

**CHAPTER SEVEN:  
YOUTH OUTCOMES MEASURES**

**CHAPTER SEVEN: YOUTH OUTCOMES AND MEASURES BY TABLE NUMBER**

**Youth Outcomes (OCCF Database Numbers)**

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## Chapter Seven: Youth Outcomes Measures

**A**dolescence is a time when youth face new challenges and opportunities. By negotiating these challenges and capitalizing upon opportunities, most youth grow to be competent, caring adults. This chapter reviews measures of youth outcomes that can be achieved by a wide variety of programs and community efforts.

These measures are presented in five sections:

Section 1: Youth environments outcome measures

Section 2: Parent/adult-youth relationships

Section 3: Peer relationships and social competence

Section 4: Personal well-being and social adjustment

Section 5: Youth risk behaviors: Juvenile crime, alcohol and other drug use, teen sexuality and pregnancy

### **NOTE**

*Other measures that may be relevant to the outcomes of youth programs are reviewed in other chapters of this guide. In particular, relevant measures are found in:*

- *Chapter 5: Family Outcomes,*
- *Chapter 6: Child Outcomes,*
- *Chapter 8: Educational Outcomes, and*
- *Chapter 9: Youth Activities.*

### **Also remember:**

*Surveys, interviews, and rating scales are emphasized in this chapter because they are the most widely published measures. These measures are NOT the only way to assess outcomes. Remember focus groups, program records, case plans and progress notes, goal attainment scaling, portfolios, systematic observations, and other measures! See Chapter 3.*

**Comprehensive Measures of Youth Outcomes**

The comprehensive measures reviewed in Table 7-1 include multiple subscales that assess several youth outcomes. These measures are:

- The Oregon Public School Drug Use Survey,
- The Personal Experiences Inventory, and
- The Search Institute Profiles of Student Life.

Following the review of these comprehensive measures, measures of specific youth outcomes are presented in sections 1-5 of this chapter.

**Table 7-1: Comprehensive Measures of Youth Outcomes**

Type	Measure	Description
Youth Survey	<p><b>Oregon Public School Drug Use Survey (OPSDUS)*</b></p> <p>Oregon Office of Alcohol and Drug Abuse Programs (OADAP), 1997</p>	<p>This is a self-report measure designed to assess adolescent drug use and risk factors related to use. It has been administered to sixth, eighth and eleventh graders throughout the state of Oregon, bi-annually since 1989. This questionnaire includes both statements and questions with multiple choice responses. It may be administered in whole, or by section subscales.</p> <p>Factors associated with the risk of alcohol and drug abuse are examined on four domains:</p> <ul style="list-style-type: none"> <li>• <b>Community</b> (38 items within 7 subscales)</li> <li>• <b>Family</b> (32 items within 8 subscales)</li> <li>• <b>School</b> (16 items within 4 subscales)</li> <li>• <b>Peer/individual</b> (54 items within 11 subscales)</li> </ul> <p>Examples: “How much do each of the following describe your neighborhood - fights; graffiti; abandoned buildings” (Community Domain). “My parents give me lots of chances to do fun things with them” (Family Domain). An additional subscale, <b>Drug Use Outcomes</b>, contains 19 items that assess history of use (if any) of tobacco, alcohol, and other drugs.</p>
Youth Survey	<p><b>Personal Experience Inventory (PEI)*</b></p> <p>Winters, 1993</p>	<p>The PEI is a 84 item self-report measure of adolescent drug use and risk factors related to use. Multiple choice responses are provided on a four-point scale, varying by subscale focus. The PEI consists of six subscales:</p> <ul style="list-style-type: none"> <li>• <b>Poly-Drug Use</b> (7 items)</li> <li>• <b>Social Benefits of Drug Use</b> (15 items)</li> <li>• <b>Uncontrolled Behavior</b> (12 items)</li> <li>• <b>Negative Self-Image</b> (10 items)</li> <li>• <b>Absence of Goals</b> (11 items)</li> <li>• <b>Deviant Behavior</b> (10 items)</li> <li>• <b>Age at Onset</b> (8 items)</li> <li>• <b>Rejecting Convention</b> (11 items)</li> </ul> <p>Examples: “How often have you used something to get high without knowing what it was” (Poly-Drug Use subscale). “I have a pretty clear idea of what I want out of life” (Absence of Goals subscale).</p>

\*Included in appendix



**Table 7-1: Comprehensive Measures of Youth Outcomes (continued)**

Type	Measure	Description
Youth Survey	<p><b>Search Institute Profiles of Student Life</b></p> <p>1996</p>	<p>The Search Institute Profiles of Student Life is a 156-item written self-report questionnaire which assesses developmental assets, at-risk behaviors, and well-being. Subscales assess:</p> <p><i><b>Four External Assets</b></i></p> <ul style="list-style-type: none"> <li>• <b>Support</b> (16 items; family support and communication; other adult relationships; neighborhood and school climate)</li> <li>• <b>Empowerment</b> (11 items; community values youth; youth as resources, service to others, safety)</li> <li>• <b>Boundaries and Expectations</b> (16 items; family, school, community boundaries; adult and peer influence; expectations)</li> <li>• <b>Constructive Use of Time</b> (6 items; level of involvement in creative, social, religious, and other positive activities)</li> </ul> <p><i><b>Four Internal Assets</b></i></p> <ul style="list-style-type: none"> <li>• <b>Commitment to Learning</b> (10 items; achievement motivation; school engagement, activities, and bonding; reading for pleasure)</li> <li>• <b>Positive Values</b> (13 items; caring; integrity; responsibility)</li> <li>• <b>Social Competencies</b> (11 items; planning and decision-making; competence; resistance skills; conflict resolution)</li> <li>• <b>Positive Identity</b> (8 items; personal power; self-esteem; sense of purpose; positive view of personal future)</li> </ul> <p>Examples from these eight subscales are: “I’m given lots of opportunities to make my town a better place in which to live” (Empowerment subscale) and “My parents give me help and support when I need it” (Support subscale). Students respond by indicating their agreement with each item.</p> <p>Three additional subscales include: <b>Deficits</b> (6 items – unsupervised time; over-exposure to TV; physical abuse and violence); <b>High Risk Behavior Patterns</b> (27 items – alcohol, tobacco and other drug; violence and delinquency; sexual intercourse; depression and suicide; school or other problems); and <b>Thriving Indicators</b> (8 items - school success, health, leadership, values and attitudes).</p> <p>The Search Institute Profiles of Student Life is a copyrighted survey. For more information about the survey and additional resources, contact: Search Institute, Thresher Square West, Suite 210, 700 South Third Street, Minneapolis, MN, 55415. (612)-376-8955; 1-800-888-7828 (resources catalog).</p>

**Section 1: Youths' Perceptions of Community Outcomes**

Environments that support positive youth development are safe, communicate clear norms, and support youth opportunities and activities. In supportive communities, individual adults and organizations invest time and resources in youth. Program outcomes that are related to social environments for youth include:

- Community environments, including enforcement of laws and regulations
- Youth's perceptions of community risks and assets and youth's participation in positive activities.

***Measures of Community Environments and Law Enforcement Outcomes***

Positive youth development is promoted by clean, safe physical environments, clear norms and rules regarding behavior, positive consistent opportunities and rewards, and restrictions on undesirable behavior among youth and adults. Specific program outcomes may include positive or improved:

- **Community and neighborhood environments (3.1.8)**
- **Enforcement of laws and regulations (3.1.3)**
- **Sales to minors rates (3.1.12)**
- **Arrest and conviction rates for sales to minors (3.1.13)**

**Table 7-2: Community Environments and Law Enforcement Measures**

Type	Measure	Description
Records	<b>Economic Status</b>	Although a community's economic status may not be directly affected by programs for youth or families, it is often important for programs to know the economic status of the communities which they serve. A community's economic status is an important part of the social environment for its residents. In particular, communities that have high rates of low income families, are more likely to lack resources for positive youth activities.  Economic status can be assessed by examining community rates of per capita income, free/reduced lunch program participation, food stamp recipients, and other demographic indicators available from census or school district data.
Records	<b>Arrest and conviction rates</b>	Arrest and conviction of minors for possession of intoxicants, status offenses, vandalism, or other juvenile offenses. Adult arrest and conviction rates for drug violations including driving under the influence of intoxicants and sales of alcohol/tobacco to minors. These data are available from the report of criminal offenses and arrests published annually by the State Law Enforcement Data System (LEDS). These data are also summarized for each county in the Oregon Office of Alcohol and Drug Abuse Prevention (OADAP). <u>County Profiles of Risk &amp; Protective Factors</u> . Contact OADAP at (503)-945-5763.

