

Positive Youth Development Programs for Adolescents with Greater Psychosocial Needs: Subjective Outcome Evaluation over 3 Years

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ABSTRACT

Study Objectives: This study examined the views of 153,761 students participating in a positive youth development program designed for participants with greater psychosocial needs (the Tier 2 Program) in the context of the Project P.A.T.H.S. in Hong Kong. The program was implemented in the extension phase of the project from 2009/10 to 2011/12 school years.

Design: A validated subjective outcome evaluation scale was used to assess the views of the program participants toward the program qualities, implementer qualities, and program effectiveness after completion of the program. Nine datasets were used which were derived from the aggregated reports submitted by social service providers designing the Tier 2 Program.

Results: Participants generally held favorable views of program qualities, implementer qualities, as well as program effectiveness of the Tier 2 Program. Some small grade and program differences on subjective outcome evaluation were also found. Both program qualities and implementer qualities were significant predictors of program effectiveness in different grades.

Conclusion: Consistent with the findings of the initial phase of the Project P.A.T.H.S., the present study suggests that the Tier 2 Program of the Project P.A.T.H.S. in Hong Kong is perceived favorably by program participants and its perceived effectiveness was high. Significant but small grade and program approach differences on subjective outcome evaluation were found. Both program and implementer qualities were predictive of perceived program effectiveness in different grades.

Key Words: Subjective outcome evaluation, Psychosocial needs, 'At-risk' youth, Chinese, Adolescents

Introduction

There are growing concerns regarding adolescent development in Hong Kong. For example, the Central Registry of Drug Abuse administered by the Narcotics Division of the Hong Kong Government showed several phenomena.^{1,2} First, there were several peaks in adolescent substance abuse in the past 2 decades: the first peak in mid-1990s was related to abuse of tranquilizers; the second peak in early 2000s was mainly due to ethylenedioxymethamphetamine abuse; ketamine abuse was involved in the third peak in 2009. Second, the problem of cross-border adolescent substance abuse was a source of concern after the handover of Hong Kong back to China in 1997. It was quite serious a decade ago but it is gradually under control, with fewer young people from Hong Kong abusing drugs in China. Third, instead of abusing drugs in public places such as party venues, most young people abuse drugs at home. This change in the venue of consumption means that it is more difficult for the law enforcement agencies to identify the young drug abusers. Finally, the time between first abuse and help-seeking from

professionals has increased from around 1.9 years in 2008 to around 4 years in 2012, which clearly suggests that the hidden nature of substance abuse in young people has intensified. In a recent school survey of substance abuse among students in Hong Kong, although there was a decline in substance abuse among students, psychotropic substances dominated the drug scene and the hidden nature of adolescent substance abuse has intensified in recent years with most of young drug abusers not seeking help from others.³

Another example of adolescent developmental issue is addictive behavior related to the Internet. Although "internet addiction" is not classified as a form of mental disorder in the 5th edition of the Diagnostic and Statistical Manual, it has been regarded as a growing adolescent developmental problem by many researchers and has substantially impaired the psychosocial functioning of an individual.⁴ Based on 3 waves of data collected over 3 years from students in 28 secondary schools in Hong Kong, it was found that prevalence of Internet addiction was quite alarming (26.7% in Wave 1, 26.4% in Wave 2, and 22.5% in Wave 3).⁵⁻⁷ In the same study, phenomena on deliberate self-harm (ie, hurting oneself intentionally without suicide intention such as self-cut) and suicidal behavior (such as attempted suicide) were examined.^{8,9} It was found that approximately 23.5% of Grade 8 students had engaged in self-harm behavior and nearly 4% of the respondents attempted suicide in the preceding 12 months. These findings clearly suggest that the prevalence of self-harm behavior among Chinese adolescents deserves our attention.

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In view of the existing adolescent developmental issues, one critical question is how we can help adolescents to develop in a healthy manner. In the West, positive youth development programs aiming at promoting the psychosocial competencies of young people have been found to be effective in helping adolescents to develop in a holistic manner.^{10,11} In a review of adolescent prevention and positive youth development programs in different Chinese contexts, Shek and Yu¹² concluded that there are few validated programs except the Project P.A.T.H.S. in Hong Kong. The Project P.A.T.H.S. is designed to promote the holistic development of junior secondary school students in Hong Kong. There are different professionals in the team, including developmental psychologists, clinical psychologist, educational psychologists, social workers, occupational therapist, and counseling professionals.

