. Who do you spend most of your time with when you are not in school (e.g. friends, family)?
4. What kind of things do you do with your time when you are not in school (e.g. weekends)?
5. In your neighborhood, what types of situations do you see kids get into that are dangerous or not safe for them?
Probe: What might get them hurt, or in trouble?
6. Why are these situations so unsafe or dangerous for kids?
7. If these things are not safe for kids, why do you think they get involved in them? Why would they do those things?
8. Do you think that every kid in your neighborhood could get involved in these situations? Why or why not?
9. What could be good about staying away from these unsafe situations?
10. Could anything bad happen to a child for not choosing to

do some of these things?

11. What could help kids avoid these unsafe situations?

Probes: What could adults do?

What could families do?

What could your friends do?

What could the neighborhood/community do?

12. What else do you wish was available that could help kids out of these difficult situations?

13. What does it mean to feel good about yourself?

14. How do people feel good about themselves?

15. What does it mean to feel good about your community?

16. How do people feel good about their communities?

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VITA

Kyle W. Thompson was born and raised in St. Louis, Missouri. He attended the University of Missouri-Columbia where he received a B.E.S. in counseling and educational psychology and a B.A. in psychology in May of 1993. While at Missouri, he was involved in several student paracounseling programs and conducted substance abuse prevention workshops at local high schools. He graduated with high honors from both programs and is a member of Phi Beta Kappa.

Presently Mr. Thompson is completing his M.A. in community counseling from Loyola University Chicago. Among his research interests are multicultural issues and substance abuse prevention and treatment for adolescents and adults. He is currently working as substance abuse counselor in Lutheran Social Services of Illinois' outpatient chemical dependency program.

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The final copies have been examined by the director of the thesis committee and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of M.A. in Community Counseling.

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