**Table 7-2: Community Environments and Law Enforcement Measures (continued)**

Type	Measure	Description
Records	<b>Positive and Negative Community Environments</b>	City and county records can identify positive environments (planned open spaces, recreation areas, parks, libraries, other) as well as negative environments (neglected buildings which conducive to loitering, vandalism, crime; crime rates in particular locations; areas in need of aesthetic improvement).
Observations	<b>Positive and Negative Community Environments</b>	Visual evidence can be very powerful. For example, one community photographed and recorded the number of children and youth who played in a community park before and after a neighborhood based clean-up and maintenance effort. Three randomly selected, sunny days were sampled before and after the clean-up effort.
Adult or Youth Survey	<b>Neighborhood Environment for Children Rating Scales*</b>  Korbin, et al., 1995	The neighborhood environment for children rating scales measure perceptions of neighborhood quality. Special attention is given to characteristics associated with maltreatment or delinquency and to the willingness of adults in the neighborhood to support children. The seven relevant subscales all have reliabilities that exceed .70. These subscales are: <ul style="list-style-type: none"> <li>• Neighborhood quality, eleven items</li> <li>• Disorder, fourteen items</li> <li>• Victimization, fourteen items</li> <li>• Retaliate, seven items</li> <li>• Stop delinquency, six items</li> <li>• Stop misbehavior, four items</li> <li>• Assist, five items</li> </ul> <p>Example: “children in this neighborhood might yell or swear at someone who verbally corrects their behavior.”</p>
Adult or Youth Survey	<b>Sense of Community*</b>  Chavis, et al, 1987	This 12-item self-report measures parents' and/or adolescents' attitudes toward their community, and their sense of inclusion. Responses range on a five-point scale from “strongly agree” to “strongly disagree.” Example: “I think my community is a good place to live.”

\* Included in appendix

***Measures of Youths’ Perceptions of Their Community***

Youth may perceive that their communities offer many positive opportunities or offer mostly challenges and dangers. Youths’ perceptions of their communities are important gauges of actual conditions. High risk behavior is most likely among youth who perceive few assets and many risks.

Positive youth development is supported by youth participation (especially high risk youth) in positive activities, including community service and work, school-based academic and non-academic activities, youth groups and other adult sanctioned activities.

Important youth program outcomes include youths' positive or improved:

- **Perceptions of community risks (3.1.1)**
- **Perceptions of community assets & opportunities (3.1.2)**
- **Participation in school, neighborhood, &/or community activities (3.1.5)**
- **Participation in school activities (4.2.1)**

**Table 7-3: Youth and Their Community Measures**

Type	Measure	Description
Youth Survey	<b>Oregon Public School Drug Use Survey (OPSDUS)-Subscales *</b>  OADAP, 1997	The Oregon Public School Drug Use Survey (Table 7-1) includes several subscales that assess youth's perceptions of risks, opportunities, and rewards in their community. Although each subscale is internally reliable, because of their brevity, it is recommended that programs select multiple subscales in order to more validly assess youths' perceptions.
	<b>Availability of Drugs &amp; Handguns subscale</b>	This 5-item written self-report measures the perceived availability of drugs and handguns in the community. Designed for adolescents, it has a reliability alpha of .88. Responses to statements regarding access range from "very hard" to "very easy" on a 4-point scale. Examples: "If you wanted to get some beer, wine, or hard liquor how easy would it be?; to get a handgun?"
	<b>Laws and Norms Favorable to Drug Use subscale</b>	This 10-item written self-report measures community laws and norms favorable to drug use. Designed for adolescents, it has a reliability alpha of .86. For three questions, responses range from "very wrong" to "not wrong at all" on a 4-point scale. Example: "How wrong would most adults in your neighborhood think it was for kids your age to use marijuana?" For four questions, responses range from "none" to "5 or more." Example: "how many adults have you known who sold or dealt drugs." For three statements, responses range from "NO!" to "YES!" on a 4-point scale. Example: "If a kid smoked marijuana in your neighborhood would he/she be caught by police?"
	<b>Low Neighborhood Attachment subscale</b>	This 3-item written self-report measures low neighborhood attachment. Designed for adolescents, it has a reliability alpha of .84. Responses are "NO!" to "YES!" on a four-point scale. Example: "I'd like to get out of my neighborhood."
	<b>Community Disorganization subscale</b>	This 5-item written self-report measures youth's perceptions of community disorganization. Designed for adolescents, it has a reliability alpha of .80. Responses are "NO!" to "YES!" on a four-point scale. Examples: "How much do each of the following statements describe your neighborhood – fights?; lots of empty or abandoned buildings?; lots of graffiti?"
	<b>Community Transitions and Mobility subscale</b>	This 5-item written self-report measures perceived community mobility. Designed for adolescents, it has a reliability alpha of .73. Some responses are "YES/NO"; others are on 5-point frequency scale from "never" to "7 or more times." Examples: "People move in and out of my neighborhood a lot; have you changed homes in the past year."

\*Included in appendix

**Table 7-3: Youth and Their Community Measures (continued)**

Type	Measure	Description
Youth Survey	<p><b>OPSDUS Subscales* (continued)</b></p> <p><b>Community Opportunities for Conventional Involvement subscale</b></p> <p><b>Community Rewards for Conventional Behavior subscale</b></p> <p><b>School Opportunities for Positive Involvement subscale</b></p> <p><b>School Rewards for Conventional Involvement subscale</b></p>	<p>This 6-item written self-report measures perceived opportunities for youth to be involved in conventional activities within the community. Responses are “YES/NO.” Example: “The following activities are available in my neighborhood – scouts; sports teams; service clubs.” No reliability alphas are reported.</p> <p>This 3-item report measure assesses community rewards for youth involved in conventional behaviors. Designed for adolescents, it has a reliability alpha of .89. Responses range from “NO!” to “YES!” on a 4-point scale. Example: “There are people in my neighborhood who encourage me to do my best.”</p> <p>This 4-item measure assesses youths’ opportunities for school involvement. This 4-item written self-report is designed for adolescents with a reliability alpha of .58. Responses on a 4-point scale range from “NO!” to “YES!” Example: “There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.”</p> <p>This 6-item measure assesses the level of youths’ rewards for conventional involvement at school. This 6-item written self-report is designed for adolescents with a reliability alpha of .60. Responses on a 4-point scale range from “NO!” to “YES!” Example: “My teachers praise me when I raise my hand; the school lets my parents know when I have done something well.”</p>
Youth Survey	<p><b>Search Institute Profiles of Student Life Empowerment subscale</b></p> <p>Search Institute, 1996</p>	<p>This 11-item Empowerment subscale measures the students level of agreement to questions regarding the extent that the community values youth; youth as resources; youth service to others; neighborhood safety.</p> <p>Example: “I’m given lots of opportunities to make my town a better place in which to live” and “adults in my town don’t care about people my age.”</p> <p>The copyrighted Search Institute Profiles of Student Life survey is described further in Table 7-1 at the beginning of the Youth Outcomes chapter.</p>

\*Included in appendix

**Table7-3: Youth and Their Community Measures (continued)**

Type	Measure	Description
Records	<b>Youths' Volunteer Service, Participation in Civic, Athletic, Creative, or Other Positive Activities</b>	<p>Program records can track the number of adolescent participants, and the hours involved in positive activities, volunteering, or other civic or charitable activities.</p> <p>Youth who face two or more risk factors in their personal and social lives are less likely to be involved in positive activities and more likely to be involved in problem behaviors. Compared to lower risk youth, higher risk youth are less likely to be involved in positive activities without specific efforts to engage them. <i>Tracking rates of participation among higher risk youth is particularly important because increasing the number of at-risk youth who participate in positive activities may reduce problematic behaviors.</i></p> <p>Risk factors that are useful in identifying at-risk youth include income level, anti-social behavior, school problems, family difficulties, older sibling/parental drug or criminal involvement, gang or juvenile crime involvement, homelessness, teen parenthood, and/or residence in a high-risk or deprived area. Youth risk levels may be identified in several ways, including:</p> <ul style="list-style-type: none"> <li>• Self-report of risk using the risk subscales of the Oregon School Drug Use survey* or a similar survey;</li> <li>• Known problem behaviors such as minor in possession or other juvenile offenses, school failure or behavior referrals;</li> <li>• Participation in programs that serve higher-risk youth;</li> <li>• Assessment by persons who are knowledgeable of individual youth's risk status. For example, at the end of a summer youth employment program, staff can identify risks that they have observed among the participants. For each youth, staff identify (yes, no, don't know) specific risks from a list of possible risks, such as:             <ol style="list-style-type: none"> <li>1. Severe family problems/conflict</li> <li>2. Emotional problems</li> <li>3. Social isolation; loner</li> <li>4. School failure</li> <li>5. Learning disability</li> <li>6. Gang affiliation</li> <li>7. Violent or delinquent behavior</li> <li>8. Juvenile offenses/court involvement</li> <li>9. Alcohol/drug problems</li> <li>10. Teen parent/pregnant</li> <li>11. Homelessness</li> <li>12. Resident of high-crime or deprived area</li> <li>13. Parent or family involvement with violence, drugs, crime</li> <li>14. Other; specify _____</li> </ol> </li> </ul>

## Section 2: Parent/Adult-Youth Outcome Measures

A stable supportive relationship with at least one adult increases a youth's chance for positive development. Parents and other adults support positive development when they model pro-social behavior, provide age-appropriate supervision and monitoring, and reward positive behavior. In this section, relevant measures are reviewed in two tables:

- **Table 7-4: Parent/adult relationships with youth**
- **Table 7-5: Parent knowledge, expectations, and monitoring**

### *Measures of Parent/Adult Relationships with Youth*

Program outcomes related to adult-youth relationships are adequate or improved:

- **Social support: positive, stable relationship with an adult (3.1.4)**
- **Parent-youth interaction quality (3.2.5; 3.2.11; 3.2.22)**

Measures for assessing these two specific outcomes are reviewed in Table 7-4.