There are 2 tiers of programs in the project. While the Tier 1 Program is a school-based program utilizing positive youth development constructs, the Tier 2 Program is designed for students who display greater psychosocial needs, such as having study, personal, interpersonal and/or family problems. For each school, the school social worker designed appropriate Tier 2 programs utilizing the positive youth development constructs covered in the project with reference to the unique needs and characteristics of the school. In the initial phase of the project, several modes of the Tier 2 Program were identified. These include: (a) adventure-based counseling (ABC) programs, (b) voluntary training and service (VTS) programs, (c) programs with adventure-based counseling and voluntary training and service elements, and (d) other programs such as mental health promotion programs and parenting programs.^{13–18} In an integrative study of the evaluation findings collected in the initial phase of the project based on 9 sets of data (N = 60,215 participants), it was found that the program participants viewed the program design, implementation, workers, and benefits in a positive manner. Besides, program qualities and instructor qualities were found to be predictors of the perceived benefits of the program.

In the initial phase of the project, ABC and VTS were the 2 approaches commonly used in the programs. Utilizing the experiential learning approach, it is assumed that through novel experiences such as wild camps, program participants would have reflections and transformation leading to intrapersonal and interpersonal changes.^{19–21} ABC is commonly used in clinical and school settings. There are studies showing that ABC programs are effective in helping at-risk youth.^{22,23} Moote and Wodarski²⁴ reviewed some existing studies on ABC and showed that 16 of the 19 studies reported some positive effects for the participants.

Besides ABC, VTS is another dominant mode of service in the Tier 2 Program. According to Law and Shek,²⁵ volunteer service refers to the provision of service to the needy organizations or people without tangible returns for the volunteers. Clary et al²⁶ argued that there are different functions of volunteerism, such as building an understanding of the world through volunteering. In the literature on positive youth development, there are different theories suggesting that adolescent volunteerism can help them to develop in a positive manner.²⁷ For example, prosocial

involvement and volunteering are regarded as important developmental domains of adolescents.^{28,29} In a review of the successful programs, Catalano et al³⁰ showed that prosocial involvement is an important positive youth development construct which can promote adolescent development.

How can we know the programs (including the Project P.A.T.H.S.) designed for young people with greater psychosocial needs really work? Although there are different evaluation strategies, subjective outcome evaluation is commonly used to understand the perceived effectiveness of youth enhancement programs. One typical application is to evaluate client satisfaction after joining camps or summer programs. For example, Hunter et al evaluated a summer camp for children with Type 1 diabetes.³¹ Campers, parents, and staff were asked to complete a post-camp questionnaire regarding their satisfaction with the camp. Results showed that campers, parents, and staff were satisfied with the camp. The campers enjoyed the activities offered by the camp; parents and staff perceived socialization with diabetic peers to be a key factor for the success of the camp. Tiemens et al conducted a weekend therapeutic camp program targeted at adolescents with craniofacial differences.³² Based on a post-camp evaluation survey, it was found that the participants had positive evaluation of the camp and they felt that the camp had helped them meet others with facial difference. Finally, Sillman and Schumm examined the structure of the 24-item Youth Positive Quality survey in 2 age groups (N = 614 and 486 in the young sample and old sample) who had joined several camps and conferences.³³ In the young sample, 5 factors including positive emotional climate, empowered skill-building, expanding horizons, structure, and negative experiences were identified. In the old sample, 5 factors including empowered skill-building, positive values, expanding horizons, adult support, and negative experiences were extracted.

Client satisfaction studies have been reported for adolescents with health problems. Berg et al evaluated an educational program for adolescents with asthma.³⁴ Over a 6-month period, 13 students joined three 90-minute information sessions and individual coaching sessions. Through survey and focus group interview at the end of the program, all participants evaluated the program as helpful in terms of understanding of triggers, nature and treatment of asthma. McDonagh et al evaluated a 22-month multicentre transitional care program for adolescents with juvenile idiopathic arthritis.³⁵ In the 6-month follow-up assessment, 119 adolescents, 190 parents, and 15 clinical research personnel gave their views on the their acceptability of different components of the program. Compared with adolescents' ratings, parents rated paper-based resources higher at helping them to access useful information and advice. Levin and Rotheram-Fuller evaluated a 23-unit empowered curriculum in 30 students with visual impairments in terms of students' perception of its usefulness and their fondness of each lesson.³⁶ Results showed that students generally appreciated the intervention and they mentioned that they benefited from activities having elements of active participation, group interaction and dialogue, and role-playing.

Researchers have also used the client satisfaction approach in the field of addiction. Turner et al³⁷ evaluated a

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