ABSTRACT

SCOTT, DAVID A. A Character Education Program: Moral Development, Self-Esteem and At-Risk Youth. (Under the direction of Dr. Stanley Baker).

The purpose of this study was to examine the results of a deliberate psychological and educational intervention with at-risk youth that have been identified as having potential to benefit from a character education program. The Youth Focus Character Education Program provided direct character education services to selected at-risk youth that were referred for treatment by school counselors, juvenile court counselors, parents, or other agencies in Greensboro, North Carolina. All sessions and material used focused on improving moral development and possibly self-esteem in each child. Definitions of youth at-risk and character education were explored. Theories of moral development and self-esteem were also reviewed. Comparisons were made between participants receiving the character education intervention and those not receiving the experimental intervention. Study participants included 39 at-risk youth between the ages of 12 and 17 (24 males and 15 females). The participants were administered both the Defining Issues Test and the Rosenberg Self-Esteem Scale. In summary, the findings did not support the use of the present character education intervention with the targeted population sample, it did provide encouragement to continue to design and investigate programs that could possibly benefit at-risk youth.
A Character Education Program:
Moral Development, Self-Esteem and At-Risk Youth

by
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APPROVED BY:

__________________________________________  ______________________________________
Chair of Advisory Committee
Dedication

To my wife and daughters
Biography

David A. Scott, a native Carolinian, resides in Greensboro, North Carolina with his wife and young daughter. David received a BS degree in psychology from the University of North Carolina Wilmington, and went on to earn an MS degree in community agency counseling from Western Carolina University. Following graduation, he did inpatient crisis intervention work as well as outpatient counseling before pursuing his doctorate. During his doctorate work, David got married, moved four times, changed job positions, co-published an article in the Journal of Counseling and Development, experienced the birth of his daughter, and presented at a national conference on diversity.

David is a Licensed Professional Counselor and a National Certified Counselor. He is a member of Chi Sigma Iota as well as the American Counseling Association. David currently serves as the Director of Group Home Programs and a Counselor III for Youth Focus, Inc. in Greensboro. For relaxation, he enjoys fishing, boating, and spending time with his family.
I would like to extend my appreciation to the members of my committee for their time and encouragement during this doctoral process. They were always there when I needed clarification and motivation on my dissertation. A special thanks to Dr. Tracy Robinson who encouraged me to examine life through different lenses and for seeing potential in my work far before I did.

Appreciation is also expressed to my fellow Youth Focus counselors/co-workers for their participation in this study and their added insight into counseling at-risk youth. Additional gratitude is given to Leon Lorenc, who showed me much understanding and guidance as I juggled work and doctoral responsibilities.

Lastly, special thanks go to all of my family and friends who have been supportive during this doctoral journey. Additional thanks go to my mother and father who have always encouraged me to accomplish my goals. Most importantly, is my gratitude to my wife, Michelle, who was so supportive and always made time for my ramblings and ideas about my dissertation. Above all else, I thank God for the many blessings I received while completing this doctoral work.
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Chapter 1

Introduction

Historical Context

The growing problem of juvenile crime, especially serious juvenile crime, indicates the need for a wide range of intervention programs for at-risk youth. The Governor’s Crime Commission staff identified Guilford County as one of the top three counties in North Carolina for having the highest number of violent juvenile arrests in the state (North Carolina Criminal Justice Analysis Center, 1992). A key finding of the Office of Juvenile Justice and Delinquency (2001) was that most chronic juvenile offenders begin their delinquency careers before age 12 and some as early as age 10. In North Carolina alone, there was an increase of 18.4% for juvenile arrests from 1980 to 1990 (North Carolina Criminal Justice Analysis Center, 1992). This large number of arrests continues to overburden the court system.

The Office of Juvenile Justice and Delinquency Prevention (1996) reported that, in 1993, courts in the United States handled an estimated 1,489,700 delinquency cases and 111,200 status offense cases. In 1999, police arrested 230,800 youth age 12 and younger, which represented about nine percent of the total number of juvenile arrestees. Also, in 1999, law enforcement agencies arrested an estimated 2.5 million persons under the age of 18 (Office of Juvenile Justice and Delinquency Prevention, 2001). In this country there are more than 150,000 students that stay home because they fear some type of school violence each day (Center for the Prevention of School Violence, 1997).
Youth gangs continue to also be a concern for communities and schools. Egley (2000) points out that almost half of the U.S. cities and counties reported youth gang activity. The study went on to report that there is an estimated 28,700 gangs and 780,200 active youth gang members in the United States. Often times these gangs have been reported to have used weapons in conjunction with their activities. Howell and Lynch (2000) state that more than one-third of students has reported a gang presence at school. In addition, most gangs that students see at school are actively involved in criminal activity (Egley, 2000).

**Treatment Approaches**

Juvenile court systems are examining alternative ways to deal with juvenile offenders that will allow the youths to live within their home community. The old notion that treatment away from home is more effective than treatment near one's community has shifted. Statistics concerning intake decisions and juvenile court dispositions in 1997 reveal that about 57% of cases received probation, restitution, community service, or referrals to community programs instead of commitment to training school (Butts, Hoffman, & Buck, 1999). Redding (2000) reports that serious juvenile offenders who are transferred to adult courts have a 150% higher recidivism rate than those that remain in the juvenile justice system.

Guilford County is just one county that was interested in using a character education program as an intervention for many of their at-risk youth. As recently as of May 2002, the North Carolina Department of Juvenile Justice decreased funding by one-third that would traditionally go to youth development centers (formerly known as state training schools).
The North Carolina Secretary of the Department of Juvenile Justice (Wolf, 2002) is making a concentrated effort at directing allocated money to primary prevention and community counseling programs to address the needs of adjudicated youth before they commit enough crimes to be sent to youth development centers.

Parents, community leaders, the juvenile justice system and school systems all across the country have identified these juvenile criminal activities as being detrimental to our society as a whole (Office of Juvenile Justice and Delinquency, 2001). Typically, schools have used long-term suspensions to deal with youth that are involved with continuing criminal activity. Overall, these long-term suspensions have not addressed the underlying issues that are motivating these youth to engage in said behaviors. Subsequently, agencies such as the Center for the Prevention of School Violence (1997) and the North Carolina Department of Juvenile Justice have started supporting the use of character education programs as interventions that may be beneficial in decreasing juvenile criminal activity.

Character Education, sometimes described as moral education, can be considered an important component of a child’s total education and development. While the Center for the Prevention of School Violence (1997) contends that there is no one agreed upon definition of what “character education” means, character education has been a mainstay of education for almost a century. The Guilford County Character Education Council (2000) suggests that character education must be comprehensively defined to include thinking, feeling and behavior. The Council went on to state that “Good character consists of understanding, caring about, and acting upon core ethical values” (p. 34). Most Character Education programs address strengthening an adolescent’s set of core ethical values. These ethical values are rooted in the ideas and concepts dealing with moral development.
Niles (1983) reports that typically the level of moral development a person has achieved when he or she leaves school is indicative of the level used throughout the lifespan. Niles also reported that juveniles who were adjudicated demonstrated lower than average moral judgment scores when compared to same age peers. Kohlberg (1984) suggests that criminal offenders are lower in moral development than non-offenders of the same social background. Others suggest that one of the main causes of juvenile destructive behavior is low self-esteem (Kaplan, 1975; Yanish & Battle, 1985). Reasoner (2000) describes the close relationship low self-esteem has with problems such as violence, alcoholism, drug abuse, school dropouts and low academic achievement.

Murphy (1998) postulates that students will have little to offer others if they do not appreciate their own worth and dignity. Murphy goes on to state that teachers report that a lack of respect for teachers, other students and themselves by current students is the number one problem in schools today. Kaplan (1975a) suggests that an at-risk adolescent may seek out a delinquent reference group to enhance her or his self-esteem. The delinquent group may favor and reward the adolescent for at-risk behaviors which, intern, may enhance the adolescent’s self-esteem.

One of the main reasons to examine moral development and self-esteem together comes from Kaplan’s (1980) research that indicated once an individual has accepted the delinquent group as his or her reference group, the delinquent eighth graders (that were used in his research) significantly experienced higher self-esteem than non-delinquent eighth graders by the ninth grade. This is plausible since an adolescent delinquent with delayed moral reasoning would have no cognitive dissonance between conduct and level of moral judgment.
Redding (2000) also reports that juveniles have an increase in delinquent self-esteem and weakened connection to the community when they continue to commit crimes and are transferred to adult court. This troubling concept raises the question: When is too little too late to redirect an individual away from at-risk behaviors that could result in possible incarceration and the completion of the maladjusted self-fulfilling prophecy?

Ervin and Stryker (2001) encourage the development and use of programs that involve at-risk youth in activities that can promote positive nondeviant identities. Rosenberg and Owens (2001) suggest that adolescents with low self-esteem have difficulty making appropriate moral decisions. Rosenberg and Owens also report that adolescents with low self-esteem have lower confidence in themselves and in their own judgments. Murphy (1998) reports that almost 20% of Blue Ribbon Schools (the U.S. Department of Education’s Elementary School Recognition Program) equate character development with their self-esteem programs.

Murphy (1998) goes on to state that:

In such programs, it is important that the students be given the correct things to esteem about: values such as responsibility, industriousness, honesty and kindness—not values such as good looks, popularity, or possessions. Students will feel good about themselves because they know they have done well (worked hard) and have tried to do the right thing. (p.105)

These positive values that are suggested to be important to the development of self-esteem are also endorsed by numerous character education programs as benefiting in the development of a student’s character (Guilford County Character Education Council, 1997; Center for the Prevention of School Violence 1997).
Mruk (1999) also reports that the use of a group format offers several advantages for the development of self-esteem. Groups are more cost effective, can be used to address larger numbers of participants, and the mixture of each participant’s style and life experiences is closer to the conditions of the normal population. According to Kohlberg (1981), moral education is more effective in the group setting versus the individual setting.

Research on programs such as moral dilemma and character education programs have produced positive outcomes via moral development growth in adolescents (Kuhmerker, Gielen & Hayes, 1991; Lickona, 1991). There are many methods of creating a moral development intervention to use with at-risk youth. Some of these methods include: alternative education programs, role-playing dilemmas, moral discussion groups, moral development training and “just community” schools (Kuhmerker et al., 1991; Schonert & Cantor, 1991).

Kuhmerker et al. (1991) also reported that programs utilizing methods stated above have been effective in working with delinquent youths. Arbuthnot and Gordon (1986) suggest that it is possible to increase moral development in at-risk youths and that the increase is associated with a decrease in disruptive behaviors. Niles (1986) reported the need for continued examination and programming for at-risk youth. Niles (1986) and Citron (1989) state that research is lacking in the area of at-risk youth and moral reasoning and self-esteem development. Studies have also not examined the relationship of moral development and self-esteem as they correlate with each other.
The proposed intervention will examine the results of a deliberate psychological and educational intervention with at-risk youth that have been identified as having potential to benefit from a character education program. At-risk youth are defined as adolescents who may have had multiple suspensions from school, trouble with the law, or continued behavioral problems at home and are at-risk for expulsion from school, criminal charges or out-of-home placement in detention or youth development centers. A detailed description of at-risk youth is included in chapter two.

The Youth Focus Character Education Program will provide direct character education services to selected at-risk youth that were referred for treatment by school counselors, juvenile court counselors, parents, or other agencies in Guilford County. All sessions and material used will focus on improving moral development and self-esteem in each child. The Youth Focus Character Education Program will focus on six components of character education endorsed by the Guilford County Character Education Council (1997): trustworthiness, respect, responsibility, fairness, caring, and citizenship. The psychoeducational intervention will also include moral dilemma discussions.

Kuhmerker et al. (1991) states, “Kohlberg defined the aim of moral education as stimulating movement to the next stage of moral development and saw dilemma discussions as the process for stimulating this movement,” (p.158).

There are numerous articles about moral development and just as many about the development of self-esteem. This raises an interesting question: why the paucity of research dealing with both the moral and self-esteem development of at-risk youth? In general, research dealing with the combination and possible relationship of these two constructs is very limited.
Harter (1983) contends that aspects such as moral worth have been overshadowed in the research dealing with self-esteem and that moral self-judgment would affect one’s level of self-esteem.

Murphy (1998) describes ethical self-esteem as part of good character and adolescents exhibit behaviors and feelings of self that result in good moral behavior. Lickona (1989) states that when a young person has healthy self-esteem, this person is able to follow their own judgment, be more resistant to negative peer pressure, and likely to treat others in positive ways. This program was designed to impact two facets of adolescent development: the cognitive facet of moral reasoning and the affective facet of self-esteem. The purpose of the present study is to examine whether participants can benefit from a character education program designed as a psychological and educational intervention with a moral development component.

The research questions for the present study are as follows. Two questions focus on whether participants benefit from the character education program. First, are there pre to posttest differences for the treatment group and the control group on the moral development and self-esteem measures? Second, are there pre to posttest differences between the treatment and control group conditions on the moral development and self-esteem measures? One question focuses on the relationship between moral development and self-esteem; that is, what is the relationship between the measures of moral development and self-esteem in both the treatment and control conditions? Specific null and research hypotheses for these questions are stated in chapter 3.
Chapter 2

Review of Related Literature

Current trends in at-risk youth in the courts

The North Carolina Department of Juvenile Justice and Delinquency Prevention (2003) reported that 64% of offense complaints involving juveniles are class 1-3 misdemeanors (less serious criminal offenses than major misdemeanors and felonies). Only 20% of complaints are felony offenses. Undisciplined offenses (running away, truancy, ungovernable) and class 1-3 misdemeanors make up 75% of all cases seen in juvenile court. Of the 44,270 complaints brought to juvenile courts in North Carolina in 2002, the four most frequent offenses were simple assault, misdemeanor larceny, injury to personal property, and disorderly conduct. These top four complaints are all misdemeanors. Although most attention is brought to the very serious crimes that juveniles commit, data indicates that the top four offenses listed above along with undisciplined charges make up 42% of all complaints filed with the office of juvenile justice. Table 1 below provides the top 15 offenses of juveniles in North Carolina in 2002 (North Carolina Department of Juvenile Justice and Delinquency Prevention).
Table 1

Rank order of offense complaints by juveniles in North Carolina

<table>
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<tr>
<th>RANK ORDER</th>
<th>OFFENSE</th>
<th>FREQUENCY</th>
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<tbody>
<tr>
<td>1</td>
<td>Simple assault</td>
<td>5394</td>
</tr>
<tr>
<td>2</td>
<td>Larceny, misdemeanor</td>
<td>3920</td>
</tr>
<tr>
<td>3</td>
<td>Injury to personal property</td>
<td>2315</td>
</tr>
<tr>
<td>4</td>
<td>Disorderly conduct/Public Disturbance</td>
<td>2102</td>
</tr>
<tr>
<td>5</td>
<td>Larceny, felony</td>
<td>2022</td>
</tr>
<tr>
<td>6</td>
<td>Ungovernable</td>
<td>2001</td>
</tr>
<tr>
<td>7</td>
<td>Simple affray</td>
<td>1640</td>
</tr>
<tr>
<td>8</td>
<td>Communicating threats</td>
<td>1606</td>
</tr>
<tr>
<td>9</td>
<td>B/E w/intent to commit felony</td>
<td>1560</td>
</tr>
<tr>
<td>10</td>
<td>Injury to real property</td>
<td>1518</td>
</tr>
<tr>
<td>11</td>
<td>Runaway</td>
<td>1458</td>
</tr>
<tr>
<td>12</td>
<td>Truant</td>
<td>1376</td>
</tr>
<tr>
<td>13</td>
<td>Possession of controlled substance, misdemeanor</td>
<td>1248</td>
</tr>
<tr>
<td>14</td>
<td>Possession of weapon at school (M)</td>
<td>978</td>
</tr>
<tr>
<td>15</td>
<td>Shoplifting</td>
<td>849</td>
</tr>
</tbody>
</table>

Research involving at-risk youth would be remiss without mentioning the minority overrepresentation in the juvenile justice system or Disproportionate Minority Confinement/Contact (DMC), educational factors contributing to DMC and the rising number of females in the juvenile justice system. The groups of adolescents referred to, as minorities are African Americans, Asian Americans, Pacific islanders, Hispanic/Latinos, or any other non-Caucasian group. The North Carolina Governor’s Crime Commission [NCGCC] (2003) reported that minority overrepresentation (mostly African American juveniles) in the juvenile justice system “exists when the proportion of minority juveniles detained or confined in secure detention, correctional facilities, jails or lockups exceed their proportion in the general population” (p.1).
The NCGCC (2203) report went on to state that in 2001 minority youth represented 31% of North Carolina’s population, but represented 52% of arrested youth, 64% of detention admissions, and 72% of youth development center admissions. The NCGCC review also reported that research has shown that African-American youth were six times more likely to be placed in out of the home programs or in detention centers than Caucasian youth charged with the same crime. The research also found that youths charged with violent offenses, the average length of incarceration is 193 days for Caucasians and 254 for African Americans. Hsia and Hamparian (1998) note that one in seven African-American males would be incarcerated before the age of eighteen verses 1 in 125 for Caucasian males.