**NOTE**

*Other social support outcomes may be relevant to parent/adult-youth relationships. General measures of social support and family communication are reviewed in Chapter 5: Family Outcomes Measures.*

*In particular, see Table 5-10 on Parent-child Interaction Quality.*

**Table 7-4: Parent/Adult Relationships with Youth Measures**

Type	Measure	Description
Youth Survey	<b>Attachment to Parents*</b>  NSC, 1981	This is 10-item self-report measures adolescents' attachment to their parents. Responses are multiple choice and vary by item. For example, separately for mother and father, youth rate how close they feel.  Three additional items assess the frequency of contact with a non-custodial parent, if applicable.
Parent/ Youth Survey	<b>Parental Involvement *</b>  Adapted from the S. E. Regional Center for Drug-Free Schools and Communities, 1989	This 10-item self-report measures parental monitoring, time together, activities, and involvement in youth organizations. Parents' responded from "never" to "always" or "never" to "daily" on a 5-point scale. Examples: "How often do you spend time with your child in (various activities)?"  This survey could be adapted so that elementary school or older children/youth reported any activities with their parents.

\*Included in appendix

**Table 7-4: Parent/Adult Relationships with Youth Measures (continued)**

Type	Measure	Description
Child/ Youth/ Parent Survey	<b>Index of Parenting Style (IPS)- Warmth/ Involvement subscale*</b>  Lamborn, et al., 1991	The Warmth/Involvement Subscale of the IPS includes 15 items that assess a youth's perceptions about maternal and paternal (or stepparent) involvement and support. The respondent responds with "usually true" or "usually false" to statements such as, "I can count on him to help me out, if I have some kind of problem," and "My parents spend time just talking with me."
Youth/ Parent Survey	<b>Parental Responsiveness*</b>  Bogenscheider & Stone, 1997	This is a 6-item measure of parental warmth and quality of the parent-child relationship. Respondents indicate the frequency with which, "My child and I just spend time talking with each other" and "My child and I discuss the reasons for the rules in our family."  Parallel youth and parent versions are included in the appendix.
Youth or Parent Survey	<b>Family Hardiness Index (FHI)*</b>  McCubbin, 1996	An 8-item subscale of the Family Hardiness Index is a self-report measure of mutual family member support. Responses to eight statements range from "very false" to "very true" on a 4-point scale. Example: "While we don't always agree, we can count on each other to stand by us in times of need."
Youth Survey	<b>Oregon Public School Drug Use Survey (OPSDUS) -Subscales*</b>  OADAP, 1997  <b>Family Attachment subscale</b>  <b>Family Opportunities for Positive Involvement subscale</b>  <b>Family Conflict subscale</b>	The OPSDUS includes several subscales that assess quality of family relationships. Three of these subscales are reviewed here; together these three subscales provide a fuller measure of family relationships.  This 6-item written self-report measures the adolescent's attachment to family. Designed for adolescents, it has a reliability alpha of .84. Responses range from "NO!" to "YES!" on a 4-point scale. Example: "Do you enjoy spending time with your mother/father?"  This 3-item written self-report measures the perception of opportunities for positive involvement in the family. Designed for adolescents, it has a reliability alpha of .76. Responses range from "NO!" to "YES!" on a 4-point scale. Example: "My parents give me lots of chances to do fun things with them."  This 3-item written self-report measures adolescents' perception of family conflict. Designed for adolescents, this scale has a reliability alpha of .64. Responses range from "NO!" to "YES!" on a 4-point scale. Example: "We fight a lot in our family."

\*Included in appendix



**Table 7-4: Parent/Adult Relationships with Youth Measures (continued)**

<b>Type</b>	<b>Measure</b>	<b>Description</b>
Youth Survey	<b>Inventory of Parent and Peer Attachment (IPPA)*</b>  Armsden & Greenberg 1987	The IPPA assesses the affective and cognitive dimensions of adolescents' relationships with their parents and close friends. Twenty-five items tap three broad dimensions of parental relationships: (1) mutual trust; (2) communication quality; and (3) acceptance.  This instrument is highly related to other similar scales, and has a reliability alpha of .86. Responses range from "almost never/never true" to "almost always/always true" on a 5-point scale.  Example: "I get upset a lot more than my parent knows about; I can count on my parent when I need to get something off my chest."
Youth Survey	<b>Kinship Social Support (KSS)*</b>  Adapted from Taylor, Casten, & Flichinger, 1993	This 13-item KSS scale assesses adolescents' perceptions of the degree of social and emotional support offered by relatives, on a 4-point scale.  The scale was developed for use with African-American youth but is adaptable to youth and adults of all ethnic backgrounds.
Youth Survey	<b>Multi-dimensional Scale of Perceived Social Support (MSPSS)*</b>  Zimet, et al., 1988	The 12 item MSPSS is designed to measure support in young adults. Four items assess support from family; eight assess support from friends or "a special person."  For example, "my family really tries to help me" is rated on a 7-point scale from (1) very strongly disagree to (7) very strongly agree.  The MSPSS could be easily adapted to focus on mentors, peers in support groups, or other relationships.
Youth Survey	<b>Multi-dimensional Support Scale (MDSS)*</b>  Winefield et al., 1992.	The MDSS is a 19-item instrument that assesses support from confidants (family and/or friends), age peers, and supervisors. The MDSS assesses both frequency of supportive interactions (4-point response range from "never" to "always") and satisfaction with these interactions (3-point scale from "would like this more often" to "less often."). Example: "How often do they really listen to you when you talk about your problems or concerns?" Compared to the MSPSS (above), the MDSS is a bit more complicated to score.
Youth Survey	<b>Search Institute Profiles of Student Life Support subscale</b>  Search Institute, 1996	The Support subscale consists of 16 questions regarding family and other adult support and communication, including parental involvement in schooling. Examples: "I have lots of good conversations with my parents" and "how many other adults have you known for two or more years who give you lots of encouragement?"  The copyrighted Profiles of Student Life survey is described in Table 7-1 at the beginning of this chapter on youth outcomes.

\*Included in appendix

**Parent Knowledge, Expectations, and Monitoring Measures**

Effective parent support and supervision is age-appropriate and includes modeling of pro-social skill behavior, clear and consistent family rules, monitoring of companions and activities, and frequent, pleasant interactions. Relevant program outcomes include adequate or improved:

- **Knowledge of adolescent behavior (3.2.1)**
- **Parent rules and expectations about appropriate behaviors (3.2.26)**
- **Age appropriate supervision and monitoring (3.2.4; 3.2.10; 3.8.4)**

**NOTE**

*Other outcomes that are relevant to parent monitoring and expectations are parental guidance strategies, anger management, and conflict resolution. Measures of these outcomes are reviewed in Chapter 5: Family Outcomes. In particular see:*

*Table 5-9: Conflict Resolution*

*Table 5-12: Parental Knowledge and Expectations*

*Table 5-13: Parental Supervision and Guidance Strategies.*

**Table 7-5: Parent Knowledge, Expectations, and Monitoring Measures**

Type	Measure	Description
Parent Knowledge Test	<b>Knowledge of Adolescent Development*</b>	<p>Knowledge tests or quizzes can be structured to address the specific learning objectives and content of parent education programs. For example, suppose a program seeks to improve parents' understanding of adolescent sexuality and decision-making. That program should develop a knowledge test that is focused on this <i>specified</i> content.</p> <p>Effective knowledge tests should always include a "don't know" response. A sample knowledge test on adolescence is included in the appendix titled "Knowledge of Adolescent Development." Chapters 3 and 4 also provide guidelines for creating knowledge tests.</p>
Youth Survey	<b>Oregon Public School Drug Use Survey (OPSDUS) - Subscales*</b>  <b>Family Management subscale</b>  <b>Discipline subscale</b>	<p>The OPSDUS includes three brief subscales that assess youth's perceptions of their family's guidance approaches. Because of their brevity, programs may want to <i>use all three</i> to assess supervision and monitoring.</p> <p>This six item scale assesses youths' perception of their family's management practices. It has an alpha of .73. Responses range from "NO" to "YES" on a 4-point scale. Example: "The rules in my family are clear."</p> <p>This three item self-report measures adolescents' perception of their parents' ability to monitor negative behaviors. It has a reliability alpha of .75. Responses range from "NO" to "YES" on a 4-point scale. Example: "If you skipped school would you be caught by your parents?"</p>

\*Included in appendix

**Table 7-5: Parent Knowledge, Expectations, and Monitoring Measures (continued)**

Type	Measure	Description
	<p><b>OPSDUS (continued)</b></p> <p><b>Family Rewards for Conventional Involvement subscale</b></p> <p>OADAP, 1997</p>	<p>This 2-item scale measures adolescents' perceived reward for conventional involvement in the family. It has a reliability alpha of .86. Responses range from "never" to "all the time" on a 4-point scale. Example: "My parents notice when I am doing a good job and let me know about it."</p>
Youth Survey	<p><b>Parent-Teen Communication*</b></p> <p>Small, 1991</p>	<p>Designed for adolescents, this 6-item written scale measures youths' perceptions of adolescent-paternal (or maternal) communication concerning drugs, drinking, sex, birth control, goals, and personal problems. Responses range from "never" to "very often" on a 4-point scale. Example: "How often have you talked with your father (adult male in home) about drinking or drugs?"</p>
Youth Survey	<p><b>Parental Monitoring-Youth's Perceptions*</b></p> <p>Small &amp; Luster, 1994</p>	<p>This 9-item written self-report measures what adolescents think parents know about their whereabouts and activities. Responses range from "never" to "always" on a 5-point scale. Examples: "My parents usually know what I am doing after school; who my friends are."</p> <p>A parallel version for parents could be developed.</p>
Parent Survey	<p><b>Parental Monitoring-Parents' Perceptions</b></p> <p>Bogenschneider, Wu et al., 1997*</p>	<p>This 6-item parent self-report assesses parents knowledge of their children's friends and whereabouts. Responses indicate the frequency of knowledge from (0) "never" to (4) "always." Example items include: "My child tells me who he/she is going to be with before he/she goes out" and "I know who my child's friends are."</p> <p>A parallel version for youth could be developed.</p>
Parent Survey	<p><b>Parenting Competence*</b></p> <p>Bogenschneider, Small et al., 1997</p>	<p>This 13-item questionnaire asks parents to assess their performance on a range of parenting behaviors including understanding older children and youth helping problems, and limit-setting. Parents rate themselves on a 5-point scale from poor to excellent on, for example, how well they communicate the dangers of alcohol, drugs, and AIDS, and how well they help the child/youth with personal problems.</p>
Youth Survey	<p><b>Search Institute Profiles of Student Life-Boundaries and Expectations subscale</b></p> <p>Search Institute, 1996</p>	<p>This 16-item written self-report measures an adolescents' perceptions of family and other adult expectations. Responses indicate level of agreement with each item. Examples: "If I break one of my parents rules, I usually get punished; If one of my neighbors saw me do something wrong, he or she would tell one of my parents."</p> <p>The copyrighted Profiles of Student Life survey is described in Table 7-1 at the beginning of this Youth Outcomes chapter.</p>

\*Included in appendix

**Section 3: Social Competence and Peer Relationships**

Peer relationships include a range of social relationships from classmates and acquaintances to close friendships. Positive peer relationships are based on social competence. Social competence includes such skills as problem solving, impulse control, communication, conflict resolution, and refusal or assertiveness. Thus relevant program outcomes include positive or improved social competence and peer relationships.

Measures that are relevant to social competence and peer relationships are shown in:

- Table 7-6: Social Competencies Measures
- Table 7-7: Peer Relationship Measures.

***Youths' Social Competencies Measures***

Effective communication is the essential building block for conflict resolution, mediation, problem-solving, and other social skills. Adolescents who do not have skills in communication, conflict resolution, and mediation more often use withdrawal or overt aggression strategies that undermine positive peer relationships.

Refusal skills are also necessary in adolescence in order for youth to avoid activities that may result in negative outcomes. Finally, the development of adequate life skills and problem solving skills increases social competence and prepares youth for success in adult roles.

Program outcomes related to youths' social competencies include adequate or improved:

- **Conflict resolution, mediation, &/or anger management skills (3.3.2)**
- **Communication skills (3.3.3)**
- **Refusal skills (3.3.4)**
- **Life skills & problem solving (3.3.1)**

**Table 7-6: Youth's Social Competencies Measures**

Type	Measure	Description
Observation	<b>Role Play Ratings*</b>  Linney, 1991	Group leader rates participants on the skill to be learned: listening skills, communication skills, refusal skills, stress management, decision making, generating alternatives, assertiveness, or others. In a group setting participants take turns role-playing situations that involve the skill(s) to be learned. Scores range from "very poor use of the skill" to "excellent use of the skill" on a 5-point scale. Can be adapted to focus on any skill, including communication, conflict resolution or anger management, and refusal.

\*Included in appendix

**Table 7-6: Youth’s Social Competencies Measures (continued)**

Type	Measure	Description
Youth Interview	<p><b>Group Social Problem Solving Assessment (GSPSA)</b></p> <p>Elias, 1986</p>	<p>The GSPSA presents adolescents with several common problem situations and asks them to identify possible solutions, the consequences of each solution, and the barriers to be considered. Problems situations include peer exclusion, embarrassment, and blocked access to goals. The GSPSA is significantly correlated with other known measures of problem solving and has a reliability alpha of .85.</p> <p>This measure is copyrighted and may be ordered with an instruction manual for \$75.00 from Maurice Elias, Department of Psychology, Livingston Campus, Tillett Hall, Rutgers University, New Brunswick, NJ 08903 (732)-445-2444.</p>
Youth Survey	<p><b>Inventory of Parent and Peer Attachment (IPPA)*</b></p> <p>Armsden &amp; Greenberg 1987</p>	<p>The IPPA assesses the affective and cognitive dimensions of adolescents’ relationships with their close friends. Twenty-five items tap three broad dimensions of social relationships and skills: (1) mutual trust; (2) communication quality; and (3) acceptance.</p> <p>This instrument is highly related to other similar scales, and has a reliability alpha of .86. Responses range from “almost never/never true” to “almost always/always true” on a 5-point scale.</p> <p>Example: “I get upset a lot more than my best friend knows about; I can count on my best friend when I need to get something off my chest.”</p>
Parent Survey	<p><b>Anger Management Survey –Youth*</b></p> <p>Adapted from RETHINK Anger Management Training Program, Fetsch, 1997</p>	<p>This 15-item self-report measures youths’ beliefs about anger and conflict in their families. Respondents use a 4-point scale ranging from “almost never” to “almost always” to describe beliefs and actions about anger or family conflict.</p> <p>For example, “In our family, members hardly ever loss their tempers” and “in our family, members sometimes get so angry they throw things.” Seven items assessing locus of control (beliefs about one’s influence over life problems) are included in the survey. Items are drawn from several measures including the Conflict Tactics Scale (Straus, 1979). A 20-item version of this survey for parents is reviewed in Chapter 5 (Table 5-9) and is also included in the appendix.</p> <p>Programs that use this measure are asked to contact Dr. Robert Fetsch, Human Development and Family Studies, Colorado State University Extension Service, 119 Gifford, Fort Collins, CO. (970)-491-5889.</p>

\*Included in appendix

**Table 7-6: Youth’s Social Competencies Measures (continued)**

Type	Measure	Description
Youth Survey	<b>Assertion Inventory*</b>  Gambrill & Richey, 1975	This is a written self-report measure of adolescents’ ability to make and communicate assertive decisions. Adolescents list their degree of discomfort with 28 situations that require assertion, from “none (no discomfort)” to “very much (discomfort).” Adolescents also list their response probability from “always do it” to “never do it.”  Examples: “Turn down a request to borrow your car; Resist pressure to use drugs.”
Youth Survey	<b>Oregon Public School Drug Use Survey (OPSDUS)*</b>  <b>Peer-Individual: Social Skills subscale</b>  OADAP, 1997	This 4-item self-report measures adolescent skills in difficult social situations. Designed for adolescents, the scale has a reliability alpha of .67.  Four scenarios are presented. Adolescents pick from four responses indicating how they would handle each of these difficult social situations. Example: “If your friend was stealing at a store and asked you to steal, would you do it, or tell him to put it back?”
Family Member Survey	<b>State-Trait Anger Expression Inventory (STAXI)</b>  Psychological Assessment Resources, 1988	The STAXI is a copyrighted 44 item self-rating questionnaire that assesses feelings and behaviors around anger; 23 items address the frequency (“almost never” to “almost always”) of various behaviors when angry. These items include “I keep things in,” “I argue with others,” and I am secretly critical.”  This copyrighted measure has excellent reliability and validity. It is appropriate for adolescents and adults. It has been used in the evaluation of the RETHINK anger management program (reviewed above under Anger Management Survey) and has been effective in measuring change in self-reported behavior as a result of anger management training. Norms for adolescents and adults are available.  Order from: Psychological Assessment Resources (PAR), PO Box 998, Odessa, Florida 33556; 1-800-331-TEST. \$79.00 for kit including manual, norms, 50 surveys and scoring sheets.
Youth Survey	<b>Search Institute Profiles of Student Life-Social Competencies subscale</b>  Search Institute, 1996	The Social Competencies subscale consist of 11 items measuring planning and decision making; interpersonal competence; cultural competence; resistance skills; and peaceful conflict resolution. Examples: “Think about the people who know you well. How do you think they would rate you on: caring about other people's feelings?; respecting the beliefs of others from a different race?; knowing how to say no?” and “How would you deal with someone who hit or pushed you for no reason?”  The copyrighted Profiles of Student Life survey is described in Table 7-1 at the beginning of this Youth Outcomes chapter.

\*Included in appendix

**Measures of Peer Relationships**

Interaction with peers who value conventional behavior strengthens youths’ ties to parents, school, and community. Opportunities for positive interaction with peers who value conventional behavior can be provided by adult sanctioned activities in schools or neighborhoods. Program outcomes related to peer relationships include positive or improved:

- **Peer interaction with youths who value conventional behavior (3.3.6)**
- **Peer interaction quality (3.3.7)**

*Also see previous Table 7-6 for useful measures.*

**Table 7-7: Youth-Peer Interactions Measures**

Type	Measure	Description
Youth Survey	<b>Self-Perception Profile (SPPA)-Social Acceptance subscale</b>  Harter, 1988	This 6-item subscale measures the degree to which the adolescent is accepted by peers or feels popular. This scale does <i>not</i> directly measure social skills. Each item is a statement that combines a structured alternative format. Example: “Some kids find it hard to make friends BUT other kids find it’s pretty easy to make friends.” Responses indicate which side of the statement is most “like me” and if the statement is “sort of true” or “really true.” (see Table 7-8 for further description of full SPPA)  The Self-Perception Profile for Adolescents is copyrighted and can be ordered for \$15.00. <i>Self-Perception Profiles are also available for children and adults.</i> Orders come with questionnaires, instruction manual, scoring key, and everything needed to administer and score the measure. Prepayment must accompany orders and should be sent to Dr. Susan Harter, University of Denver, Department of Psychology, 2155 South Race Street, Denver, CO 80208-0204, (303)-871-2478.
Youth Survey	<b>Loneliness and Social Dissatisfaction Questionnaire</b>  Asher & Wheeler, 1985	This instrument measures adolescents’ loneliness and social dissatisfaction in a school setting. This written self-report measure has 24 items and a reliability alpha of .84. Responses range from “not at all/never true” to “always true” on a 4-point scale. Examples: “I feel left out of things at school; It’s hard to get kids in school to like me.”  This measure is copyrighted and can be ordered from Steven R. Asher, University of Illinois, Department of Educational Psychology, 1313 South Sixth St., Champaign, Illinois 61820 (217)-333-1586.
Youth Survey	<b>Oregon Public School Drug Use Survey (OPSDUS)-Interaction with Anti-social Peers subscale *</b>  OADAP, 1997	This 6-item written self-report measures the level of association an adolescent has with anti-social peers. Designed for adolescents, it has a reliability alpha of .86. Responses range from “none” to “4” on a 5-point scale.  Examples: “In the past year how many of your best friends have been arrested? Carried a handgun? Sold illegal drugs?”