Minority overrepresentation in the juvenile justice system has been established as an issue at state and national levels (Hsia and Hamparian, 1998). The National Center for Juvenile Justice (1999) reported that in 1998, Congress established the Juvenile Justice and Delinquency Prevention Act. This Act requires States that receive grant funding to determine whether the proportion of juvenile minorities in confinement exceeds their proportion of the population and to develop corrective strategies if found to be true.

Sabol (2002) and Devine, Coolbaugh and Jenkins (1998) site the lack of community resources such as diversion programs, juvenile services that are culturally appropriate, lack of cultural understanding among juvenile justice staff, and lack of parental advocacy for minority parents as some of the main factors involved in DMC. The NCGCC (2003) states that the Office of Juvenile Justice and Delinquency Prevention has taken on the role of addressing the DMC issue on a state and national level.
The NCGCC has also required participating states to make efforts to develop intervention plans to address the reasons for DMC and implement policies and procedures to change this problem in our communities and juvenile justice systems or face funding cuts.

Researchers such as Robinson (1992) and Gillespie, Wilson and Yearwood (2000) cite problems with the educational system as another possible factor in DMC. These researchers and others point to the necessity for educators to be more culturally sensitive and provide programming to teachers and administrators about at-risk youth and the role the education system may play in these children’s lives. The increase in schools using expulsions as means of discipline, early school failures and dropouts continue to be real problems in minority communities. Gillespie et al. reported that all local communities identified some element of the school system as a factor in disproportionate minority confinement. Gillespie et al. went on to site factors such as the lack of early dropout programs, lack of appropriate cultural education, minority expulsions and suspensions as current examples of problems with the school systems. Robinson stated that the problems are also on an individual classroom scale with such behaviors as teachers lowering expectations and providing less effective instruction for minority children and a sense of alienation by the minority student from the school staff.

A growing statistic in the juvenile justice system is the rise of females committing crimes and entering the juvenile justice system. The Office of Juvenile Justice and Delinquency Prevention (2001) reported that the growth in person offense cases grew 107% for females and 42% for males between 1990 and 1999. The female growth for drug offenses grew 161% and also grew 59% for delinquency cases during the same time period.
Scahill (2000) reported that the majority (62%) of females charged with delinquency in 1997 was under the age of 16. The number of female cases in 1997 increased for all racial groups: African American, 106%; Caucasian, 74%; and other races, 102%. Scahill went on to report that the number of females detained increased 65% (from 36,300 to 60,000) between 1988 and 1997.

The disproportionate minority contact is also very prevalent for females as Scahill indicated by the 123% increase in detainment for African American females verses 41% detainment for Caucasian females during the same time period. The Office of Juvenile Justice and Delinquency Prevention [OJJDP] (2002) reported from data gathered about females coming into the juvenile justice system indicates that the average female is (a) between 14 to 16 years old, (b) likely to be a minority, (c) history of poor academic performance, (d) victim of some type of abuse and (e) feels that life is oppressive. The OJJDP listed sexual/physical abuse, substance abuse, teen pregnancy, poor academic performance, mental health needs, societal factors and gang membership as just a few of the factors that could place females at greater risk of becoming juvenile delinquents.

The Juvenile Justice system recognizes that treating and addressing the needs of females is now on a state and national level. The OJJDP also states it’s own commitment to better understanding the developmental pathways females take, reviewing how States are dealing with females in the juvenile justice system, creating an inventory of best practices (Budnick and Shields-Fletcher, 1998), develop gender-specific programming and put those into practice in the juvenile justice system.
Definition of At-Risk Youth

Defining the term ‘at-risk youth’ has posed many problems for school personnel, the juvenile justice system, community leaders, and parents. These professionals try to provide appropriate services ranging from crisis management to primary prevention. There is no one clear definition of at-risk youth.

Schools have long defined at-risk youth as those children having characteristics such as tardiness, poor grades, low overall scores and failing grades (Kushman & Heariod-Kinney, 1996). Juvenile courts view at-risk youth as those youth that engage in deviant behaviors that could result in charges being files against that youth. Kaplan (1976) defined deviant behaviors when a person chooses to not conform to the norms and standards that were previously accepted by both that person and that person’s group.

Kaplan also included the understanding that some deviant behaviors may be unavoidable or “circumstances of birth” (p. 792). Kaplan’s view of deviant responses also supports the idea that at-risk youth need a definition that examines several aspects of what it means to be at-risk.

One strategy is to deal with not only the presenting behaviors but also the underlying cause for these behaviors. Capuzzi and Gross (2000) suggest a definition of at-risk youth that contains both behavioral and causal components that have the potential to place an adolescent in jeopardy of future negative consequences due to their behaviors. This type of approach tries to identify both the behaviors that lead to an event and also the causal factors that may have assisted in the development of the specific behavior.
Using a broad definition such as Capuzzi and Gross’ could possibly consider all adolescents as having the potential to be an at-risk youth. One has to be cautious when trying to attribute causal factors to an adolescent’s at-risk behaviors. Causal factors are not predispositions in all youth. Youth react differently to causal factors and may not be affected negatively at all by some factors. Causal factors can vary from situation to situation and from individual to individual. Examples of causal factors are mental health issues, family problems, lack of resources (financial issues), friends who may exhibit at-risk behaviors, and violence. These are just a few of the causal factors that can contribute to the at-risk behaviors that are mentioned below.

Capuzzi and Gross (2000) also provide behaviors that could be signs of an at-risk youth. From a school perspective, behaviors such as poor grades, truancy, failing a grade, and defiant behaviors are possible. From a family/community perspective, behaviors such as oppositional and defiant behaviors, isolating behaviors, involvement with the legal system, and resisting to complete routine activities are possibilities. Finally, from a mental health perspective, behaviors such as drug and alcohol use, low self-esteem, eating disorders and sexual acting out are just a few of the possible characteristics of an at-risk youth. Professionals must also be careful to not fall into the trap of stereotyping adolescents as at-risk and not understanding cultural oppression and societal differences. Robinson (1992) reported that school personnel may actually treat students labeled as at-risk differently such as sitting farther away from the student, asking them to do less work, categorize them as slow learners and even reward them for inappropriate behaviors.
In summary, there is still not a complete definition of at-risk youth that will be accepted by everyone. A multifaceted definition may be beneficial as providing warning signs and behaviors that may lead to future negative consequences for an adolescent. The professional and layperson can use a multifaceted definition as an aid in helping to determine which adolescents may be at-risk.

**Character Education**

Murphy (1998) contends that character education has been used in some form in American public schools as far back as the Colonial period. The popular aspect of educating students in the area of ‘democratic citizenship’ flourished in the early part of this century. These areas of education included the moral values and virtues held by the leaders of the American democracy at the time. Researchers such as John Dewey questioned whether character and values can or should be taught in school. Questions arose concerning character education such as which values are to be taught and why teach certain values at all during this time. Shifts in philosophy dealing with character and moral development in the schools continue today. Kohlberg’s (1981) development of a cognitive-developmental approach to moral education assisted in the resurgence of moral education in schools across the country. Heslep (1995) postulates that today’s schools do need character education programs that are based on sound moral principles.
Benninga (1991) comments on the public concern that schools should play an important role in the development of adolescents and their character education. Sparks (1991) sums up the discussion on character and moral development as this:

It must be recognized that character development and moral education are neither synonymous nor discrete, for one’s values and level of moral reasoning are central to the concept of character. That is, individuals act in accordance with their perceptions, values, and beliefs, and, in turn, the actions and behaviors an individual chooses in resolving dilemmas and making decisions are manifestations of those perceptions, values, and beliefs.

Based on this assumption, an educational environment in which virtuous conduct is consistently nurtured, valued, and reinforced is presumed also to have an impact on the formation of one’s values and moral reasoning. (p. 181)

Benninga (1991) goes on to state that competing theoreticians have decided to work together on programs promoting character and moral development and that the lines between the two continue to narrow. Lickona (1991) suggests that the increase in violent crimes and self-destructive behaviors are bringing about consensus among parents and school personnel in the promotion and education of moral principles in adolescents.

As mentioned earlier, there is no one agreed upon definition of character education. Character education programs continue to be widely used and areas of focus for school systems around the country. Murphy (1998) describes character as the distinguishing principles that guides a person’s behavior.
Murphy goes on to state that character education involves teaching of different virtues, how to distinguish from “right” and “wrong,” and educating on and providing examples of morally correct behavior through literature or real-life models. Lickona (1991) defines good character as a combination of moral knowing, moral feeling (self-esteem, empathy and humility), and moral action and that these aspects are truly the qualities of character. Although there are many different programs promoting their version of character education, several key elements and principles seem to be found throughout character education curriculums.

The Guilford County Character Education Council (2000) has adopted Lickona, Schaps & Lewis’ Eleven Principles of Effective Character Education:

1. Character education promotes core ethical values as the basis of good character.

2. Character must be comprehensively defined to include thinking, feeling and behavior.

3. Effective character education requires an intentional, proactive, and comprehensive approach that promotes the core values in all phases of school life.

4. The school must be a caring community.

5. To develop character, students need opportunities for moral action.

6. Effective character education includes a meaningful and challenging curriculum that respects all learners and helps them succeed.

7. Character education should strive to develop student’s intrinsic motivation.

8. The school staff must become a learning and moral community in which all share responsibility for character education and attempt to adhere to the same core values that guide the education of students.
9. Character education requires moral leadership from both staff and students.

10. The school must recruit parents and community members as full partners in the character-building effort.

11. Evaluation of character education should assess the character of the school, the school staff’s functioning as character educators, and the extent to which students manifest good character.

The Character education curriculum used in this study (see Appendix A) incorporates the six components of character endorsed by the Guilford County Character Education Council (2000): trustworthiness, respect, responsibility, fairness, caring, and citizenship.

Moral Development Theory

Lawrence Kohlberg developed his theory of moral development based on the cognitive-developmental approach of Jean Piaget. Piaget’s findings on moral judgment fit into a two-stage theory (Crain, 2000). Children less than 10 or 11 years old think about rules as fixed and being handed down by adults (heteronomy). Children older than 10 or 11 view rules as relativistic and being changeable (autonomy) if needed. These changes in thinking processes occur when the child is entering the formal operations stage.

Kohlberg assessed that this ‘moral judgment’ learning does not stop at this point. By interviewing both children and adolescents about moral dilemmas, Kohlberg found that stages go beyond Piaget’s theory (Kuhmerker, Gielen, & Hayes, 1991). Kohlberg’s theory of moral reasoning is based on a developmental continuum.

Kohlberg believed that a person would always go through the stages in order (from stage 1 to stage 2 to stage 3) and not skip stages. Not every person will reach the highest stages due to the lack of what Kohlberg termed intellectual stimulation.
Kohlberg developed his theory using three levels of moral reasoning, with each level being subdivided into two stages (only the first three stages are similar to Piaget’s stages).

The following is an outline of Kohlberg’s moral stages as described by Kuhmerker et al. (1991) and Crain (2000):

Level 1: Preconventional Morality

Stage 1. Punishment orientation; where person avoids breaking rules to avoid punishment and does not consider other’s points of view. Similar to Piaget’s first stage of moral thought, the child does not see itself as being part of society.

Stage 2. Individualism; describes decisions based on possible rewards or personal satisfaction. Punishment is a risk that the child wants to avoid. The child is still operating at the preconventional level.

Level 2: Conventional Morality

Stage 3. “Being good”; is important and means behavior that pleases or is approved by others. The child is usually entering their teenage years. Expectations of others become important.

Stage 4. Social System and conscience; by conforming to social rules and upholding laws. Also important to the adolescent’s is that they contribute to their society and social group so that social order is maintained. They are understanding of other’s feelings and needs. The adolescent makes moral decisions from the viewpoint of a member of society.

Level 3: Postconventional Morality

Stage 5. Social contract; may be described as a sense of obligation to law and will abide by these laws. Also key is the idea that rights like life and liberty must be upheld in any society.
They begin to examine their own society in how the rights and values of people are handled. The person will discuss how rights and morality can take priority over certain laws. The person is using Postconventional thinking.

Stage 6. Universal ethical principles, are self-chosen. The understanding of human rights and respect for human dignity. They let the principles of justice guide their decisions about laws.

Kohlberg postulated that his stages were not simply the product of maturation or socialization (Crain, 2000). The social world provides us with experiences that can promote moral development, but they themselves do not change our mental processes. This approach to moral development focuses on the universal stages of moral thinking. For Kohlberg, morality included feelings, thoughts, and actions. Kuhmerker et al. (1991) described Kohlberg’s view of morality as a set of attitudes and behaviors that are related to self-control, prosocial behavior, and underlying feelings of empathy. Kuhmerker et al. state that “These forms of thinking are assumed to be identifiable in any situation where various persons may be said to have competing moral claims. Each stage of moral thinking represents a separate and coherent theory of justice that can be applied to various conflict situations” (p.19).

Kohlberg also developed an instrument to measure moral judgment which is the Standard Issue Moral Judgment Interview and Scoring System (Kohlberg, 1981). Gibbs’ Social Reflection Method and Rest’s (1986) Defining Issues Test are the two most popular alternative methods used to measure moral judgment. All three tests have moderate to high levels of test-retest reliability (Kuhmerker, 1991).
These tests attempt to measure the development of moral judgment and not a person’s moral character or mental health.

**Development of Self-Esteem**

Self-Esteem has been written about and researched numerous times in the literature. Rosenberg (1986b) stated that by 1982 approximately 7000 articles had been published relating to self-esteem and self-concept. Self-esteem has been examined in different fields such as psychology, sociology, and social work.

Theorists such as Alfred Adler, Karen Horney, and Morris Rosenberg conducted early work in self-esteem. Adler’s (Steffenhagen and Burns, 1987) model of individual psychology could be seen as a self-esteem model of behavior. Steffenhagen and Burns commented that Adler argued that self-esteem is the basic motivating force of behavior. Adler’s theory contends that individuals are goal striving and develop skills and abilities to reach these goals in order to function in their primary group. Horney (Coopersmith, 1967) focused on the interpersonal processes and ways an individual wards off self-demeaning feelings.

One of Horney’s contributions in this area is the development of the defense mechanism of idealized image of self as a way of coping with anxiety. This idealized image is produced from negative feelings about themselves. Rosenberg (1986a) views the development of the self-esteem from a cognitive developmental approach. Without certain cognitive capacities the individual cannot conceptualize themselves in certain self-esteem terms. High self-esteem involves feelings of self-acceptance and self-respect, not feelings of superiority over others. Low self-esteem involves feelings of unworthiness, inadequacy, and lack of respect for themselves.
Kaplan (1986) views self-esteem as both a social product and social force. As a social product, the individual functions in a social system and experiences the influences of others in their group. As a social force, the individual behaves in a manner that requires appropriate responses from others in the social group. Their social group not only impacts the individual, but they impact their social group in an interdependent way.

Defining terms such as self-concept and self-esteem continues to be one of the challenges of professionals researching self-esteem. Rosenberg (1986a) defined the term self-esteem as “the totality of the individual’s thoughts and feelings having reference to himself as an object” (p. 7). Kaplan (1986) contends that literature dealing with the self refer actually to self-referent behaviors and not some stable psychological structure. Meggert (2000) contends that terms such as self-esteem, self-concept, and self-acceptance are sometimes used interchangeably.

Reasoner (2000) describes authentic or healthy self-esteem as a person’s overall judgment of himself or herself dealing with self-competence and self-worth based on reality and that global self-esteem can fluctuate from time to time. Reasoner also suggests that equating high self-esteem with just feeling good, arrogance, narcissism and traits that could lead to violence are misconceptions of truly authentic self-esteem. Reasoner goes on to postulate that these behaviors are actually defense mechanisms referred to as “pseudo self-esteem.” Reasoner contends that adolescents with “pseudo self-esteem” or low self-esteem try to focus on themselves, impress others, use others for their own gain and do not take responsibility for their actions.
Howard Kaplan has been researching how self-esteem influences delinquency for over 30 years now. Kaplan has developed a general theory of deviant behavior (1975a), from a developmental and social psychological viewpoint. The theory is based upon the postulate of the self-esteem motive. Kaplan credits theorists such as Adler and Horney is providing ideas and theories relating to self-esteem and deviance.

Kaplan (1975b) defines the self-esteem motive as a “person’s need to achieve positive self-attitudes and to avoid negative self-attitudes” (p. 265). Kaplan goes on to state that this motive is universal and used to protect an individual’s sense of worth and values. Kaplan (1976) explains that early in our lives we are dependent on positive responses from adults. Kaplan adds that, when young, we are motivated to express behaviors that will produce positive reactions from the significant adults in our lives.

The general theory of deviant behavior suggests that low self-esteem could influence an individual’s behaviors in a delinquent manner. In other words, adolescents with low self-esteem who have been exposed to negative experiences in their conventional societal group have created questions about their self-worth and acceptance in this group. Kaplan (1980) defined this normative group as one in which a person holds membership. These negative aspects are expressed in terms of self-rejection and/or self-derogation.

The adolescent may use defense mechanisms to cope with these negative feelings such as refusing to deal with, and denying, their problems and substituting a new social group that may enhance their self-esteem. The adolescent will lose motivation to conform to the patterns of their conventional group. The adolescent may then strike back at his or her original group by behaviors that are considered delinquent by their social group (e.g. fighting, stealing, and drug use).
Kaplan (1975a) suggests that this adolescent may seek out a delinquent reference group to enhance their self-esteem. The delinquent group may favor and reward the adolescent for at-risk behaviors, which may enhance the adolescent’s self-esteem. Kaplan contends that this seeking out behavior could be the result of three basic mechanisms:

1. **Avoidance** - The adolescent will try to avoid negative self-esteem experiences related to his or her social group. The delinquent group may admire the at-risk behaviors and provide him or her with respect and approval.

2. **Attack** - The adolescents are striking back against their original group that they perceived devalues their worth.

3. **Substitution** - The adolescent substitutes the new delinquent group for their original group. The adolescents may actually strengthen their self-esteem through delinquent behaviors.

Kaplan’s theory on the relationship between self-esteem and delinquency has been examined and supported in the literature (Kaplan, 1975a, 1975b, 1976, 1977, 1980; Liu, Kaplan & Risser, 1992; Rosenberg and Rosenberg, 1978). Kaplan (1980) developed and mostly used a seven-item self-derogation scale to measure self-esteem in his research. Kaplan states that this scale was derived from Rosenberg’s General Self-Esteem Scale. Kaplan contends that the self-derogation scale has good predictive validity. Kaplan also used various indices to record delinquent behaviors such as self-reports, report cards, and teacher evaluations.
Application of Moral Development Theory

Moral development has been used successfully in various programs. Kuhmerker et al (1991) stated that moral development interventions could be used in at least three different avenues: “1) the use of hypothetical dilemmas in the form of a series of classroom discussions, generally spaced at weekly intervals; 2) the application of teaching strategies to curriculum content in traditional courses; and 3) the creation of just community schools whose goal was nothing less than the transformation of the governance structure of the school” (p.85).

One of the most widely used moral development interventions is the moral discussion group (MDG). Blatt and Kohlberg (1975) reported that the MDG was successful in increasing moral development at least half a stage in the adolescents tested. The MDG consists of a trained facilitator who presents moral dilemmas to group members with the aim of resolving the dilemma through open group discussions.

Moral development interventions have also been used with delinquent or at-risk youth (Arbuthnot and Gordon, 1986; Moody, 1999; Niles, 1986). Programs like these attempt to increase an adolescent’s moral reasoning through the use of moral education interventions. These authors suggest that adolescents operating in higher moral development levels will decrease their at-risk behaviors. Many communities are using moral development interventions in their schools as an attempt to increase moral development and reduce at-risk behaviors in their students (Center for the prevention of school violence, 1997).
Lickona (1991) suggested ten student behavioral indicators which might be addressed through moral education in school. These indicators are violence and vandalism; stealing; cheating; disrespect for authority; peer cruelty; bigotry; bad language; sexual precocity and abuse; increasing self-centeredness and declining civic responsibility; and self-destructive behaviors. He argued that these behaviors could be addressed through character education programs in school. Lickona went on to postulate that adolescents can learn to understand other people and their viewpoints, exhibit accurate empathy and understand the constructs of moral principles.

Schlaefli, Rest, and Thoma (1985) conducted a meta-analysis examining the effectiveness of moral education programs. A total of 55 studies (dissertations, journal publications, and unpublished manuscripts) were examined in the meta-analysis. Studies included in the meta-analysis examined whether moral education/development interventions were more effective at promoting moral development than programs that only contained educational interventions. The control groups did not receive any type of educational intervention. The results indicated that only the groups with a moral education component reflected any significant changes in moral development growth.

Application of the Development of Self-Esteem

Kaplan’s theory does not contain an intervention that could be used to improve an individual’s self-esteem. This does not mean that Kaplan’s theory would not be beneficial in the area of self-esteem of at-risk youth. Kaplan’s work in the relationship of self-esteem and delinquency could be beneficial in identifying at-risk youth and developing programs in the community and schools designed to offer alternative activities such as athletics, music, during-school and after-school programs, or jobs.
Kaplan’s work is also used to examine self-esteem in predelinquent and delinquent adolescents, which is the population being examined in this study. Liu et al. (1992) suggests that educators and curriculum makers need to identify both skill development and self-enhancement as goals of their education plan. These professionals could structure school curricula to improve the chances that students can achieve necessary goals according to their capabilities. Rosenberg, Schooler & Schoenbach (1989) suggest that low self-esteem could lead to lower academic achievement, delinquent behaviors and depression.

By identifying at-risk youth using Kaplan’s theory of self-esteem and deviant behavior, schools and communities can provide programs to help students deal with environmental and psychological issues that may pose self-esteem and achievement problems in the future.

Mruk (1999) contends that enhancing self-esteem in a clinical respect continues to be a new area of focus in the field. Mruk goes on to suggest that any self-esteem program may want to incorporate several of the following factors such as consistent positive feedback and role modeling appropriate behaviors. Mruk states that “…the consensus is clear: There is value in giving positive feedback to people with low self-esteem” (p.105). Mruk contends that providing positive feedback (from a competent and seemingly worthy person) may be the only source of a positive connection in an adolescent’s life.

Both Mruk (1999) and Murphy (1998) caution against non-authentic feedback and showering a student with undo praise, but instead, treating them with respect and acknowledging when a student truly achieves a goal.
Mruk (1999) contends that another key aspect in the ability to increase an adolescent’s self-esteem is the clinician’s ability (through role modeling) to handle conflicts, deal with complex issues, and to provide these techniques to adolescent’s with low self-esteem.

**Limitation of Moral Development Theory**

Kohlberg’s moral development theory has received criticism in several areas. One area of criticism is in the debate over whether this theory can be applied to different cultures. Simpson (1974) postulated that Kohlberg’s model was based on a Western philosophical model and would not apply to other cultures that may have different moral ideas. Kohlberg’s theory is viewed by some as overlooking the concept of viewing the self as an extension of the group component of many cultures. Kuhmerker et al. (1991) describes the thought that Kohlberg’s moral development may focus on moral autonomy and ethnocentric values that are not culturally universal.

Authors such as Gilligan (1982) and Belenky, Clinch, Goldberger, & Tarule (1997) contend that Kohlberg’s theory on moral development is based on a male worldview and that Kohlberg developed his theory by interviewing only males. Belenky et al. contend that most of the research has “been done by and ‘on’ males” (p. 229). These authors point out that moral thought for males generally consists of abstract laws, universal principles and blind justice to resolve conflicts in an impersonal and fair manner. Gilligan suggested that morality for females revolve around interpersonal relationships, compassion and care, which she states, differs from morality for males.
Rest (1986) describes the ability to measure moral development and the implications to the universality of the theory. Rest was concerned that Kohlberg’s stories were difficult to score using Kohlberg’s method and developed his own instrument to measure moral development. Both measures do provide similar correlational patterns and longitudinal trends (Kuhmerker et al. 1991). An area of interest when examining the moral development of at-risk youth is the reliance on measures that only examine the growth of moral development. Most communities and schools are more concerned about an adolescent’s behaviors and how they are impacting the community. The solution is to incorporate measures that also examine behavior changes associated with the moral development intervention.

Limitation of the Development of Self-Esteem Theory

The limitations of Kaplan’s theory seem to involve the ability to generalize research findings and possible cognitive limitations. Rosenberg (1986b) contends that self-esteem development is contingent upon cognitive development. Without developing cognitive abilities such as the ability to reason logically about the self, self-esteem development will be limited.

Another limitation of Kaplan’s work is the generalizability of the results of his research. Most of Kaplan’s research was conducted on males between grades seven to nine. Kaplan also suggests that there are differences in regards to race, gender, and socioeconomic status. The key is to understand how and when these factors influence self-esteem and developing the ability to examine these factors reliably. Throughout Kaplan’s work, he contends that caution should be used when trying to generalize outside of the research participant’s characteristics.
The high attrition rate that is inherent in the self-report questionnaires used in many of Kaplan’s research articles also poses the question of self-esteem characteristics of those who participated and those who did not. Liu, Kaplan & Risser (1992) suggested that the participants in their study “may represent a more conventional and less problematic group of individuals” (p. 142).

Critical Review of Relevant Research in Moral Development

Niles (1986) examined the effects of a moral development group on delinquent and predelinquent boys ages 13 to 15. Niles hypothesized that there would be a difference in moral stage development and classroom behavior in delinquent and predelinquent boys that participated in a moral discussion group (MDG) when compared with a placebo group and a control group. The Moral Judgment Interview (MJI) was used to measure moral development. The Self-Control Rating Scale (SCRS) was used to measure classroom behavior change. The pretest-posttest control group design was used for each research question.

Treatment implementation was provided by facilitators who were trained in running moral discussion and values clarification groups through curriculum provided by Niles. Facilitators were randomly assigned to either the experimental or placebo group each week. Irrelevancies in the experimental setting were controlled as much as possible by having all of the treatment sessions in school settings, and at regular scheduled times during the week. Niles reported that the sample of participants were homogeneous on critical variables such as delinquent activity and frequent family problems. Students were then randomly selected from each category and assigned to either the experimental, placebo, or control group. The placebo group was used to increase the validity of the MDG process (Niles).
The results indicated a significant difference in participants’ moral maturity scores in the treatment group when compared to the placebo and control group. The results also indicated no significant improvements in behaviors between the groups. Niles did report that only part of the hypothesis was supported, and that gains in moral development do not lead to improvement in behaviors. Niles reviewed the definition and measurement problems associated with examining and connecting moral development and changes in behavior. An issue such as what role the environment and personality has on behavior change needs further examination in this field of research.

Fleetwood and Parish (1976) examined the possible relationship between gains in moral development test scores of juvenile delinquents and their participation in a moral dilemma discussion group. The Defining Issues Test (DIT) was used to measure moral development. Comparison of the pretest and posttest scores indicated significant gain scores for the participants in the treatment group.

This study may have benefited the body of knowledge on moral development in a more specific manner if the authors would have expanded what a gain score in moral development could produce in delinquent juveniles. The authors suggested only in the discussion section of their study that this gain in moral development scores could facilitate, in the juveniles, a better understanding of their rights and the rights of others.

Arbuthnot and Gordon (1986) examined the behavioral and cognitive effects of a moral development program for high-risk behavior-disordered adolescents ranging in age from 13 to 17 years old.
The authors hypothesized that the participants in the treatment group would significantly advance in moral reasoning and exhibit a significant improvement on evaluations of behavior, police contact, and overall academic performance when compared to the control group. The Moral Judgment Interview (MJI) was used to examine moral development. The School Adjustment Index (SAI) along with several behavior indexes was used to measure the participant’s behavioral changes.

The results indicated that moral discussion groups can improve moral development and that these improvements seem to be associated with predicted behavioral changes with the exception of behavioral improvement on teacher evaluations. This article supports the idea that moral development can influence behavior change in at-risk adolescents. The use of a follow-up study was beneficial in describing the lasting effects of the intervention on behaviors.

Burke (1997) examined the effects of a school-based sociomoral program on adolescent’s cognitive, emotional and behavioral development. In the study, mentors led small groups of students in dilemma discussion groups designed to increase sociomoral reasoning. Burke hypothesized that the children in the experimental conditions will exhibit greater positive changes on measures of behavior, cognitive development, emotional development (self-esteem), and peer relations.

Significant results were found in the experimental condition examining improvements in sociomoral reasoning. No significant main effects or interactions were found on the measures of self-esteem.
No significant findings in the area of self-esteem were not surprising since the experimental conditions were developed to only incorporate the use of dilemma discussion groups and not formally address issues related to self-esteem development.

**Critical Review of Relevant Research in Self-Esteem Development**

Rosenberg and Rosenberg (1978) examined the correlational relationship between self-esteem and delinquency. Their hypothesis questioned whether self-esteem causes delinquency or delinquency lowers self-esteem. The Rosenberg’s also provided the distinction between the global concept of self-esteem and content-specific definitions of self-esteem.

The study used a cross-lagged panel correlation technique to examine the data gathered from a nationwide longitudinal study of tenth-grade boys conducted by Jerald Bachman. The results indicated that self-esteem has a stronger effect on delinquency than delinquency on self-esteem. The authors concluded that these results support Kaplan’s theory that self-esteem is primarily responsible for delinquency. Although the correlations between self-esteem and delinquency were significant, the authors suggest that self-esteem is only one factor that contributes to delinquency.