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**Section 4: Personal Well-being and Social Adjustment**

Youth who experience personal well-being are much more likely to be socially well-adjusted, to complete school, form positive relationships, and thrive. They are much less likely to quit school, become pregnant, abuse drugs, or commit crimes. In this section, measures are reviewed that assess three broad aspects of personal well-being:

- Table 7-8: View of Self and Future
- Table 7-9: Self-Efficacy and Control
- Table 7-10: Social Adjustment Outcomes
- Table 7-11: Psychological Well-Being

***Measures of View of Self and Future***

Personal well-being is grounded in a positive view of self and aspirations for a positive future. Important program outcomes related to youth's personal well-being include positive or improved:

- **View of self (3.4.1)**
- **Future aspirations (3.4.2)**
- **Educational commitment & aspirations (3.4.4)**

**Table 7-8: Youth's View of Self and Future Measures**

Type	Measure	Description
Youth Survey	<b>Self-Perception Profile for Adolescents (SPPA)</b>  Harter, 1985	<p>The SPPA is a comprehensive, well-validated, self-report measure of self-perception. Subscales tap eight specific domains including:</p> <ul style="list-style-type: none"> <li>• Social Acceptance,</li> <li>• Scholastic Competence</li> <li>• Athletic Competence</li> <li>• Physical Appearance</li> <li>• Behavioral Conduct</li> <li>• Close Friendship</li> <li>• Romantic Appeal</li> <li>• Job Competence</li> </ul> <p>Each subscale contains five items. The SPPA also taps Global Self-worth. For example, the Social Acceptance subscale measures the extent to which the adolescent feels accepted by peers and is popular. Each item is a statement that combines a structured alternative format. Example: "Some kids are always doing things with a lot of kids BUT other kids usually do things by themselves." Respondents indicate which side of the statement is most "like me" and if the statement is "sort of true" or "really true."</p> <p>The Self-Perception Profile for Adolescents is copyrighted and can be ordered for \$15.00. <i>Self-Perception Profiles are also available for children and adults.</i> Orders come with questionnaires, instruction manual, scoring key, and everything needed to administer and score the measure. Prepayment must accompany orders and can be sent to Dr. Susan Harter, University of Denver, Department of Psychology, 2155 South Race Street, Denver, CO 80208-0204, (303)-871-2478.</p>



**Table 7-8: Youth's View of Self and Future Measures (continued)**

Youth Survey	<b>Rosenberg's Self-Esteem Scale (RSS)*</b>  Rosenberg, 1965	The RSS measures is the most widely used short measure of self-esteem. Respondents circle responses to the ten items using a 4-point scale that ranges from "disagree strongly" to "agree strongly." For example, individuals are asked if "On the whole, I am satisfied with myself."
Youth Survey	<b>Personal Experience Inventory (PEI)*</b>  <b>Negative Self Image Subscale</b>  <b>Absence of Goals Subscale</b>  Winters, 1993	The Personal Experience Inventory (PEI) (see Table 7-1) includes several subscales. Two subscales are relevant to view of self and future: <ul style="list-style-type: none"> <li>• Negative Self Image and</li> <li>• Absence of Goals</li> </ul> This 10-item scale measures adolescents' negative self-image. Responses range from "strongly disagree" to "strongly agree" on a 4-point scale. Examples: "Nothing I do seems to turn out right; I feel like a failure; I feel guilty and ashamed."  This scale measures adolescents' future goals. Responses range from "strongly agree" to "strongly disagree" on a 4-point scale. Examples: "It doesn't matter how my life turns out; I have given up on school; I have plans for what I'll do after high school."
Youth Survey	<b>Educational Expectations, Performance, and Aspirations*</b>  NLSY, 1988	This is a nine item written self-report measure of adolescents' educational performance and future educational aspirations. Responses are multiple choice, and vary by item.  Examples: "Do you expect to be in school five years from now?; How far do you think you will go in school?"
Parent or Teacher Assessment/ Rating Scale	<b>Behavioral and Emotional Rating Scale (BERS)</b>  (5-18 years)  Epstein & Sharma, 1997	The BERS is written 52-item adult (parent/teacher) assessment of five aspects of a child's/youth's personal strengths: interpersonal strength, family involvement, intrapersonal strength, school functioning, and affective strength. Scores can be compared norms for a large representative sample. Responses are on a 4-point sale from "not at all like this child" to "very much like this child." Examples: "discusses positive aspects of self; enthusiastic about life."  The BERS is copyrighted and may be purchased for \$74.00 from PRO-ED, 8700 Shoal Reek Blvd., Austin, TX 78757, (512)-451-3246, includes manual and 50 scales.
Youth Survey	<b>Search Profiles of Student Life-Positive Identity subscale</b>  Search Institute, 1996	The Positive Identity subscale consists of eight items measuring personal power; self-esteem; sense of purpose; positive view of personal future. Examples: "When I am an adult, I'm sure I will have a good life" and "I have little control over the things that will happen in my life" and "Sometimes I feel my life has no purpose."  The copyrighted Profiles of Student Life survey is described in Table 7-1 at the beginning of the Youth Outcomes chapter.

\*Included in appendix

***Measures of Self-Efficacy and Personal Control***

## Youth Outcomes Measures

Self-efficacy describes one's sense of personal control or influence over one's life. Higher self-efficacy is associated with increased confidence and self-esteem, and decreased social and personal problems. Thus, specific program outcomes that are associated with positive youth development include positive or improved:

- **Self-efficacy or sense of personal control over one's life (1.3.1; 3.4.3; 3.6.6)**

**Table 7-9: Youth's Self-Efficacy and Personal Control Measures**

Type	Measure	Description
Youth Survey	<b>Self-Efficacy Scale*</b>  Adapted from Popkin, 1990	This is a 3-item written self-report measuring an adolescents sense of efficacy. Responses range from "strongly agree" to "strongly disagree" on a 4-point scale.  Example: "Planning only makes a person unhappy since plans hardly ever work out anyway."  Because of its brevity this scale will be most useful when used in combination with other indicators of personal well-being.
Youth Survey	<b>Self-Efficacy Scale (SES)*</b>  Sherer, 1982	The 30-item SES measures an individual's beliefs about his/her personal competence and control. There are two subscales: general self-efficacy and social self-efficacy. Respondents use a five-point scale ("disagree strongly" to "agree strongly") to rate each item.  Sample questions are: "When I make plans, I am certain I can make them work" and "It is difficult for me to make new friends."  The SES has good internal consistency for the general subscale (alpha = .86) and social subscale (alpha = .71). The SES is highly associated with measures established such as the Interpersonal Competency Scale, and the Rosenberg Self-Esteem Scale.  For further information on this instrument, contact Dr. Mark Sherer, Mississippi Methodist Rehabilitation Center, 1350 East Woodrow Wilson, Jackson, MI 3921s6, (601)-981-2611, <a href="http://www.mmrcrehab.org">www.mmrcrehab.org</a> .

\*Included in appendix

**Table 7-9: Youth's Self-Efficacy and Personal Control Measures (continued)**

Type	Measure	Description
Youth Survey	<p><b>Adolescent-Coping Orientation for Problem Experiences (A-COPES)*</b></p> <p>Patterson &amp; McCubbin, 1983</p>	<p>Although not a direct measure of self-efficacy, the A-COPES assesses adolescents general approach to coping or responding to difficult situations. The A-COPES is a highly reliable value measure which identifies patterns of coping responses. This 54-item instrument can be divided into the following twelve subscales:</p> <ul style="list-style-type: none"> <li>• Ventilating Feelings, six items</li> <li>• Seeking Diversions, eight items</li> <li>• Developing Self-reliance and Optimism, six items</li> <li>• Developing Social Support, six items</li> <li>• Solving Family Problems, six items</li> <li>• Avoiding Problems, five items</li> <li>• Seeking Spiritual Support, three items</li> <li>• Investing in Close Friends, two items</li> <li>• Seeking Professional Support, two items</li> <li>• Engaging in Demanding Activity, four items</li> <li>• Being Humorous, two items</li> <li>• Relaxing, four items</li> </ul> <p>Subjects rate the frequency they engage in described behaviors when they face difficulties or feel tense. Responses range from “never” to “most of the time” on a five-point scale.</p> <p>For example, items include: “When you face difficulties or feel tense; how often do you:</p> <ul style="list-style-type: none"> <li>a) swear;</li> <li>b) get angry and yell at people;</li> <li>c) blame others for what’s going wrong.”</li> </ul>
Youth Survey	<p><b>Attributional Style Questionnaire (ASQ)</b></p> <p>Seligman, 1982</p>	<p>This is a 60-item written self report measuring adolescents' sense of personal control. Twelve scenarios are presented, each with five questions. Responses range from “totally due to the other person or circumstances” to “totally due to me” on a 7- point scale. Example: “You go out on a date and it goes badly. Is the cause due to something about you or something about the other person or circumstance?”</p> <p>The ASQ is copyrighted and can be ordered from M.E.P. Seligman, Psychology Department, University of Pennsylvania, 3813-15 Walnut Street, Philadelphia, PA 19104.</p>

\*Included in appendix

**Measures of Youth's Social Adjustment**

Social adjustment includes a youth's psychological well-being, social or behavioral well-being, and general mental health. Specific program outcomes associated with positive social adjustment include:

- **Infrequent or reduced school or other behavior problems and/or referrals (3.5.5),**
- **Positive or improved mental health or behavior (3.4.8; 3.4.9).**

Measures of these social adjustment outcomes are presented in:

Table 7-10: School or Other Behavioral Problems Measures

Table 7-11: Psychological Well-Being Measures.

**Table 7-10: School or Other Behavioral Problems Measures**

Type	Measure	Description
Records	<b>School Records</b>	School records of discipline referrals, suspensions, and expulsions.
Youth Survey	<b>Personal Experiences Inventory (PEI)*</b>	The Personal Experiences Inventory (PEI, see Table 7-1) includes two scales specifically related to school or behavior problems: <ul style="list-style-type: none"> <li>• Deviant Behavior</li> <li>• Uncontrolled Behavior</li> </ul>
	<b>Deviant Behavior Subscale</b>	A 10-item instrument assesses self-reported frequency of deviant/illegal behaviors, including shoplifting, vandalism, break-ins, and violence. Responses indicate the frequency of occurrence on a 4-point scale ranging from “never” to “more than once or twice.” Examples: “I have hit a teacher or supervisor; I have broken into a locked home or building; I have been suspended from school.”
	<b>Uncontrolled Behavior Subscale</b> Winters, 1993	A 12-item adolescent self-report measures the frequency of uncontrolled behaviors. Responses range from “seldom/never” to “almost always” on a 4-point scale. Examples: “How often do these things happen? - I get angry and lose my temper; I do things my way no matter what others want; People complain that I don’t listen to them.”

\*Included in appendix

**Table 7-10: School or Other Behavioral Problems Measures (continued)**

Type	Measure	Description
Youth Survey	<b>Oregon Public School Drug Use Survey (OPSDUS) Behavior Subscales*</b>	<p>The OPSDUS includes several subscales that assess youths' anti-social behavior, feelings of alienation, and level of drug use. All are drawn from the Peer-Individual Domain of the OPSDUS. These subscales include:</p> <ul style="list-style-type: none"> <li>• Alienation and Rebelliousness, three items</li> <li>• Early Initiation of Problem Behavior, eight items</li> <li>• Anti-social Behavior, eight items</li> <li>• Attitudes Favorable to Anti-social Behavior, five items</li> <li>• Interaction With Anti-social Peers, four items</li> <li>• Rewards for Anti-social Involvement, four items</li> </ul>
	OADAP, 1997	<p>The 3-item adolescents' alienation and rebelliousness subscale has a reliability alpha of .78. Responses range from "very false" to "very true" on a 4-point scale. Example: "I ignore rules that get in my way."</p>
	<b>Alienation &amp; Rebelliousness subscale</b>	<p>The 4-item early initiation of problem behaviors subscale has a reliability alpha of .75. Responses regarding age of initiation range from "10 or younger" to "17 or older" on an 8-point scale. Example: "How old were you when you first smoked a cigarette, even just a puff?"</p>
	<b>Early Initiation of Problem Behaviors subscale</b>	<p>The 8-item anti-social behavior subscale has a reliability alpha of .93. Responses regarding frequency of behavior range from "never" to "40+ times" on an 8-point scale. Examples: "How many times in the past year have you been suspended?; carried a gun?; been drunk or high at school?"</p>
	<b>Anti-Social Behavior subscale</b>	<p>The 5-item anti-social attitudes subscale has a reliability alpha of .83. Responses regarding level of perceived wrong in performing specific behaviors range from "very wrong" to "not wrong at all" on an 4-point scale. Example: "How wrong do you think it is for someone your age to steal anything worth more than \$5.00?"</p>
	<b>Attitudes Favorable To Anti-social Behavior subscale</b>	<p>The 6-item interaction with anti-social peers subscale has a reliability alpha of .86. Responses regarding frequency of interaction range from "none" to "four times" on a 4-point scale. Example: "In the past year how many of your four best friends have been arrested?"</p>
	<b>Interaction With Anti-social Peers subscale</b>	<p>The 4-item anti-social rewards subscale has a reliability alpha of .88. Responses range from "no or very little chance" to "very good chance" on a 5-point scale. Example: "What are the chances you would be seen as cool if you smoked cigarettes?"</p>
	<b>Rewards for Anti-social Involvement subscale</b>	

\*Included in appendix

**Table 7-10: School or Other Behavioral Problems Measures (continued)**

Type	Measure	Description
Youth Survey	<p><b>Self-Perception Profile for Adolescents (SPPA)-Behavioral Conduct subscale</b></p> <p>Harter, 1985</p>	<p>This 6-item written self-report measures the degree to which adolescents like the way they behave, do the right thing, act the way they supposed to, and avoid getting into trouble. Each item is a statement that combines a structured alternative format. Example: "Some kids do things they know they shouldn't do BUT other kids hardly ever do things they know they shouldn't do." Responses indicate which side of the statement is most "like me" and if the statement is "sort of true" or "really true."</p> <p>A fuller description of the total SPPA is found in Table 7-8.</p> <p>The Self-Perception Profile for Adolescents is copyrighted and can be ordered for \$15.00. Orders come with questionnaires, instruction manual, scoring key, and everything needed to administer and score the measure. Prepayment must accompany orders and should be sent to Dr. Susan Harter, University of Denver, Department of Psychology, 2155 South Race Street, Denver, CO 80208-0204, (303)-871-2478.</p>
Parent, Teacher or Youth Observation	<p><b>Child Behavior Checklist (CBCL)</b></p> <p>Achenbach &amp; Edelbrock, 1980, 1997</p>	<p>The CBCL is a copyrighted 123-item scale which examines behavioral and emotional problems in children and youth. The CBCL is designed as a questionnaire, but can be administered by an interviewer. Respondents (parents, teachers, or youth themselves) rate behavior "now or within the past 6 months," as "not true" (0), "sometimes true" (1), and "often true" (2). Higher scores indicate a higher level of behavior problems. Examples of items include:</p> <p style="padding-left: 40px;">0 1 2 Destroys his/her own things 0 1 2 Feels he/she has to be perfect</p> <p>Despite its length, the CBCL is easy to complete; it is a highly reliable and well-validated measure. The CBCL is available in a variety of formats. Forms completed by the parent include a profile for children ages 2-3, and a profile for children ages 4-18. Also available is the self-administered profile for children ages 11-18, the teacher report for children ages 5-18, and the direct observation form for children ages 5-14. In the latter, children are rated during 10-minute observations in the classroom and during group activities.</p> <p>Each form has Internalizing, Externalizing, and total behavior problem scales. Normative data are available on all forms of the CBCL.</p> <p>Fees for the checklist are \$10.00 for 25 forms, and \$25.00 for the manual. There are also IBM and Apple versions of the checklist. Send orders to Child Behavior Checklist, University Associates in Psychiatry, 1 South Prospect St., Burlington, VT 05401-3456. Telephone (802)-656-8313 or (802)-656-4563.</p>

\*Included in appendix

***Mental Health Measures***

In addition to general measures of general self-esteem (see Table 7-8), some programs may wish to assess specific mental health issues such as:

- **Depression or other mental health issues (3.4.8)**
- **Participation in appropriate mental health & other services, if needed (3.4.9)**

**NOTE**

*Depression and mental health problems among children and adolescents are serious issues. Comprehensive, professional assessment is required to diagnose these problems. Professional treatment typically includes medical, social, family and/or psychological services. Diagnosis, assessment, and evaluation of progress in treatment must be made by qualified professionals.*

*Professionals and programs which address mental health concerns are referred to the Oregon State Mental Health Divisions guidelines and clinical measures for assuring quality in assessment, treatment, and evaluation. The measures of psychological well-being shown in Table 7-11 are useful **only** as general indicators of well-being or as screening tools.*

**Table 7-11: Psychological Well-Being Measures**

Type	Measure	Description
Youth Survey	<b>Psychological Well Being (CES-D)*</b>	<p>This 20-item instrument measures psychological well-being. It is derived from the Center for Epidemiological Studies-Depression Scale CES-D. Youth report on the frequency of various feelings and behavior during the past week. Responses range from “rarely, less than one day” to “most, 5-7 days” on a five point scale. Examples: “I did not feel like eating, my appetite was poor; I felt hopeful about the future.”</p> <p>This instrument is only a screening device. If a person indicates experiences sustained negative feelings (hopelessness, apathy, sleeplessness or excessive sleep, suicidal thoughts or statements, difficulty thinking, sustained irritability, others), especially over 2 weeks or more, serious depression should be considered. Immediate, comprehensive assessment by a mental health professional is essential.</p>