Kaplan (1975b) hypothesized that the self-derogation scores of the participants would significantly decrease over time and that those participants with initially more negative self-attitudes would exhibit significantly greater decreases in self-derogation scores than the other participants. Data from 3,148 junior high school students were used in this study. Results supported both hypothesis questions.

Kaplan’s results support the idea of the self-esteem motive. This motive is a person’s need to achieve positive self-attitudes and avoid negative self-attitudes.
Kaplan contends that this characteristic is universal. Kaplan suggests that social experiences and personal deficits will continue to be factors in a person’s self-attitudes.

Some of the research dealing with self-esteem examines the causal relationship between self-esteem and another variable (Rosenberg and Rosenberg, 1978; Kaplan, 1976) including this article. Liu, Kaplan & Risser (1992) proposed that an examination of possible intervening variables in studies similar to these would increase the validity of the researchers’ results and also enhance cross-sectional research design on self-esteem. The hypotheses in this study questioned if the relationship between academic achievement and general self-esteem is reciprocal and if yes, what variables mediate this reciprocal relationship. The five psychosocial variables used were deviance, motivation, psychological distress, illness, and absence.

The results indicated that general self-esteem influences and is influenced by academic achievement. The results also specified the reciprocal relationship in terms of the mediating psychosocial variables. The results also indicated that there was no difference in this relationship when age and gender were examined as exogenous variables. The strength of this study may be the authors’ examination of the influence of several psychosocial variables on self-esteem and academic achievement.

**Synthesis of Theories**

Little published research has been conducted combining and examining both moral development and self-esteem development. Rosenberg (1986a) only briefly mentions a moral image idea in his review of the nature of the self-esteem. Lickona (1991) postulates that self-esteem is a key factor in the affective side of moral development.
If one examines both Kohlberg’s and Kaplan’s theories, one can detect some aspects that make combining the two possibly beneficial in the study of at-risk youth. It seems as though self-esteem deals with the affective aspects of development and moral development deals with the cognitive aspects of development. Therefore, being able to examine an at-risk adolescent’s development from both viewpoints may enhance the applicability of future research.

Both theories propose that a child and adolescent will learn what behaviors are acceptable and unacceptable from their reference group. Additionally, both theories also describe the individual’s early dependence on others in their reference group to determine their behaviors and thoughts about values, rights and self-worth. Kaplan (1975a) describes the entering of the teenage years as crucial in the development of self-esteem and the influence on delinquent or non-delinquent behaviors. This period is when adolescents are either accepting their self-worth in their social group or beginning to feel self-derogation due to the negative feedback about their behaviors from their social group. This is roughly the same time an adolescent is entering into Kohlberg’s 3rd stage when the opinion of others is important.

The most important aspect of the two theories is the relationship they share in an individual’s decision making and the resulting thoughts and feelings from that decision. Throughout Kohlberg’s work, the premise is that a person has a set of values and ‘morals’ that determine her or his thinking and decision-making in aspects of a person’s rights and dignity. When an individual goes against these values she or he may experience guilt or even self-derogation. These feelings could undermine a person’s positive self-esteem and possibly result in a lowered sense of self.
It seems as though these theories could be related in the end result of how a person makes decisions and his or her feelings about the decisions.

Both theories also have formal measurement tools (The MJI and DIT for moral development, and the Self-Esteem Scale for self-esteem). Researchers report good predictive validity in these measures. These measures have also been used in numerous research articles to measure their respective construct.

The differences between these theories could possibly enable a researcher to examine the development of an at-risk youth from both a moral and self-esteem viewpoint. Moral development theory is considered a stage model while Kaplan’s theory is a general theory that examines the reciprocal relationship between self-esteem and delinquent behavior. Kohlberg’s moral development theory also uses a set of stages that an individual typically goes through during their moral development journey. Kaplan’s theory is more of a general conceptual framework to examine the relationship between self-esteem and delinquency. Kaplan’s theory does contain the three mechanisms that are involved in an individual’s search for improved self-esteem through deviant behavior as mentioned earlier in this section.
Chapter 3

Method

Participants

The participants in this study consisted of both females and males ranging in age from 12 to 17 years. These participants were in grades 7 through 11 and attend school in Guilford County. Initially 53 adolescents participated in this study. There were a final total of 39 participants whose pre and posttests could be scored and used in this study. This was due to six participants, four from the control group and two from the treatment group, not completing the post tests (due to dropping out of the study). Another eight participants (five from the control group and three from the treatment group) were removed whose DIT protocols were discarded due to having “M” scores above the established cutoff. A power analysis was conducted to determine the number of participants needed and to avoid a Type I error. It was determined that a minimum n of 15 participants per group would have to be used to assume normality. This requirement was met by the use of 39 participants in this study. The demographic information of the participants used in this study is included in Table 2.
Table 2.

*Demographic Information on the Experimental and Control Groups*

<table>
<thead>
<tr>
<th>Age/Race/Gender</th>
<th>Treatment Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age months</td>
<td>14 years, 6 months</td>
<td>14 years, 4</td>
</tr>
<tr>
<td>African American</td>
<td>26% (n=5)</td>
<td>60% (n=12)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>63% (n=12)</td>
<td>40% (n=8)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11% (n=2)</td>
<td>0% (n=0)</td>
</tr>
<tr>
<td>Females</td>
<td>47% (n=9)</td>
<td>30% (n=6)</td>
</tr>
<tr>
<td>Males</td>
<td>53% (n=10)</td>
<td>70% (n=14)</td>
</tr>
</tbody>
</table>

All participants were referred by professionals working with adolescents to both the experimental and control groups due to their being considered “at-risk” on the basis of having increased problems at school, home, or with the legal system that warranted a referral for either residential or outpatient counseling services. All participants were initially screened by a master’s level therapist to determine if they met the agency’s criteria for “at-risk” and were appropriate for services offered by Youth Focus. Youth Focus defines at-risk youth as adolescents who may have multiple suspensions from school, trouble with the law, or continued behavioral problems at home that may be resistant to change and are at-risk for expulsion from school, criminal charges or out-of-home placement. The referring professional requested placement in a specific counseling service offered by Youth Focus.
Youth Focus utilizes a referral form with services that were being offered at the time such as outpatient counseling, character education and anger management groups, and residential placement.

Out of the 39 participants 28 (72%) were referred from the Department of Juvenile Justice (DJJ), 4 (10%) from local school personnel and 7 (18%) from mental health agencies. Although exact information on the offenses committed by the participants was unable to be gathered, the majority of the 28 participants reported being involved in class 1-3 misdemeanors. Most of these charges were simple assault, breaking and entering, shoplifting and disorderly conduct. These charges are typical of the average charges of juveniles in North Carolina as mentioned in chapter two. These DJJ adolescents were currently either on court probation or had their cases diverted at intake. Intake diversion is used to establish a contract between the youth and their court counselor which enables the youth to complete established requirements that will keep their pending charges from going on to court and thus keeping the charge off their record. Participating in counseling was also usually court ordered by the adolescent’s presiding judge and court counselor.

The four participants referred from the local school system had all been involved with behaviors that led to multiple suspensions such as fighting, truancy, and defiant behaviors towards school personnel. These adolescents were also a jeopardy of being long-term expelled from regular public school. These expulsions would sometimes result in the adolescent being sent to some type of alternative school either sponsored by the public school system, mental health agency or Department of Juvenile Justice in Guilford County. These behaviors also placed these four adolescents as potentially having trouble with the law, which also qualified them for services.
Several of the participants (6 or 15%) not only qualified due to having the potential to be in trouble with the law but also due to substance abuse. For most of these participants their use of illegal substances resulted in often times having charges in the juvenile justice system. The adolescents were referred to Youth Focus services only after they had attempted and many times failed at outpatient treatment for substance abuse.

Only 8 (20%) of the participants used in this study was in the custody of the Department of Social Services (DSS). Children in the custody of DSS typically involves the child being removed from their legal parents/guardians for a variety of reasons such as neglect, abuse or dependency issues. The Department of Social Services assigns a social worker to be the adolescent’s guardian while in custody.

The remaining 31 participants resided with their parents/legal guardians. Information concerning these 31 adolescent’s living arrangements estimated that roughly 21 (68%) lived in single parent homes with the mother being the predominate parent in the home. Demographic data gathered by Youth Focus on all clients served (including the participants used in this research) indicate that the majority of annual incomes of the families served are between 10,000 and 34,999 dollars.

All participants were involved in this research on a voluntary basis. The adolescents and their parents consented in writing to participating in this study. All of the policies and procedures used in this research were approved by the North Carolina State University Institutional Review Board for the use of human subjects in research. A statement of explanation (Appendix B) and consent form will be provided to each participant and their parent.
Instrumentation/Dependent Variables

Defining Issues Test (DIT). The short version of the Defining Issues Test (Appendix C), developed by James Rest, measures cognitive structures for processing moral decisions and is a multiple-choice instrument. It is an objective paper and pencil test. Rest (1986) suggests that the DIT can be used with participants as young as 11 years old. The short version contains three moral-dilemmas, specifically selected by James Rest, followed by a list of 12 issues for the participant to consider in trying to resolve the dilemma.

The DIT can be administered to a group of participants at the same time and can usually be completed within 15 to 25 minutes. The DIT responses are in the form of rating and ranking statements. All completed DIT scores were examined and processed by hand by the researcher. Rest contends that hand scoring of the DIT is acceptable and takes approximately six to ten minutes per participant. Participant’s scores were recorded on a data sheet and the P index was calculated by converting raw scores to percentages using the formula provided in the DIT manual (Rest, 1986).

The P index score from the DIT was used in the present study. Rest states that the P score is the most useful in examining moral judgment and is the score most used in the DIT. The P index describes principled morality and has shown the most consistent reliability and validity on any index based on the DIT (Rest, 1986).

The test produces quantitative scores indicating the participant’s degree of understanding and use of moral principals. The range of P scores are between zero and 70 with 21.9 being the average score for junior high school students and 31.8 for high school students. Test-retest reliabilities range from .70 to .80 and internal consistency reliability ranges between .70 and .80 (Rest, 1986).
Rest reports that the P score validity from the short version correlated .93 with the P score from the 6-story version. Rest also reviewed 500 studies using the DIT and the validity of the DIT was found to be a useful measure in moral judgment research.

The DIT contains two internal checks on subject reliability. The first is the “M” score which are items that do not represent any stage of thinking according to Rest (1986). M items were written to sound pretentious but not to mean anything. Rest (1986) contends that these items do not represent any stage of moral development and that the participant may be lacking in the proper test taking set. The participant’s questionnaire is unscorable if she or he exceeds a certain cutoff point in “M” responses. The second is the consistency check, which compares a participant’s rankings with their ratings. Failing any one part of the internal checks will invalidate a participant’s questionnaire.

**The Rosenberg Self-Esteem Scale (SES).** The Rosenberg Self-Esteem Scale (Appendix D), developed by Morris Rosenberg measures an adolescent’s global self-esteem. The SES is a 10 item instrument that uses a self-report format which requires the participants to report their feelings about themselves. The SES is typically scored using a four-point response format (strongly agree, agree, disagree, and strongly disagree) with higher scores representing higher self-esteem. The range of scores is between 10 and 40 with 30 being average or normal self-esteem. Rosenberg (1965) reports that the SES can be administered individually or to a group of participants and can be completed within two or three minutes. Test-retest reliabilities range from .82 to .88, and Cronbach’s alpha for various samples range from .77 to .88 (Blascovich & Tomaka, 1993). The SES is also associated with several self-esteem related constructs such as confidence (.65) and popularity (.39).
Rosenberg (1986) reports convergent validity with the Self-Image Questionnaire of $r = .83$, and for the Coopersmith Self-Esteem Inventory it was $r = .60$.

**Procedure**

**Setting.** The interventions were conducted at several Youth Focus settings. The experimental groups were held at five Youth Focus residential settings for a total of five groups. The character education was a voluntary program, and group size ranged from four to eight participants. All participants that were involved in Youth Focus programming were evaluated and considered at-risk. The control group programs were conducted at the Youth Focus Counseling Center and two of the Youth Focus residential settings. Of these four groups, there were two control groups ($n=7$) that were conducted at two of the Youth Focus residential centers. Control group participants were not involved in psychoeducational character education programming. Control groups however did receive ongoing therapy in either individual counseling or group sessions to address their presenting issues and continued in counseling until their treatment was complete.

**Program description.** The Youth Focus Character Education program consisted of a five to six-session intervention (see Appendix A). Most sessions lasted approximately 60 minutes. The participants were recruited from referral sources that include school counselors, parents, other counseling agencies, and juvenile court counselors. Youth Focus invited prospective referral professionals to refer at-risk adolescents to the Character Education group that was being provided at the time. The groups met once a week for one hour over a five to six week period.
The interventions were conducted at the Youth Focus residential settings, and at the Youth Focus Counseling Center. Much of the facilitator training and curriculum used in devising this program was taken from the series, *Character Education, Teaching Values for Life*, (Freeman, 1997), and from the *Kohlberg Legacy for Helping Professionals* (Kuhmerker et al., 1991). The training manual (Appendix E) was mostly provided by Abraham’s (1989) *The Effects of a Social Skills Training Group and a Moral Development Discussion Group on Male Juvenile Offenders* and Mruk’s (1999) *Self-Esteem: Research, Theory, and Practice*. Murphy (1998) describes the benefits of using Kohlberg’s cognitive developmental theory of character development in character education programs as indicated in the literature review.

All sessions and the materials used focused on improving character development and self-esteem in each child. Each session started with an introduction to the subject that was addressed in the session (trustworthiness, respect, responsibility, fairness, caring, and citizenship) and sample questions to get the discussion started. The introduction was followed by an individual reflection on the topic; small group work; and joint work processing a moral dilemma specific to the session topic. The next section involves individual reflection activities in which the students are invited to participate in an activity that deals with the specific topic. The third section involves the students in small group work where they are asked to work together to address questions or issues about the topic.

The final section invited the adolescents to participate in the moral dilemma group specific to the topic. The dilemmas were either taken from existing material, or were created with the specific topic of the particular character education session in mind.
The therapist, and any other adults involved in the groups (child care workers, teachers, counseling interns) were asked to participate in this section. The therapist then summed up the session, and participants were informed of the next meeting time and what the topic would be for that session. Any supplies that may be needed for each session were also listed to aid in therapist preparation for the group session.

The control group participants met weekly for a total of five to six sessions. As stated earlier, the control group participants were involved in therapeutic programs that address problems/concerns such as anger management, oppositional and defiant behaviors, school and career issues, mental health issues, and overall adjustment issues. The facilitators of the control groups did not use curriculum involving moral dilemma questions or associated with moral development. The control groups mainly consisted of the use of traditional counseling theoretical techniques such as reality therapy and cognitive-behavioral therapy as needed to address the participants presenting issues. They worked on trying to improve impulse control and decision making along with improving academic performance and exploring family issues.

**Training and supervision.** The interventions were facilitated by master’s level counselors from Youth Focus, Inc.. There were a total of five counselors, including this researcher that participated in this study. Table 3 provides information about each counselor. These counselors received training on facilitation of moral dilemma discussion groups, to identify the stage of reasoning used in responding to a dilemma, and to challenge that reasoning with reasoning from the next higher stage. Counselors were provided with reading materials dealing with moral dilemma groups, moral development in general and the development of self-esteem in adolescents along with the training manual (Appendix E).
A Youth Focus Character Education Treatment Plan was also completed for each participant in the treatment groups (Appendix F).

Table 3

Demographic Information of the Participating Counselors

<table>
<thead>
<tr>
<th>Counselor</th>
<th>Age</th>
<th>Race</th>
<th>Gender</th>
<th>Training</th>
</tr>
</thead>
<tbody>
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<td>35</td>
<td>White</td>
<td>F</td>
<td>7 years</td>
</tr>
<tr>
<td>2</td>
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<td>M</td>
<td>2 years</td>
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<tr>
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<td>29</td>
<td>White</td>
<td>F</td>
<td>5 years</td>
</tr>
<tr>
<td>4</td>
<td>27</td>
<td>Hispanic</td>
<td>F</td>
<td>4 years</td>
</tr>
<tr>
<td>5</td>
<td>35</td>
<td>White</td>
<td>M</td>
<td>9 years</td>
</tr>
</tbody>
</table>

All of the counselors have had previous training in group counseling and have been conducting group counseling sessions for Youth Focus for at least one year. The counselors were also instructed on how to administer the DIT and the SES to the participants by this researcher. Counselors were randomly observed a minimum of one time by this researcher to ensure that the intervention was being appropriately facilitated. All counselors attended weekly supervision meetings to discuss the progress of the intervention and review any specific events or issues in their respective groups. Any questions concerning implementation were reviewed and answered by the researcher before the participants’ next session.
All of the counselors who participated indicated that the curriculum was easy to use and that they were able to answer any questions the participants had concerning the intervention. The counselors also commented that the curriculum seemed to be appropriate for the participants.

**Research design**

The dependent variables in this study were (a) moral reasoning as measured by the DIT and (b) self-esteem as measured by the SES. The nonequivalent control group design was used for testing the hypotheses in this research. The design was as follows:

\[
\begin{array}{cccc}
E & O_1 & X & O_2 \\
C & O_3 & O_4 \\
\end{array}
\]

E represented the experimental group and C represented the control group. O is the pretest (O1 and O3) and posttest (O2 and O4) measures of the DIT and SES which were administered before and after X, the intervention.

**Data collection**

All of the participants were given the DIT and SES as a pretest and posttest prior to and following the intervention by this researcher or their facilitator. The DIT and SES were administered during the first group session and at the end of the last group session. The pre and post DIT and SES scores were compared to examine for significant differences. The instructions were read aloud in all the groups to assist clients with reading difficulties and clarify any questions on how to complete the instruments. The average time for administration of both instruments was about 30 minutes.

Completed DIT and SES forms were sent to this author for scoring. Collection and scoring of the DIT and SES was completed after all the groups had completed their testing. Information in this study was kept strictly confidential.
The data were stored securely. No references were made which could link a participant to this study in accordance with the University’s Institutional Review Board for the Use of Human Subjects.

Data analysis

Using a quasi-experimental design, the purpose of the present study was to compare the pre-to-posttest differences between participants in treatment and control conditions on measures of moral reasoning and self-esteem. The following hypotheses were tested:

#1 Ho: There will be no significant increase in the pre to posttest scores on the Defining Issues Test (DIT) for the participants in the control conditions.

Ha: There will be a significant increase in the pre to posttest scores on the DIT for the participants in the control conditions.

#2 Ho: There will be no significant increases in the pre to posttest scores on the Rosenberg Self-Esteem Scale (SES) for the participants in the control conditions.

Ha: There will be a significant increase in the pre to posttest scores on the SES for the participants in the control conditions.

#3 Ho: There will be no significant increase in the pre to posttest scores on the DIT for the participants in the treatment conditions.

Ha: There will be a significant increase in the pre to posttest scores on the DIT for the participants in the treatment conditions.

#4 Ho: There will be no significant increase in the pre to posttest scores on the SES for the participants in the treatment conditions.

Ha: There will be a significant increase in the pre to posttest scores on the SES for the participants in the treatment conditions.
Ho: There will be no significant difference in the pre to posttest DIT scores between the treatment and control conditions.

Ha: There will be a significant difference in the pre to posttest DIT scores between the treatment and control conditions.

Ho: There will be no significant difference in the pre to posttest SES scores between the treatment and control conditions.

Ha: There will be a significant difference in the pre to posttest SES scores between the treatment and control conditions.

Ho: No correlation between the DIT and SES scores for participants in the treatment conditions.

Ha: There exists a correlation between the DIT and SES scores for the participants in the treatment conditions.

Ho: No correlation between the DIT and SES scores for participants in the control conditions.

Ha: There exists a correlation between the DIT and SES scores for the participants in the control conditions.

Results of the statistical procedures were examined for significance at the .05 level. Both measures’ (DIT and SES) scores were examined to determine any significant differences between the pre and posttests. Hypotheses one through six were examined using F tests. The data were analyzed using SAS's© Generalized Linear Model procedure (Proc GLM) which computes the Analysis of Variance (ANOVA) tables for treatment and control groups, including Type I and Type III Sum of Squares, Mean Squares, F statistics, and P values. Values of F near 1 support H0, that there is not difference.
As for the seventh and eighth hypotheses: The relationship between increases in self-esteem and moral development was investigated using SAS's© Proc CORR. Spearman's rank correlation was used to test for correlations between the variables.

Limitations

This researcher made attempts to minimize threats to the validity of this study. Selection and attrition are foreseeable concerns since the participants were not randomly assigned and the attrition rate for “at-risk” adolescents in community programs can be troublesome. The sample size dropped from 53 to 39 for a loss of 14 participants. The study still met the requirements for assuming normality and avoiding a Type I error.

The generalizability was limited to the population examined in this study, yet it may be beneficial to research and developing programs dealing with “at-risk” youths. Reliable measures were utilized in this research to reduce threats to statistical conclusion validity.
Chapter 4

Results

Differences Between Pre and Posttest on the Defining Issues Test (DIT) for the Control Group

There were no significant differences between the pre and posttest scores for the control group on the DIT, $F(1, 19) = 0.10, p = 0.75$. Means, standard deviations and sample size for all variables are found in Table 4.

Table 4

Information on the Treatment and Control Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Pretest</th>
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<th>Posttest</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>Std Dev</td>
<td>N</td>
<td>Mean</td>
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<tr>
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<tr>
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<td>Treatment</td>
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<tr>
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<td>Control</td>
<td>29.35</td>
<td>6.35</td>
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<td>30.15</td>
</tr>
</tbody>
</table>

Note. Std Dev = Standard Deviation; N = sample size

$p < 0.05$
Differences Between Pre and Posttest on the Rosenberg Self-Esteem Scale (SES) for the Control Group

There were no significant differences between the pre and posttest scores for the control group on the SES, \( F(1, 19) = 0.78, p = 0.38 \).

Differences Between Pre and Posttest on the DIT for the Treatment Group

There were no significant differences between the pre and posttest scores for the treatment group on the DIT, \( F(1, 18) = 0.36, p = 0.55 \).

Differences Between Pre and Posttest on the SES for the Treatment Group

There were no significant differences between the pre and posttest scores for the treatment group on the SES, \( F(1, 18) = 0.01, p = 0.90 \).

Differences Between Pre and Posttest on the DIT Between the Treatment and Control Conditions

There were no significant differences on the pre and posttest scores between the treatment and control conditions on the DIT, \( F(1, 37) = 0.48, p = 0.49 \).

Differences Between Pre and Posttest on the SES Between the Treatment and Control Conditions

There were no significant differences on the pre and posttest scores between the treatment and control conditions on the SES, \( F(1, 37) = 0.30, p = 0.58 \).

Relationship Between DIT and SES Scores for Treatment Conditions

There were no significant correlations between the DIT and SES scores for the treatment conditions, SES and DIT pretest scores (\( r = -0.20, p = 0.39 \)) and SES and DIT posttest scores (\( r = 0.06, p = 0.78 \)).
Relationship Between DIT and SES Scores for Control Conditions

There was a significant negative correlation between SES and DIT pretest scores for the control conditions, $r = -0.45$, $p = 0.04$. Tables 5 and 6 provide information concerning correlations for the control conditions. This negative correlation suggests that when one score increases the other decreases. There was not a significant correlation between SES and DIT posttest scores, $r = 0.07$, $p = 0.75$.

Table 5

*Correlation information for control group participants*

<table>
<thead>
<tr>
<th></th>
<th>Dpre</th>
<th>Dpos</th>
<th>Spre</th>
<th>Spos</th>
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</thead>
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<td>-0.39329</td>
</tr>
<tr>
<td>Dpre</td>
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<td>0.0862</td>
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</tr>
</tbody>
</table>

*Note.* $N =$ sample size; $Dpre =$ DIT pretest; $Dpos =$ DIT posttest; $Spre =$ SES pretest; $Spos =$ SES posttest
Table 6

*Scatterplot for control group*

Ancillary Analysis

Although not covered in the original research questions, several ancillary analyses were conducted in an exploratory manner since the data generated for the experimental research questions were not significant.

**Comparisons by age and gender.** The differences in number of male and female participants in the treatment and control groups was not significant, $t(38) = -1.1, p = .28$; and the average age differences (14.68 treatment group vs. 14.45 control) were also not significant, $t(38) = -0.55, p = 0.58$.

**Score increases.** There were no significant differences in score increases between treatment and control conditions on both the DIT, $t(38) = 0.37, p = 0.72$ and SES, $t(38) = -2.1, p = 0.51$. Table 4 above provides the pre and posttest scores for both groups.
Effect of age. A regression analysis was used to investigate how well a participant’s age predicted their pretest score on the DIT. Since age is a continuous variable, it was regressed on each of the six score variables separately. For example, in terms of the linear equation \( y = a + bx \), the regression performed was DIT-difference = intercept + b*age; if the coefficient “b” is significant, then age is a significant predictor of DIT-difference. In this present study, age was a significant predictor of the DIT-difference score \((p = .04)\). For the DIT-difference, DIT-difference = -52.23 +3.55*age, so the increase in DIT scores significantly increases with age. Age was not shown to be a significant individual predictor of the other five scores. Table 7 provides information concerning the effect of age.

Table 7

| Variable | Variable | df | Parameter Estimate | Standard Error | t Value | p > |t| |
|----------|----------|----|--------------------|----------------|---------|-------|--------|
| SES-diff | Age      | 1  | 0.1501             | 0.488          | 0.31    | 0.760  |
| DIT-diff | Age      | 1  | 3.5487             | 1.653          | 2.15    | 0.038* |
| SES-pre  | Age      | 1  | 0.1591             | 0.717          | 0.22    | 0.825  |
| SES-post | Age      | 1  | 0.3092             | 0.791          | 0.39    | 0.698  |
| DIT-pre  | Age      | 1  | -2.2389            | 1.316          | -1.70   | 0.097  |
| DIT-post | Age      | 1  | 1.3097             | 1.052          | 1.25    | 0.221  |

Note. df = degree of freedom, diff = difference
*p < 0.05
Chapter 5

Discussion

This project was a small-scale implementation and evaluation of a psychological and educational intervention with at-risk youth through their participation in a character education program. According to anecdotal reports, it was well received by the participants and the staff members involved in the program. This was original research focusing on moral development and self-esteem development in at-risk youth.

The research questions, as noted earlier, for the present study were as follows. Two questions focused on whether participants benefit from the character education program. First, are there pre to posttest differences for the treatment group and the control group on the moral development and self-esteem measures? Second, are there pre to posttest differences between the treatment and control group conditions on the moral development and self-esteem measures? The third question was descriptive: What is the relationship between the measures of moral development and self-esteem in both the treatment and control conditions?

As noted in chapter four, no significant findings were reported in pretest to posttest differences for the treatment and control groups on the moral development (DIT) or self-esteem (SES) measures. Hypotheses one through four were not supported by this research. The mean DIT pretest and posttest scores for both the treatment and control groups (table 4) was below Rest’s (1988) range of sample means for junior high students. Rest suggests that numerous variables such as a socioeconomic status, IQ and one possibly applicable to this research, the “criminality-delinquency” dimension may account for lower than average scores on the DIT. This dimension suggests that persons who exhibit criminal or delinquent behaviors tend to function at Kohlberg’s preconventional level.
The SES pre and posttest scores for both the treatment and control group fell within the range of high self-esteem which is similar to the research of Kaplan (1975a, 1976) and Rosenberg and Rosenberg (1978), to be discussed later in this chapter.

Hypotheses five and six showed similar nonsignificant results in the examination of pre to posttest differences between the treatment and control group conditions on the DIT and SES. Thus hypotheses five and six were not supported by this research. Neither group made significant changes in their scores from pretest to posttest. Both groups stayed below average on the DIT (moral development) and above average on the SES (self-esteem) as indicated in table 4.

There was a significant negative correlation between SES and DIT pretest scores for the control conditions. This was actually a negative association in that the higher the pretest scores on one measure would be associated with lower pretest scores on the other measure. When broken down by gender, the pretest difference is in the control group’s females. No other correlations among the treatment or control groups were significant (hypotheses seven and eight).

While there is no clear explanation for the negative correlation found in the control group’s females, one could postulate that for these females there may be some type of dissonance between a possible false sense of high self-esteem and their struggles with moral development. These findings, although significant, did not indicate large differences in these female control group participants’ overall pretest to posttest scores on self-esteem or moral development verses the other participants.
The ancillary analyses indicated that overall age and gender between the treatment and control groups were not significantly different factors in this study. The average age of 14 was within the acceptable parameters for use of both the DIT and SES. While there were slightly more females in the treatment group (9/19) than the control group (6/20), this was found to not be statistically significant.

These analyses also indicated that there were no significant differences in pretest or posttest scores between the treatment and control groups. This finding was beneficial in determining how similar the treatment and control groups were in their initial (pretest scores) moral and self-esteem development. The control group’s mean DIT pretest score was 14.50 and SES pretest score was 29.35. The treatment group’s mean DIT pretest score was 18.94 and SES pretest score was 30.74.

These findings indicate that both the treatment and control groups were in fact very similar on their pretest scores, suggesting that the groups were somewhat equal in both moral development and self-esteem. There would have been reason for concern if one group had scored significantly different on their pretest scores verses the other group. Such scoring could have been an indicator that the groups were initially not equal and could have posed a possible validity threat for this study.

The regression analysis found that age was a significant predictor of DIT scores. In this study, the participants DIT scores increased with age which is a common finding in many studies dealing with moral development in adolescents (Kohlberg, 1984; Niles 1982; Rest, 1986). Rest (1986) contends that changes in moral development can occur at any age, 12 and above, and that a main or primary predictor of moral development is a person’s cognitive developmental ability.
These increases in DIT scores were related to age but they did not indicate a significant change in DIT pretest to posttest scores. As mentioned earlier, the averages in this study remained below the standard average category for DIT scores.

**Threats to Validity**

Threats to validity as listed in Heppner et al. (1992) were reviewed in order to examine the possible explanations for the nonsignificant results. After examining the four types of validity and the threats to each, this researcher determined that most of these threats were minimized and may not be the explanation for the nonsignificant results. Some threats to statistical conclusion validity were reduced by having enough participants to ensure sufficient power along with using reliable measures and an appropriate treatment intervention.

The experimental settings were in various locations within the Youth Focus continuum of services as discussed earlier in chapter 3. Having participants from the residential settings in both the treatment and control groups reduced the problems with experimental settings. Another positive aspect of this research was the use of both females and males, which has been lacking in much of the older research dealing with at-risk youth, self-esteem and moral development. The use of outpatient as well as residential participants also may have benefited the generalizability of this study to more settings where at-risk youth can be reached. The heterogeneity of participants will be discussed in the limitations section of this chapter.