\*Included in appendix

**Table 7-11: Psychological Well-Being Measures (continued)**

Type	Measure	Description
Youth Survey	<p><b>Dimensions of Depression Profile for Children and Adolescents (DDPCA)</b></p> <p>Harter, 1987</p>	<p>The Dimensions of Depression Profile for Children and Adolescents measures a select number of dimensions identified as the essential, or defining features, of depression. This is a comprehensive, well-validated, self-report measure of depression. Subscales tap five specific domains including:</p> <ul style="list-style-type: none"> <li>• Mood/Affect</li> <li>• Self-Worth</li> <li>• Energy/Interest</li> <li>• Self-Blame</li> <li>• Suicidal Ideation</li> </ul> <p>Each subscale contains six items. Each item is a statement that combines a structured alternative format. Example: “Some kids feel kind of down and depressed a lot of the time BUT other kids feel up and happy most of the time.” Responses indicate which side of the statement is most “like me” and if the statement is “sort of true” or “really true.”</p> <p>The DDPCA is copyrighted and can be ordered for \$15.00. Orders come with questionnaires, instruction manual, scoring key, and everything needed to administer and score the measure. Prepayment must accompany orders and can be sent to Dr. Susan Harter, University of Denver, Department of Psychology, 2155 South Race Street, Denver, CO 80208-0204, (303)-871-2478.</p> <p>(Other scales available from Dr. Harter include three Self-Perception Inventories for Children, Adolescents, and Adults. See Table 7-8.)</p>



### **Section 5: Youth Delinquency and Drug Use Behavior Outcomes**

Many youth experience problem behaviors that limit their positive development. Youth are more likely to experience these problem behaviors, when protective factors or developmental assets are lacking in their lives.

Similar risk and protective factors are associated with juvenile delinquency and alcohol and other drug use. For this reason, measure of these youth risk behaviors, risk factors, and protective factors are reviewed together in this section.

**NOTE**

Only measures that are specific to delinquency and alcohol and other drug use are reviewed in this section. Other program outcomes and measures that are relevant are reviewed earlier in this chapter under:

- Section 1: Youth Perceptions of Community
- Section 2: Parent/Adult-Youth Relationships
- Section 3: Social Competence and Peer Relationships
- Section 4: Personal Well-being and Social Adjustment

#### ***Measures of Juvenile Delinquency and Risk Taking Behavior***

Juvenile delinquency rates capture only a part of the actual rate of anti-social and risk-taking behaviors. This is true because many delinquent acts are not reported or successfully prosecuted. Thus, youth crime rates are often combined with self-reports of victimization and delinquency to gain a fuller picture of youth crime. Related program outcomes include low or improved:

- **Juvenile crime rates including MIP, vandalism, curfew (3.1.15; 3.1.20; 3.2.27; 3.3.20; 3.4.10; 3.5.18)**
- **Youth-on-youth crime or victimization rates (3.3.21; 3.4.11)**

Anti-social and risk-taking behaviors are more frequent, and often proceed, actual delinquent behavior. In order to reduce the risk of delinquency behavior, some programs seek to redirect related high risk behaviors, such including sensation seeking. Relevant program outcomes include low or improved:

- **Sensation seeking and/or risk taking behavior (3.6.5)**

Measures of these three outcomes are reviewed below in Table 7-12: Delinquency and Other High Risk Behavior Measures.

**Table 7-12: Delinquency and Other High Risk Behavior Measures**

Type	Measure	Description
Records	<p><b>County records for rates of juvenile referrals, violations, and offenses rates; severity of offenses; recidivism rates</b></p> <p>Oregon Youth Authority Recidivism Technical Sub-group, 1996</p>	<p>Number of <i>referrals, misdemeanor and felony offenses, and non-criminal violations</i> . A <i>referral</i> is a law enforcement report to a juvenile department alleging one or more felony and/or misdemeanor acts. Rates can be tracked for typical juvenile referrals and offenses (minor in possession, other alcohol and drug related offenses, vandalism), youth on youth victimization rates, and other offenses or violations.</p> <p><i>Severity of offenses</i> is rated on a 1-27 point scale based on 1996 Oregon Revised Statutes. The severity scale ranges from non-criminal status offense (1) to murder (27). Severity scores are based on variables such as person versus property offense and felony, misdemeanor or violation offenses.</p> <p><i>Recidivism</i> or the rate of re-offenses is defined as “a new criminal referral.” Measurement of recidivism includes the rate and severity of new crimes and other relevant factors”(Oregon Youth Authority Recidivism Technical Sub-group, 1996).</p> <p>It is strongly recommended that Oregon programs which wish to track severity and recidivism, use the definitions and guidelines published by the Oregon Youth Authority. For further information, contact the Brian Florip, OYA, 500 Center Street, Salem, Oregon, 97310. (503) 373-7519 or your county Youth Authority.</p>
Youth Survey	<p><b>Delinquency Scale*</b></p> <p>National Longitudinal Study of Adolescent Health, 1996</p>	<p>This 15-item self-report measures the frequency in the past 12 months of engaging in delinquent/anti-social behavior. Multiple choice responses on a 4-point scale range from “0 – never” to “3 – 5 or more times”.</p> <p>Examples: “In the past 12 months how often did you paint graffiti or signs on someone else’s property or in a public place?” and “how often did you get in a physical fight?”</p>
Youth survey	<p><b>Personal Experience Inventory (PEI)*</b></p> <p><b>Uncontrolled Behavior</b></p> <p><b>Deviant Behavior</b></p> <p>Winters, 1993</p>	<p>The PEI has two subscales that assess anti-social behavior:</p> <ul style="list-style-type: none"> <li>• Uncontrolled Behavior and</li> <li>• Deviant Behavior.</li> </ul> <p>This 12-item subscale assesses feelings that are associated with anti-social behavior such as feeling angry or ignoring rules.</p> <p>This 20-item subscale assesses the frequency in the past 12 months of actual anti-social behavior including fighting, involvement in crime, and arrests.</p>

\* Included in appendix

**Table 7-12: Delinquency and Other High Risk Behavior Measures (continued)**

Type	Measure	Description
Records	<b>School Disciplinary Records</b>	The number of behavioral referrals including youth on youth assaults and threats of violence leading to disciplinary action.
Records	<b>Hospital Emergency Room Records</b>	Number of adolescent emergency room visits related to anti-social behavior including fights and/or alcohol or other drug use in combination with dangerous activities.
Youth Survey	<b>Oregon Public School Drug Use Survey (OPSDUS)-subscales*</b>	The OPSDUS is conducted bi-annually by the Oregon Alcohol and Drug Abuse Program (OADAP). Schools for throughout Oregon participate. The OPSDUS has several subscales that are particularly relevant to assessing frequency of anti-social behavior. These include: Anti-social Behavior, Interactions with Anti-social Peers, and Sensation-seeking.
	<b>Anti-social Behavior subscale</b>	This subscale assesses of frequency of actual behaviors in past 12 months, including arrests and school suspension.
	<b>Interactions with Anti-social Peers subscale</b>	This subscale assesses frequency of association with peers who have, in past 12 months, been involved in anti-social behavior including arrests and school suspension.
	<b>Sensation Seeking subscale</b>	This subscale assesses adolescent thrill seeking, including the frequency (“never” to “once a week or more”) of dangerous activities in response to a dare.
	OADAP, 1997	Other OPSDUS subscales that assess risk and protective factors associated with anti-social behavior are reviewed throughout this chapter and in the appendix.
Youth Survey	<b>Oregon Youth Risk Behavior Survey (OYRBS)*</b>	Patterned after the national Center for Disease Control and Prevention survey of health risk behaviors, the statewide OYRBS survey of Oregon adolescents is conducted very other year (alternating with the Oregon Public School Drug Use Survey).
	OHD, 1997	Eighteen items relate directly to personal safety and violence. Responses vary by item focus. Examples: “In the past 12 months how many times have you been in a physical fight” and “During the past 30 days how many times have you ridden in a car driven by someone who had been drinking alcohol?”
Youth Survey	<b>Search Institute Profiles of Student Life: Risk-Taking Behavior, and High Risk Behavior Patterns subscales</b>	The 29-item Risk-Taking Behavior subscale, and the 27-item High Risk Behavior Patterns subscale measure risk-taking behaviors, including anti-social and/or violent behavior, alcohol/tobacco/drug use, and school problems. Sample items include: “During the past 12 months how many times have you damaged property just for fun; stolen from a store; used amphetamines; cared a knife or gun; driven car with someone who had been drinking?”
	Search Institute, 1996	The copyrighted Profiles of Student Life is described in Table 7-1 at the beginning of this Youth Outcome Chapter.

\* Included in appendix

**Measures of Alcohol, Tobacco, and Other Drug Use**

Alcohol, tobacco, and other drug use are often related to anti-social and other high risk behaviors among youth. Realistically prevention approaches can delay onset of experimental use and reduce (but not eliminate) use, particularly of alcohol (Schinke, Botvin, & Orlandi, 1991). By high school graduation, over ninety percent of teens have used alcohol, two-thirds have used tobacco, and forty percent have used marijuana. The rate of binge drinking (5 or more drinks in a row in previous two weeks) increases from about 15% among 8<sup>th</sup> graders to 30% among 12<sup>th</sup> graders (USDHHS, 1996).