Threats to internal validity were reduced by using a nonequivalent control group design with pretest and posttest for both the treatment and control groups. Ideally, a randomized sample would have strengthened the research.
This continues to be an issue when working with an at-risk population. These adolescents are only seen for treatment once their negative behaviors have qualified them for services. The paucity of research in this area and the need to develop and examine an intervention that could be used with this population far outweighed the inability to utilize a truly random sample. The participants could be viewed as somewhat random in that outside referral sources made the referral to a specific program as outlined in chapter 3.

This study used the Defining Issues Test (DIT) to measure moral development and the Self-Esteem Scale (SES) to measure self-esteem. Both of these instruments have been well documented in the literature, along with citations earlier in this study, as being sound measures of both moral development and self-esteem in the ages of the participants used in this study. There were no reports of any of the participants not being able to understand the directions to complete both instruments. The facilitators noted that all of the participants completed the DIT and SES in the average amount of time. The facilitators also noted that only minimal assistance was needed in the completion of the two instruments. Most of the assistance needed was to define several words and to have the DIT dilemmas read aloud. The parameters of assistance were reviewed with each facilitator by this researcher before testing began.

The design used in this study was a deliberate psychological and educational intervention with at-risk youth that have been identified as having potential to benefit from a character education program. The character education curriculum used in this study (see Appendix A) incorporates the six components of character endorsed by the Guilford County Character Education Council (2000).
The moral development questions were also created as direct moral dilemmas addressing the theme of that day’s session. The Youth Focus character education program was well received by both the facilitators and participants.

As commented on earlier in this study, the character education program has been found useful in improving moral development in adolescents throughout the country and Murphy (1989) encourages the use of character education programs as possible vessels to also improve self-esteem. Kohlberg (1981) and Murphy (1989) contend that the use of the group format, as used in this study, is conducive to both moral development and self-esteem development.

Limitations

One limitation of this study is generalizability to other populations and settings. While this study did encompass the use of male and female participants in outpatient counseling settings along with residential settings, the use of the findings is limited to these settings. Programs for at-risk youth take place in numerous other settings from school to recreation centers.

The process in which the participants are referred to counseling services could also be a limitation. Many of these adolescents are referred for services for the first time and may have been part of a court or school requirement in order to have their charges or suspensions dropped or reduced. The participant’s motivation to participate in therapy may, on the surface, be driven by their desire to complete the requirements for court or school. In actuality, the majority of clients qualify for at-risk services and have issues with behaviors that place them in the at-risk category.
What is puzzling is that the general perception is that these participants would have low self-esteem due to the trouble they have been involved in either with the legal or school system.

Along with these factors, there are the issues that are involved in placing a child in a residential program. For many of these residential adolescents, this is not the first time they had received counseling, and they probably had several failed attempts at outpatient therapy. These are well-documented issues and may have influenced the outcomes of this study.

The use of all of the participants described in this study was determined a necessity to ensure that as many programs as possible that provide counseling for at-risk youth were examined and to increase the generalizability of the study.

A third limitation is the possible need for a longer program to study and follow up the progress of the participants. The use of a six-week program has been shown to be effective with populations similar to the one used in this study. It is possible, however, that a longer program that uses the same curriculum as this study may addresses the many facets of moral and self-esteem development and may lead to an improvement in both areas. Six weeks was perhaps to little time to significantly influence the measures of moral development and self-esteem.

**Link to Earlier Research**

The findings of this research were not as hoped for, yet there seems to be a link between this research and the research dealing with self-esteem and delinquency discussed in chapter 2. Table 4 of this study provides the mean scores on both the DIT and SES. As mentioned earlier, the SES mean scores for both treatment and control groups fell within the high range of self-esteem while the DIT mean scores were characterized by Rest (1986) as low scores of moral development.
As stated earlier, the general perception would be that these at-risk youth would have low self-esteem due to the trouble they have been involved in either with the legal or school system.

Kaplan’s (1975a, 1976) work dealing with deviant behaviors, which was supported by researchers such as Rosenberg and Rosenberg (1978) and Harter (1983), describes how many adolescents who exhibit deviant behaviors are actually involved in the search for increases in their self-esteem. As summarized in chapter two of this study, Kaplan’s (1980) research indicated that once an individual has accepted the delinquent group as his or her reference group, the delinquent eighth graders (that were used in his research) significantly experienced higher self-esteem than non-delinquent eighth graders by the ninth grade.

Kaplan describes this “substitution” as an individual rejecting the society and groups that has disparaged him and turning to a more delinquent group which actually rewards delinquent behaviors. Thus, the adolescent is striking back at society through delinquent acts and increasing his self-esteem by the acceptance, respect and approval of her delinquent peers. At the same time, this adolescent is lacking in moral development. This is plausible since an adolescent delinquent with delayed moral reasoning would have no cognitive dissonance between conduct and level of moral judgment. It is unclear if this theory was manifested in the present study. The unexpectedly high scores on self-esteem and low scores on moral development do bring into question the need for further research with at-risk youth.
Suggestions for Future Research

The literature (Niles, 1982; Rest, 1986) suggests that moral development interventions can work with at-risk and delinquent adolescents even though the current results did not support the effectiveness of the intervention examined in this study. This study did encourage continued examination of the relationship between moral development and self-esteem.

This study may be the opening of a window into the examination of the relationship between Kaplan’s (1975a) self-esteem theory and the at-risk adolescent’s moral development. Changes in moral development and self-esteem may take longer for at-risk adolescents who could possibly be operating within Kaplan’s theory and defense mechanism framework as discussed in chapter 2. Burke (1997) also reports the difficulty with developing successful moral development interventions for different populations and the inconsistency in the results of these interventions.

The fact that this character education program was well received by both facilitators and participants encourages the continued examination of the program as a viable curriculum for at-risk youth. Perhaps expanding the program into possibly three to six months may increase the chances of gathering significant outcomes. The challenge will be in trying to avoid participant attrition, which is a major concern when working with an at-risk youth population.
The present character education program may be beneficial as a component of a larger curriculum that could address some of the other concerns faced by at-risk youth. Many times basic needs such as housing, clothing, consistency in parental/guardian relationships, and appropriate academic placement need to be addressed initially before any higher order (behavioral or emotional) changes can take place. These programs could be implemented in both residential and outpatient settings.

The use of qualitative analysis along with quantitative analyses may shed more light on the relationship between moral development and self-esteem. This qualitative aspect may also provide insight into the at-risk youth’s possible false sense of high self-esteem and the lack of appropriate moral development. Dissonance the young person may be experiencing between the two variables could also be explored.

Description of the group sessions and process

As with any group work, each group session has its own individual characteristics which draws both participants and counselors to be in and work with therapeutic groups. As part of this dissertation, it was decided that a glimpse into the group sessions would be beneficial to counselors working with at-risk youth. The diverse composition of clients in the groups used for this research are similar to the descriptions Yalom (1985) provided in his widely used publication dealing with group psychotherapy. All groups, even though not adult groups, contained elements of the description of patients that Yalom described as the monopolist, the silent patient, the boring patient, and the narcissistic patient.

The first session could best be described as the establishing rapport with peers and “who is this person leading this group” session. Group facilitators reported that many participants sat silent for a time period during this first session.
Several groups contained both females and males, which seemed to add to the initial silence as only the period of adolescence can offer. At times the clients exhibited several defense mechanisms such as silence, laughter, defiance, and no eye contact. Silence by the adolescents in these groups does not necessarily mean the same as it does in the average adult (typically motivated for change) group environment. Silence in adult groups can many times indicate that the participant is processing the material covered (Yalom, 1985) while in the adolescent group it can indicate that the juvenile is withdrawing and refusing to participate.

Group facilitators also commented on the initial tension the participants exhibited as they tried to sort their thoughts and feelings about being in a group therapy session, being in group with mostly strangers, and trying to portray and exhibit the appropriate behaviors reflective of their age and current trends. Furthermore, facilitators noted participants’ questioning them as the juveniles explored their boundaries in the group. Questions such as “have you ever been in trouble” and “were you ever bad in school” seemed to be the most popular.

Throughout the remainder of the sessions most of the lessons were usually met with initial skepticism followed by participation at each individual’s comfort level. One of the challenges in devising a program such as the one used in this research was the delicate balance to try to provide curriculum appropriate for adolescents of different ages and their developmental levels. Often times juveniles may think that some programming is too young or silly to participate in when, in actuality, the client’s only hindrance is their anxiety about participating in the group process. The facilitators found that once some of the juveniles started participating the others usually joined.
The use of intimidation by several of the participants was also reviewed during the facilitator supervision sessions. Many of the participants in the groups were well versed in using intimidation and defiance to get their needs met and as a defense mechanism. For example, several adolescents would use techniques such as to stare down the facilitators and monopolize the group time with descriptions of crimes they may or may not have committed. These techniques may have been used in an effort to rattle the counselor and gain respect from their peers. As a counselor, possessing skills to effectively deal with these behaviors can help navigate through potentially stressful impasses in the group counseling process. The facilitators skill level and knowing their own limits and the limits to be aware of when dealing with adolescents with poor impulse control, and histories of assaultive behaviors, seemed to also aid and protect the counselors when facilitating these groups.

Finally, several of the facilitators involved in this research jokingly described being met with happiness and relief by the juvenile participants at the end of each session and at the end of the program. Rarely, if ever, did a participant want to continue the group process after the initial session time was over or volunteer for another group. While all of the facilitators noted appropriate levels of participation by the juveniles during the scheduled group time, this participation by the adolescents quickly diminished when they realized that the session was over. These behaviors are not atypical for therapeutic group sessions and this population.
The last one or two sessions seemed to be the most lively, with all of the juveniles feeling comfortable with their peers, the facilitators, and level of participation. The facilitators commented on how they noticed that most of the participants started using vernacular embedded in the group curriculum and warming up to the group process much earlier in the session. Completion of the groups also seemed valuable to the juveniles because the participants were able to have the opportunity to experience healthy completion/termination, which they may have not experienced before.

**Implications for counselors**

This research has been a useful glimpse into the study of at-risk youth and the development of programming for these adolescents. The previous section on “Suggestions for future research” detailed various options available to the researcher seeking to develop programming in the areas of moral development, self-esteem, and at-risk youth. Based on this research, the implications for counselors directly working with at-risk youth include (a) showing awareness of the many facets of each adolescent’s individual personality and the external forces in each child’s life, (b) understanding the counselor’s own preconceptions and expectations about this population and (c) exhibiting genuine interactions with each client.

The counselor would benefit from taking time to explore and understand what at-risk truly means for each adolescent and realize that one counseling approach will not come close to addressing the issues and needs of all at-risk adolescents. As seen in this research, the counselor working with at-risk adolescents should not expect to see many “a-ha” moments, as described in beginning group counseling books. The adolescent may not want anyone (peers, parents or counselors) to see that they could possibly be enjoying the group and having cognitive dissonance as they struggle with moral dilemmas.
It may take some time for the adolescent to accept the changes in thought and behaviors that were originally motivated by inclusion in a therapeutic group.

The counselor could also benefit by knowing their own preconceptions and possible misconceptions about at-risk youth before getting to know each child and the child’s strengths and weaknesses. This could aid the counselor in better assessing the child’s full potential for growth. Furthermore, counselors working with at-risk youth should avoid giving up on the child’s progress and development. Many times at-risk youth use defense mechanisms and oppositional behaviors that sometimes keep parents and professionals at an emotional distance. In frustration, parents and professionals may either give up or use more punitive (less therapeutic) actions, which are many times more detrimental to the youth than positive. To maintain a therapeutic approach, the counselor may expect some resistance from this population, and remain patient and supportive concerning the growth of the group participants.

Finally, for counselors working with at-risk adolescents it is important for the counselor to present him or herself in a genuine manner and to avoid using stereotypical language or mannerisms in efforts to impress or connect with the adolescents. Adolescents will see through any false façade that a counselor may try to use and the counselor will quickly lose credibility. Instead, counselors may ask the child to educate them about the youth’s likes and dislikes. Even greater opportunity for positive growth in both the at-risk adolescent and counselor can possibly be obtained by being open, honest and genuinely interested in the life of each at-risk adolescent.
Conclusion

Major theoretical paradigms in moral development and self-esteem were reviewed in this study, the work of Kohlberg (1984) and Kaplan (1975a) being the two most reviewed theories. Definitions of character education and at-risk youth were also explored. The tremendous need for interventions that effectively work with at-risk youth was also reviewed. This need and the paucity of research in this area was the foundation and motivation to conduct the present research.

While the findings did not support the use of the present character education intervention with the targeted population sample, it did provide encouragement to continue to design and investigate programs that could possibly benefit at-risk youth. The relationship between moral development and self-esteem in at-risk youth remains unclear. A second aspect that remains unclear is what type of intervention could best be used to improve moral development and a true sense of self-esteem in this population. Further research is desperately needed to contribute to the body of knowledge of at-risk youth and to provide effective treatment to this under-researched population. In the final analysis, perhaps the present study design was premature. Yet, learning why it may have been premature may have introduced challenges that may not have otherwise been discovered.
References


Appendix A

Youth Focus Inc.

Character Education Program
Character Education

Session One Layout

I. **Introduction to trustworthiness:**
   Sample questions to get discussions started:
   1. What do adults do to help youth trust them?
   2. What do young people do to help adults trust them?
   3. Is it important for you to trust your friends?
   4. Is it important to have an adult you trust to talk to if you have a problem?
   5. Do you act or speak different around someone you don’t trust?

II. **Individual reflections activity:**
   Have the group build a trust tower with blocks. Each group member is given a block.
   They take turns placing their blocks in a stack in front of the group. As they place their block, they site something they do that makes them trustworthy. (Example: Taking care of younger siblings when asked, or coming home by curfew.) At the end of the exercise the facilitator talks about how careful they were in building the tower. (Just like we must be careful once we earn someone’s trust.) It’s a slow process. However, the tower falls instantly. Have someone know the tower over. Talk about how quickly trust can be destroyed after taking a long time to build it.

III. **Small group work:**
   Break the group into three small groups. Set up three stations in the room where the small groups will meet. At each station have a poster board and markers. One station’s poster will read, “Lying is wrong,” the next, “Stealing is wrong,” and the final station’s poster will read, “Cheating is wrong.” Have the group members go to their stations and write at least six reasons they support the statement. Read aloud the following statements to keep the focus:
   1. Is it hurtful to others? If so, how?
   2. Would you want someone to do it to you?
   3. Would you want everyone to act that way?
Each small group should elect a spokesperson. One at the time, each spokesperson reads their ideas aloud. Discussion is encouraged.

IV. **Dilemma:**

Read the following dilemma and facilitate the discussion.

Lai’s parents asked her if she knew anything about the students who were caught painting graffiti. Lai said she didn’t but now she feels bad because she was actually with the students, even though she just watched.

Use procedures explained in training manual to conduct dilemma discussion

V. **Supplies needed:**

- Blocks
- Flip chart paper
- Markers
- Tape
Character Education

Session Two Layout

I. Introduction to Respect:
Sample questions to get discussion started:

1. Do all things deserve respect? Living and non-living?
2. Should we respect people who are from different countries? (Ethnic groups, religions and personal beliefs?)
3. How do we show respect to elders?
4. Does swearing show a lack of respect?

II. Individual reflections activity:
Have each group member create a coat of arms. Pass out the coat of arms activity sheet and markers. Ask students to think about knights going off into battle carrying their coat of arms. The coat of arms demonstrated why these knights were respected. (Example: Richard the lionhearted had a lion on his coat of arms representing bravery. He was respected for being brave.) Ask each group member to draw a symbol on his/her coat of arms to represent their most respected quality. As each member is finished, ask for volunteers to come forward and show their coat of arms while explaining what their symbol represents.

III. Small group work:
Break the group into three small groups. Set up three stations in the room where the groups will meet. At each station have a poster board and markers. Each poster board should be divided into quarters with a marker. Write a heading in each of the four sections. The headings are: Yourself, School Peers, Others, Property and Nature. Have the group members go to their stations and list things they do to show respect in each area of their lives. (Example: Getting a good night’s sleep shows respect for yourself.) Each small group should elect a spokesperson. One at the time, each spokesperson reads their ideas aloud. Discussion is encouraged.

IV. Dilemma:
Read the following dilemma and facilitate the discussion.
Michelle knew the names of local streets quite well. One day a gentleman asked her where Main Street was. But the girl wanted to play a trick on him, and she said: “It’s there.” She showed him the wrong street and the gentleman completely lost his way.

Use procedures explained in training manual to conduct dilemma discussion

V. Supplies needed:
Coat of arms activity sheets
Markers
Flip chart paper
Tape
Character Education

Session Three Layout

I. Introduction to responsibility:
   Sample questions to get discussion started:
   1. How do we act responsibly when making personal choices?
   2. Do we need to be responsible when we work with a group?
   3. Does being responsible extend beyond our own needs?
   4. How can we act responsibly in our families and communities?

II. Individual reflections activity:
   Have the group create a “spider web.” The group members should form a circle. The facilitator will choose one person to represent the poor decision-maker and have that person stand in the middle of the circle. The “spider web” story is read aloud. The facilitator asks for volunteers to recall different people in the story who were affected by the decision. As each volunteer responds, the facilitator will hand the person some of the yarn. (Note: the goal is to create a "spider web" with the yarn, therefore choose people from all different areas of the circle; don’t just go around the circle to get responses. Start by giving the person in the center of the circle the end of the yarn first.) Using yarn to connect persons, the participants see who is affected by their actions. The facilitator should point out all of the people who are affected by an irresponsible decision. Making a poor decision is just like walking through a spider web. The sticky web seems to cover you and even hours later, you still feel as if you are covered in goo. Each person who is holding a piece of yarn is a stakeholder. The facilitator should then have all the stakeholders share with the group how they were affected by the decisions as the facilitator rolls up the yarn one by one.
“Spider Web” Story:
You overslept for school even though your mother came in to wake you up. (You went back to sleep.) It is your mom’s first day at a new job. Your pet cat, Fifi, has also been coughing up hairballs and your mom planned to take her to the vet on the way to school. Your class is going on a field trip today and you can’t be late. After all, your friends were going to wait outside school for you so you could sit together on the bus. Your little brother needs to be dropped off at preschool, too, and you volunteered the night before to make your own lunch for the field trip. Who are all the people who are affected by your irresponsibility?

III. Small group work:
Break the group into three small groups. Set up three stations in the room where the small groups will meet. At each station have a poster board and markers. One station’s poster will read, “Acting responsibly at home”, the next, “Acting responsibly at school”, and the final station’s poster will read, “Acting responsibly in the park.” Have the group members go to their stations and write down at least three ways they act responsibly in their area. After two minutes in each station, have group members rotate to the next station. At the end of six minutes, have each small group elect a spokesperson. One at the time, each spokesperson reads aloud the statements on the poster in their final station. Discussion is encouraged.

IV. Dilemma:
Read the following dilemma and facilitate the discussion.
J.J. borrowed his brother’s new bike without asking. He left it in front of the library just for a minute while he dropped off some books. When he came out, the bike was gone.

Use procedures explained in training manual to conduct dilemma discussion

V. Supplies needed:
Markers
Flip chart paper
Tape
Ball of yarn
Character Education

Session Four Layout

I. Introduction to fairness:
Sample questions to get discussion started:

1. What is fair? How do we decide if something is fair?
2. What is the difference between rights and rules?
3. Is everyone equal? Is fair always equal?
4. How do we feel when we have been treated unfairly?

II. Individual reflections activity:
The group members’ idea of fairness will be reinforced through playing a game of tic-tac-toe and processing the rules of the game. The group facilitator will ask for two volunteers. The volunteers will come forward and play a game of tic-tac-toe on a poster board in front of the group. When they are finished the volunteers are excused back to their seats. After the game has been played, the facilitator will discuss the rules of the game with all group members. Ask the group to list the rules they think go along with the game of tic-tac-toe. List the sequence of rules as the group comes up with them. Lead a discussion on the importance of the rules as well as the fact that a player must understand the rules in order to play the game. How do you find out the rules to a game? How do you know if you are following them correctly?

III. Small group work:
Break the group into two small groups. Set up two stations in the room where the small groups will meet. At each station have a poster for the group to work with. Each station’s poster will have three statements on it. The first poster should read:

1. An allowance should be based on doing chores.
2. Firefighters should be men because men are stronger than women.
3. Fair is always equal.
The Second poster should read:

1. Sometimes promises have to be broken.
2. When sharing, everyone should always get an equal amount.
3. If my friend is allowed to do something, then I should be too.

Each small group should talk about each statement and decide if they agree or disagree with it, and why. Each small group should elect a spokesperson. One at the time, each spokesperson reads the statements on his/her poster aloud and discusses whether they found this statement to be fair or not. Discussion is encouraged.

IV. Dilemma:
Read the following dilemma and facilitate discussion.

The local convenience store has had a problem with shoplifters. It now has a rule stating that no more than three teenagers can be in the store at one time. Mark thinks that this is unfair to law-abiding kids like him.

Use procedures explained in training manual to conduct dilemma discussion

V. Supplies needed:
Flip chart paper

Markers       Tape
Character Education

Session Five Layout

I. Introduction to caring:
Sample questions to get discussion started:

1. How do we show others that we care for them?
2. How do we show that we care for our community and our environment?
3. Does giving to others always mean we care for them?
4. What would this world be like if people did not care for others?

II. Individual reflections activity:
Have the group participate in a caring activity. Pass out flash cards to each group member numbered 1 through 10. Tell the group about three different scenarios and have them rank with their flash cards their level of concern for the kid in each scenario. (1 means I do not care at all and 10 means I really care a lot about this situation.)

Scenario 1: You are walking down a street in your neighborhood minding your own business. All of a sudden, you see a kid about your age getting “beat up”. This kid has no chance because two kids “jumped him” from behind. You think about helping him, but you don’t know him. “Jumping in” or going for help could mean trouble for you.

Scenario 2: You are walking down a street in your neighborhood minding your own business. All of a sudden, you see a kid about your age getting “beat up”. You recognize this kid as someone who goes to your school, but you don’t know his name. You know this kid lives in your neighborhood because he rides your bus. He has two older sisters and a younger brother. The younger brother goes to a special school because he has learning problems. This kid fighting has no chance because two kids “jumped him” from behind. You think about helping him, but you are not sure. “Jumping in” or going for help could mean trouble for you.

Scenario 3: You are walking down a street in your neighborhood minding your own business. All of a sudden, you see a kid about your age getting “beat up”. You recognize this kid to be your next door neighbor. His name is Fred and you’ve grown up with him. He rides your bus and goes to your school. He has two older sisters and a younger brother. The younger brother goes to a special school because he has learning problems. Fred tells you that he got “jumped” by these kids because he was defending his younger brother. They were calling his little brother names and he told them to cut it out. When he turned around they “jumped” on him. You think about helping out. “Jumping in” or going for help could mean trouble for you.
After each scenario, process with the group members their rankings. You should see the numbers gradually get higher reflecting the fact that the kids care more about a situation when they know more about it. Talk about the fact that their rankings came up. Point out that each and every one of us has our own “story” or scenario. If we take the time to understand one another our level of caring increases. Additionally, if we let people get to know us, they generally care about us more. (Example: Many criminals can victimize others because they don’t know them or don’t feel connected to them in any way. Theses victims have a “story” just as Fred does.)

III. Small group work:
Before breaking the group into small groups, give the group members the instructions for this activity. Present them with a “what if” scenario. “What if” this group were to adopt a young boy as a “little brother”. The boy would be four years old and his name would be “Sam”. Each group member would be assigned a weekend to spend with this child. During their weekend they could do anything they wanted with the child. What would they do to show Sam that they cared about him? Now, break the group into three small groups. Set up three stations in the room where the small group members will meet. At each station have a poster board and markers. Have the group members go to their stations and list things they could do to show this child that they cared about him. As each group is finished, they should elect a spokesperson. One at the time, each spokesperson reads their ideas aloud. Discussion is encouraged.

IV. Dilemma:
Read the following dilemma and facilitate the discussion,

Andrea’s neighbor, Mr. Johnson, is lonely. His wife died recently. He doesn’t know many people in their apartment building. His children and grandchildren live far away.

Use procedures explained in training manual to conduct dilemma discussion

V. Supplies needed:
Flash cards        Flip chart paper
Markers         Tape
Character Education

Session Six Layout

I. Introduction to citizenship:
Sample questions to get discussion started:

1. You are all citizens belonging to many groups. Name some of these groups. (Your school, your family, your community, your country)
2. We have rules and laws associated with each of these groups. Why do we need these rules?
3. Citizenship involves protecting the environment and conserving resources. How can we help with this?
4. If you were to design a brochure that expressed your pride for the community, what would the brochure say?

II. Individual reflections activity:
Have the group participate in a game of “Friendly Feud”. Explain to the group members that this game is going to address citizenship. It’s going to be played like the “family feud” game that used to come on television. A question will be asked that has several correct answers. There will be four answers for each question. If anyone would like to respond, they raise their hand immediately. The facilitator will call on the person who raises his/her hand first. Group members will get points according to how many questions they answer. They will receive one point for every correct answer. (Remember to call on several different kids to give everyone a chance to earn points.)

Question 1: What are four ways you can help the environment?
*Recycle
*Conserve (turn off lights, unplug appliances, etc.)
*Clean up the environment (pick up trash, clean our stream and rivers)
*Protect wildlife

Question 2: Why do we need rules and laws?
*Keep people from hurting one another (safety)
*Protect our rights
*Make things fair
*Help us make better choices

Question 3: How can you be a good citizen at school?
*Follow rules
*Show respect to teachers and the principal
*Share materials
*Listen when someone is speaking
Question 4: You are a citizen of a city, a county, a state, and a country. Name each.
*Greensboro
*Guilford County
*North Carolina
*North America

III. Small group work:
Break the group into three small groups. Set up three stations around the room where the small groups will meet. At each station have a poster board and markers. Before sending students to their stations have each group choose a community significantly. They should choose one and make a poster expressing their feelings about it. (Examples: homework policies, busing, activities for youth, pollution, traffic, crime, and hunger.) Group members need to include ideas that they have for change and their reactions to how these issues are being dealt with currently on their posters. When each group has finished their poster they should elect a spokesperson. One at a time, each spokesperson should present his/her poster. Discussion is encouraged.

IV. Dilemma:
Read the following dilemma and facilitate the discussion.
Jill and her best friend walked into a department store to shop. As they browsed, Jill saw a shirt she really liked and told Sharon she wanted to try the shirt on. Sharon continued to shop. Soon Jill came out of the dressing room wearing a coat. She caught Sharon’s attention with her eyes and glanced down at the shirt under her coat. Jill turned and walked out of the store.
Moments later the store security officer and store manager approached Sharon and asked her to give the name of the girl she was with or they would charge her with the crime of aiding the person who committed the crime.

Use procedures explained in training manual to conduct dilemma discussion

V. Supplies:
Flip chart paper Markers
Tape
Childhood and adolescent years are critical times in the lives of children. Although they are asserting their independence from parents and other adults, children need and want our guidance. The growing problem of juvenile crime, especially serious juvenile crime, indicates the need for a wide range of intervention programs for troubled youth that focus on character education and development.

Character education is an important component of a child’s total education and development. Counselors, teachers, parents, friends, neighbors, and citizens all carry a responsibility to teach children the values they need to live in, contribute to, and prosper in their community and beyond.

The Youth Focus Character Education Program will focus on six components of character endorsed by the Guilford County Character Education Council: trustworthiness, respect, responsibility, fairness, caring, and citizenship. Although each session is designed to have students reflect on their own beliefs, it is also important to explicitly state certain beliefs. Be responsible, Care for your community. Stand up for what you believe. Students need to know that there are certain values on which everyone can agree.

The Youth Focus Character Education Program will provide direct character education services to selected troubled youth. The program will be facilitated by at least one trained masters level counselor from Youth Focus, Inc. Each session in this program will begin with an introduction to the specific topic area.
The introduction will be followed by an individual reflection in the topic; small group work; and joint work processing a dilemma specific to the session type. All sessions and material used will focus on improving character development in each child.

Some students may be selected to participate in the evaluation process of this program. Consent to participate in the program and/or the evaluation process will be completed before student participation.

Much of the curriculum used in devising this program was taken from the series “Character Education, Teaching Values for Life,” by Kathleen Knoblock. Other ideas for activities were excerpted from Big Brothers curriculum entitled, “Constructing Character, Laying the Foundation for Kids.”

Background research concerning charter development was obtained from sources such as, “License to Lead,” David Lankford and Linda McKay; “Handbook of Moral Behavior and Development, Vol. 2 & 3,” William M. Curtness and Jacob L. Gewirtz; “The Kohlberg Legacy for Helping Professions,” Lisa Kuhmerker.
Appendix C

Defining Issues Test – Short Version

Dilemma 1: Heinz Dilemma

In Europe, a woman was near death from a special kind of cancer. There was one drug that the doctors’ thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost to make. He paid $200 for the radium and charged $2000 for a small dose of the drug. The sick woman’s husband, Heinz, went to everyone he knew to borrow the money but he could only get together about $1000, which is half of what it costs. He told the druggist that his wife was dying, and asked him to sell it cheaper or let him pay later. But the druggist said “No, I discovered the drug and I’m going to make money from it.” So Heinz got desperate and began to think about breaking into the man’s store to steal the drug for his wife.

Should Heinz steal the drug? (Check one)

____ Should steal the drug
____ Can’t decide
____ Should not steal the drug

Importance:

Great   Much   Some   Little   No

1. Whether a community’s laws are going to be upheld.
2. Isn’t it only natural for a loving husband to care so much for his wife that he’d steal?
3. Is Heinz willing to risk getting shot as a burglar or going to jail for the chance that stealing the drug might help?
4. Whether Heinz is a professional wrestler, or has considerable influence with professional wrestlers.
5. Whether Heinz is stealing for himself or doing this solely to help someone else.
6. Whether the druggist’s rights to his invention have to be respected.
7. Whether the essence of living is more encompassing than the termination of dying, socially and individually.
8. What values are going to be the basis for governing how people act towards each other.
9. Whether the druggist is going to be allowed to hide behind a worthless law which only protects the rich anyhow.
10. Whether the law is this case is getting in the way of the most basic claim of any member of society.
11. Whether the druggist deserves to be robbed for being so greedy and cruel.
12. Would stealing in such a case bring about more total good for the whole society or not?

From the list of questions above, select the four most important:

____ Most Important    ____ Third Most Important
____ Second Most Important    ____ Fourth Most Important
Dilemma 2: The Prison Dilemma

A man had been sentenced to prison for 10 years. After one year, however, he escaped from prison, moved to a new area of the country, and took on the name of Thompson. For 8 years he worked hard, and gradually he saved enough money to buy his own business. He was fair to his customers, gave his employees top wages, and gave most of his own profits to charity. Then one day, Mrs. Jones, an old neighbor, recognized him as the man who had escaped from prison 8 years before, and whom the police had been looking for.

Should Mrs. Jones report Mr. Thompson to the police and have him sent back to prison? (Check one)

____ Should report him
____ Can’t decide
____ Should not report him

1. Hasn’t Mr. Thompson been good enough for such a long time to prove he isn’t a bad person.
2. Everytime someone escapes punishment for a crime, doesn’t that just encourage more crime?
3. Wouldn’t we be better off without prisons and the oppression of our legal system?
4. Has Mr Thompson really paid his debt to society?
5. Would society be failing what Mr. Thompson should fairly expect?
6. What benefits would prisons be apart from society, especially for a charitable man?
7. How could anyone be so cruel and heartless as to send Mr. Thompson to prison?
8. Would it be fair to all prisoners who had to serve out their sentences if Mr. Thompson was let off?
9. Was Mrs. Jones a good friend of Mr. Thompson?
10. Wouldn’t it be a citizen’s duty to report an escaped criminal regardless of the circumstances?
11. How will the will of the people and the public good best be served?
12. Would going to prison do any good for Mr. Thompson or protect anybody?

From the list of questions above, select the four most important:

____ Most Important
____ Second Most Important
____ Third Most Important
____ Fourth Most Important
Dilemma 3: Newspaper Dilemma

Fred, a senior in high school, wanted to publish a mimeographed newspaper for students so that he could express many of his opinions. He wanted to speak out against the war in Vietnam and to speak out against some of the school’s rules, like the rule forbidding boys to wear long hair. When Fred started his newspaper, he asked his principal for permission. The principal said it would be all right if before every publication Fred would turn in all his articles for the principal’s approval. The principal approved all of them and Fred published two issues of the paper in the next two weeks. But the principal had not expected that Fred’s newspaper would receive so much attention. Students were so excited by the paper that they began to organize protests against the hair regulation and other school rules. Angry parents objected to Fred’s opinions. They phoned the principal telling him that the newspaper was unpatriotic and should not be published. As a result of the rising excitement, the principal ordered Fred to stop publishing. He gave as a reason that Fred’s activities were disruptive to the operation of the school.

Should the principal stop the newspaper (Check One)

____ Should stop it     ____ Can’t decide    ____ Should not stop it

Importance

Great   Much   Some   Little   No

1. Is the principal more responsible to students or to the parents?
2. Did the principal give his word that the newspaper could be published for a long time, or did he just promise to approve the newspaper one issue at a time?
3. Would the students start protesting even more if the principal stopped the newspaper?
4. When the welfare of the school is threatened does the principal have the right to give orders to students?
5. Does the principal have the freedom of speech to say “no” in this case?
6. If the principal stopped the newspaper, would he be preventing full discussion of important problems?
7. Whether the principal’s order would make Fred lose faith in the principal.
8. Whether Fred was really loyal to his school and patriotic to his country.
9. What effect would stopping the paper have on the students’ critical thinking and judgments?
10. Whether Fred was in anyway violating the rights of others in publishing his own opinions.
11. Whether the principal should be influenced by some angry parents when it is the principal who knows best what is going on in the school.
12. Whether Fred was using the newspaper to stir up hatred and discontent.

From the list of questions above, select the four most important:

____ Most Important   ____ Third Most important
____ Second Most Important  ____ Fourth Most Important
Rosenberg Self-Esteem Scale

Date: ____________________________ Record Number: ___________________
Location: ________________________ Therapist: ________________________

Below is a list of statements dealing with your general feelings about yourself
If you **STRONGLY AGREE** circle SA
If you **AGREE** with the statement, circle A
If you **DISAGREE**, circle D
If you **STRONGLY DISAGREE**, circle SD

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that I’m a person of worth, at least on an equal plane with others</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>2. I feel that I have a number of good qualities</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>3. All in all, I am inclined to feel that I am a failure</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>6. I take a positive attitude toward myself</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>7. On the whole, I am satisfied with myself</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
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<tr>
<td>8. I wish I could have more respect for myself</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
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<tr>
<td>9. I certainly feel useless at time</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>10. At times I think I am no good at all</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
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</table>
Appendix E

Training manual for the Youth Focus Character Education Program:

Conducting moral development dilemma discussions and
addressing issues related to self-esteem development

Presentation of a Moral Dilemma Vignette

One of the most necessary conditions for a moral development discussion group is a moral dilemma situation. This dilemma can be a real situation, presented by a group member, or a hypothetical situation presented by a group leader. In this manual, we will utilize the moral development dilemma situation, which have been developed for this treatment. The group leader will begin each dilemma discussion by reading the moral dilemma vignette for that particular session.

Moral Discussion

Moral discussion involves two or more people in talk about issues of conflict or decision. It requires sufficient time for discussion and the participation of all parties. The issues for discussion must be relevant to the discussants, not important only to staff or administrators. In general, the greater an individual’s participation in a social group or institution, the more opportunities he has to take the social perspectives of others.

Remember that before you really begin using discussion time to focus on the moral dilemma, you must solicit feedback from the group members so as to actually make the vignette a moral dilemma. The bottom line is that you want to create a moral dilemma, which can lead to a productive discussion.
In this case we have established an artificial social group by establishing a group therapy format. The most necessary function of the moral discussion is that all members participate and contribute. Therefore, the leader must be careful to guide the group rather than monopolize the group. The leader is expected to invite group members into the discussion and ensures involvement of all members. Caution must be made not to let a select few members monopolize the group. If necessary, invite the more reclusive members to participate. Participation of all members is required; however, you do not need to give equal time.

**Fairness Form**

The fairness form refers to a focus on why the discussants think something is good or bad, why a proposal is fair or not, and why something is fair or unfair to the people involved. This form of discussion contrasts with arbitrary decision making; one-on-one dialogues; mere storytelling; and opinion giving. Kohlberg’s stages of moral judgment describe the development of a person’s perception of what is fair between herself and others. Discussion in the fairness form allows people to discuss a problem using their own various structural stages of moral development.

Once the leader has engaged the members by helping them identify with the vignette or understand the relevance of the vignette, the group leader should shift the focus onto whether the dilemma is fair/unfair, right/wrong, or good/bad. The use of fairness form is at the leader’s discretion and can be used whenever a group member gives tentative solution to the dilemma.
Role Taking

According to Kohlberg, moral development is fundamentally a process of the restructuring of modes of role taking. Role taking is what differentiates social experience from mere interaction. Social experience involves taking attitude of others, becoming aware of their thoughts and feelings, and putting oneself in their place. The first prerequisite for role taking is participation in a group of institution in which interaction and communication are emphasized and active role taking is encouraged. The more the individual is held responsible for the decisions of the group and made aware of the group’s response to his own behavior, the more he must take the role of other group members.

The use of role play in the moral development discussion group can be handled in different ways. The group leader can actually set the scenario so two or more group members act out a role from the vignette. Or the group leader can have the group or a specific member attempt to take the role of a particular character from the vignette. The key component in the role play is to have group members become aware of others thoughts and feelings by putting themselves in the person’s place. The group leader’s goal is awareness raising since awareness is a key component in change.
Stage Adjacent Reasoning

Stage adjacent reasoning refers to reasoning elicited during discussions that is one stage or a part of a stage above that of others participants. Stage adjacent reasoning exposes a person to fairness structures not too unlike his own, thereby maintaining interest by the use of different, but recognizable reasoning and context. Yet the person also is exposed to foreign concepts of fairness one step above her own, thereby challenging her to grow to a higher stage because of the realization that these notions are more complex and adequate to solving problems.

The fact that the stage adjacent reasoning is close enough to be both vaguely understood and intellectually stimulating allows it to be understood by those group members not quite functioning at that stage. This facilitates movement to the next level of development and behavior. Reflective reorganization arises from the sensed contradictions in one’s current stage structure. The moral reasoning of significant others is viewed as discrepant in content or structure from one’s own reasoning because it is too sophisticated and therefore rejected due to a lack of understanding.

The group leader is assumed to have stage reasoning far above that of his group members. Therefore, to infuse her own value judgments or moral reasons may be to expose group members to cognitive concepts too far removed from their own. If this occurs the likelihood is that the group member will reject the reasoning because it is so far above his or her own and may be incomprehensible. The leader can pursue stage adjacent reasoning by occasionally playing “devil’s advocate” in order to promote group member’s thinking to a higher moral stage of reasoning. Do not allow your session to become a question and answer time with you as the answer person.
Mutual Decision Making

As a direct condition for moral growth, everyone involved in issues must have equal responsibility in the resolution. Mutual decision making means that everyone involved in an issue not only discusses it, experiences role taking opportunities, and is exposed to adjacent reasoning, but also literally has a voice in and vote on the final decisions. Only then can a sense of mutual responsibility develop.

Group leaders must remember that everyone has some voice in how the moral dilemma vignette should be resolved. A key component of the moral development discussion group is that the group work toward a consensus resolution. This consensus resolution differs this treatment group from other discussion groups. Give your group ample time to reach a consensus and remember that compromise on each member’s part will be necessary. Be careful to watch the influence of your more vocal, dominant, or intimidating group members.

Process Aspects of Developmental Group Discussion:

1. When the group strays, bring them back to the issue and resolve it. Do this in a nonjudgmental way. For example: That’s another issue. Should we consider it later and finish the first issue now?” A supportive nonjudgmental tone is important.

2. If someone wants to disrupt the group (for example, make a phone call or go to the bathroom), let the group decide. Take the person seriously even if he is being obnoxious or breaking a rule. The group of his peers will usually make their judgments loud and clear.

3. Facilitate the group participants to reason about what they think is good, fair, bad, or unfair about the issue at hand.
4. At first, make concise, specific issues “John probably stole the money” into general issues “let’s talk about stealing in the program.” Make some stronger rules around the issue. Get specific, if things move in that direction.

5. Stop one-on-one dialogue so that the entire group is included.

6. Avoid preaching, defensiveness, and storytelling.

7. End the group on a higher note such as when participants are feeling positive or laughing.

Self-Esteem

While there is not a formal program that will be used to possibly enhance self-esteem, the techniques listed below will be utilized in your interactions with the participants. Attention will be given to the relationship between self-esteem and behaviors.

1. The importance of being accepting and caring: How we are treated by others can affect the development of self-esteem. Allowing the participant to be accepted will be a part of this program. This part of the program could be considered similar to terms such as “unconditional positive regard”, a therapeutic working alliance, and rapport building with a client. The fundamental attitudes of nurturance and good will that accompany acceptance and caring foster the kind of environment and interaction that are conducive to human growth and development.
Treating the adolescents with respect and compassion can itself be a powerful therapeutic experience, mainly because the adolescent is usually more familiar with rejection than with acceptance. However, it is a mistake to think that simple care and unqualified acceptance is all that is needed to enhance self-esteem. Acceptance will mean approving of the individual but not all of his or her behaviors, particularly those that are associated with low self-esteem.

2. Provide consistent, positive feedback: research suggests that another way of building self-esteem is to provide an adolescent with positive feedback about themselves or their behaviors. The development of the self depends on feedback from others, called reflected appraisals. This process is especially influential during a person’s school years.

The key will be to provide positive feedback consistently but not necessarily constantly. Taking the time to compliment a participant when he or she demonstrates a positive behavior or attitude makes good sense in terms of conditioning self-esteem through operant methods. The feedback must be authentic and based on a participant’s behavior if it is to be helpful. Not only is feedback part of how self-esteem develops in the first place, but it also drives the self-fulfilling prophecy that maintains self-esteem over time.

Remember that too much positive feedback can be threatening to some participants with low self-esteem. If needed, use small, less threatening doses of positive feedback to the participant with low self-esteem.
3. Increase self-esteem through modeling: Showing by doing seems to be good for two reasons: modeling is helpful when trying to learn complex activities, and humans typically model very well. A good facilitator will demonstrate techniques for handling conflict or other difficult situations in ways that promote self-esteem, that is, by attempting to do so in ways that are both competent and worthy. Moreover, many clients have had few opportunities to model a person who is reasonably competent and worthy, so the facilitator becomes especially important as a model.

Self-esteem research is very difficult and complex. These techniques are a few of the best of what is known today dealing with self-esteem.
CHARACTER EDUCATION SERVICE PLAN

I. REFERRAL REASON AND SUMMARY OF PROBLEMS:
Clients selected for inclusion in the Character Education program by referral sources typically demonstrate behavioral problems in relationships with peers and authority that are associated with developmental delays in moral and ethical decision making.

II. SCHEDULE AND DESCRIPTION OF SESSIONS:
The general format for each session includes: an introduction to the specific topical area; individualized reflection on the topic; small group work; and joint work processing a dilemma specific to the session type.

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<thead>
<tr>
<th>CONTACT DATE</th>
<th>SESSION TYPE AND DESCRIPTION</th>
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<tbody>
<tr>
<td></td>
<td>I. TRUSTWORTHINESS:</td>
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<td>Includes:</td>
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<td></td>
<td>Activity that demonstrates trust (i.e. Trust Tower);</td>
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<td></td>
<td>Small group work – impact of lying, cheating, and stealing;</td>
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<td></td>
<td>Whole group process of trust dilemma.</td>
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<td>II. RESPECT:</td>
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<td>Includes:</td>
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<td></td>
<td>Individual reflections on characteristics demonstrating respect;</td>
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<td></td>
<td>Small group work focusing on respect of self, others, nature, and property;</td>
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<td>Large group process of respect dilemma.</td>
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<td>III. RESPONSIBILITY:</td>
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<td>Includes:</td>
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<td>Joint activity focusing on consequences of irresponsible decision making;</td>
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<td></td>
<td>Small group activity, role playing, responsible life skills in various settings;</td>
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<tr>
<td></td>
<td>Large group process of responsibility dilemma.</td>
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</tbody>
</table>
IV. FAIRNESS:
Includes:
Introductory remarks defining fairness;
Large group activity to highlight fairness issues within games and rules;
Small group processing of fairness statements focused on real life issues;
Large group process of fairness dilemma.

V. CARING:
Includes:
Define caring as related to person, environment, and object: demonstration;
Large group discussion: process demonstration and how caring can vary given several factors (i.e., familiarity, etc.);
How caring is demonstrated in different circumstances/dilemmas.

VI. CITIZENSHIP:
Includes:
Define citizenship at various levels and settings;
Large group discussion of responsibilities that follow from rights or privileges;
Discuss meaning of “quotable quotes” regarding citizenship;
Small group: process dilemma - citizenship, share in large group.

III. ANTICIPATED BEHAVIORAL CHANGES:
The client’s participation in the Character Education curriculum will facilitate the client’s movement in the moral development stages as exhibited by an improvement in moral and ethical decision making when confronted by real life dilemmas/situations.

IV. ANTICIPATED LENGTH OF STAY:
Client participation in the Character Education curriculum will generally last from six to eight weeks, depending on client’s participation in the evaluation process and outside restrictions affecting the length of each session.

V. EVALUATION OF PROGRAM IMPACT:
A random sampling method is used to select those clients who will participate in Pre and Post testing as an evaluation of the program and measure of moral development and self-esteem.

VI. ADDITIONAL SERVICES/CONTACTS/REFERRALS:

Name of Assistant (if any):

Signature of Group Leader.: ______________________ Date: _______