Reducing *early* use and any *misuse* are probably more realistic goals than completely eliminating use among all adolescents, particularly for alcohol and particularly for older adolescents. In fact, limited experimentation with alcohol and tobacco appears to be a normative part of later adolescent development. While not desirable, *limited* experimentation with these substances may not warrant serious intervention with older teens.

Aggressive responses *are* warranted by non-normative use, including:

- ANY use of ANY substances by children under age 14
- Older teens REPEATED and/or BINGE use of alcohol, marijuana, or tobacco.
- Older teens MISUSE of alcohol including driving under the influence and juvenile crime.
- Older teens use of ANY other substance.

Given these facts, a very important program outcome, especially for younger teens, is:

- **Delayed use of gateway drugs (3.1.16; 3.2.15; 3.3.17; 3.5.8; 3.6.7; 3.7.1)**

Other relevant program outcomes include low or reduced rates of:

- **Alcohol or other drug misuse (3.1.17; 3.2.14; 3.3.16; 3.5.7; 3.7.2)**
- **Alcohol or other drug use in combination with dangerous activities (3.2.17; 3.3.18; 3.5.10; 3.6.8)**
- **Other drug use or abuse rates (3.2.16; 3.3.19; 3.5.9; 3.6.9; 3.7.3)**

**Table 7-13: Alcohol, Tobacco, and Other Drug Use Rates**

Type	Measure	Description
Records	<b>County Alcohol and Drug Treatment rates</b>	Number of adolescents in county alcohol and/or drug treatment programs; drop-out and completion rates are important indicators of potential success in treatment.
Youth Survey	<b>Oregon Public School Drug Use Survey - Drug Use subscale*</b>  OADAP, 1997	The OPSDUS is conducted bi-annually by the Oregon Alcohol and Drug Abuse Program (OADAP). Schools for throughout Oregon participate. One section of this self-report assesses age of first use. Another section assesses the type and frequency of drug, alcohol and tobacco use among adolescents over three time periods: Lifetime use, Past 12 months, and Past 30 days.

\*Included in appendix

**Table 7-13: Alcohol, Tobacco, and Other Drug Use Rates (continued)**

Type	Measure	Description
	<p><b>Oregon Public School Drug Use Survey - Drug Use subscale* (continued)</b></p>	<p>Substances assessed vary by grade level. On the sixth grade survey, examples of substances include: (1) beer, wine or hard liquor; (2) marijuana, (3) cigarettes and smokeless tobacco, and (4) glue or other gases or sprays. On the 8<sup>th</sup> and 11<sup>th</sup> grade surveys, several additional substances are also assessed including cocaine and other narcotics, and others.</p> <p>One advantage of using the OPSDUS is the comparability of program data to state or county rates. For the further information on the survey see Table 7-1, OPSDUS in the appendix, and the County Risk and Protective Factor Profiles published by OADAP.</p>
<p>Youth Survey</p>	<p><b>Oregon Youth Risk Behavior Survey (OYRBS)-Drug Use subscales*</b></p> <p>OHD, 1997</p>	<p>Patterned after the national Center for Disease Control and Prevention survey of health risk behaviors, this statewide survey of Oregon adolescents is conducted every other year (alternating with the Oregon Public School Drug Use Survey). This self-report questionnaire assesses adolescents health risk behaviors.</p> <p>Thirty-two items relate to tobacco, alcohol and drug use. Responses vary by item focus. Examples: “How old were you when you tried marijuana for the first time” and “during your life, how many times have you ever used any form of cocaine.”</p> <p>One advantage of using the OYHRB is the comparability of program data to state or county rates. For the further information on the survey, contact the Oregon Health Division.</p>
<p>Youth survey</p>	<p><b>Personal Experience Inventory (PEI)-subscales*</b></p> <p><b>Age of Onset</b></p> <p><b>Poly-drug Use</b></p> <p>Winters, 1993</p>	<p>The PEI (Table 7-1) includes the two subscales related to drug use:</p> <ul style="list-style-type: none"> <li>• Age of Onset of Drug and Alcohol Use</li> <li>• Poly-drug Use.</li> </ul> <p>This 8-item self-report measures the age at which a person first began using tobacco, alcohol, and drugs. Useful in assessing the delayed use of gateway drugs. Responses are “never”, or “before grade 6”, to “grade 11 or after.” Examples: “How old were you when you first got drunk on alcohol” and “when you started getting high on marijuana.”</p> <p>This 7-item self-report measures adolescent’s use of drugs other than alcohol, and the use of multiple drugs at any one time. Responses range from “never” to “often” on a four-point scale. Example: “How often have you used something to get high without knowing what it was?”</p>

\* Included in appendix

***Measures of Parental Expectations and Attitudes Toward High Risk Behavior***

*Clear, consistent parental rules* prohibiting alcohol and drug use, as well as anti-social behavior, are related to delayed alcohol and drug use and lower rates of anti-social behavior. For example, the OADAP survey of Oregon Youth (1996) revealed that parental attitudes were among the three strongest predictors of marijuana use. When youth perceived that their parents' had clear negative attitudes, and would enforce sanctions against use, they were much less likely to use marijuana. When youth know what their parents expect and perceive that rules that will be enforced, they are less likely to break those rules.

**NOTE**

*To reduce alcohol and other drug use, and other problem behaviors, parental communication, and monitoring are also important. Being unsupervised is related to higher rates of substance use and abuse, sexual activity, juvenile crime, and school problems. Authoritative guidance strategies are also associated with reduced rates of problem behaviors.*

*Measures specific to parental monitoring, parent-youth communication, and authoritative guidance are reviewed earlier in this Chapter in Section 2, Tables 7-4 and 7-5.*

Because of the specific importance of parental expectations and attitudes, programs may seek to positive or improved:

- **Parental rules and expectations about tobacco, alcohol, and other substance use and abuse (3.2.8)**
- **Parental rules and expectations about appropriate behavior (3.2.26)**

Table 7-14 reviews measures of parental attitudes specifically related to alcohol and drug use and other high-risk behaviors.

**Table 7-14: Parental Attitudes Toward Drugs and High Risk Behaviors**

Type	Measure	Description
Parent Survey	<p><b>Parental Awareness Survey*</b></p> <p>Adapted from the Southwest Regional Center for Drug Free Schools, 1989</p>	<p>This 15-item self-administered questionnaire measures citizens’ and/or parents’ awareness of adolescent cigarette, alcohol, and drug use. Responses can be compared to actual incidence and prevalence rates from a local drug use survey to assess parents/citizens’ awareness of local adolescent drug use.</p> <p>Example: In your community “how easy is it for students to get marijuana?” Responses range from “cannot get it” to “very easy.”</p>
Parent Survey	<p><b>Parent Attitudes About Teen Substance Use*</b></p> <p>Linney, et al., 1990</p>	<p>This is a 26-item self-report measuring parent opinions about teen alcohol, cigarette, and marijuana use. Parents indicate their level of agreement from “strongly agree” to “strongly disagree” on a five-point scale.</p> <p>Examples: “It’s okay for teens to smoke cigarettes if they have their parents permission” and “adults who allow teens to drink at parties in their homes should be arrested.”</p>
Youth Survey	<p><b>Oregon Public School Drug Use Survey – Family subscales*</b></p> <p>OADAP, 1997</p>	<p>The OPSDUS is conducted bi-annually by the Oregon Alcohol and Drug Abuse Program (OADAP). Schools from throughout Oregon participate. Several subscales assess family risk and protective factors (see appendix and Tables 7-4 and 7-5 earlier in this chapter).</p> <p>Because favorable family attitudes increase the likelihood of drug use and anti-social behavior, two OPSDUS subscales are of particular interest:</p> <ul style="list-style-type: none"> <li>• Family attitudes favorable to drug use (3 items) and</li> <li>• Family attitudes favorable to anti-social behavior (3 items).</li> </ul> <p>For the further information on the survey see Table 7-1, the appendix, and the County Risk and Protective Factor Profiles published by OADAP.</p>

\*Included in appendix

### ***Measures of Peer Interactions and High Risk Behaviors***

Peer pressure to initiate alcohol and drug use and to engage in anti-social behavior may be at its highest during middle school years. Association with peers who use alcohol or other drugs, or who engage in other risky behavior, greatly increases the likelihood of these behaviors. Thus pre-adolescent and early adolescent age groups are particularly important targets for prevention and early intervention initiatives.

Beliefs about rates of alcohol and drug use among peers are also very important. In fact, youth frequently believe that alcohol and drug use is more widespread than it actually the case. This misperception may contribute to greater vulnerability to early initiation of use. Thus bringing beliefs in line with reality can be *one* component of an effective prevention effort.

Relevant program outcomes include:

- **accurate beliefs about peer drug use or other at risk behaviors (3.3.15 )**
- **low or reduced peer interactions with peers who are anti-social (3.3.13; 3.3.24; 3.4.14)**
- **high or increased interactions with non-using, non-abusing peers (3.3.12) or who value conventional behavior (3.3.6; 3.3.25; 3.4.15; 4.2.5)**

Measures of these outcomes are reviewed next in Table 7-15.

#### **NOTE**

*Peer relationships and social skills are critical influences on high risk behavior. Table 7-15 is focused ONLY on measures of association with high-risk peers and beliefs or attitudes about high-risk behaviors. Other relevant measures are found earlier in this chapter. See:*

*Table 7-6: Youth's Social Competencies  
Table 7-7: Youth-Peer Interactions*



**Table 7-15: High Risk Peer Interactions and Beliefs Measures**

Type	Measure	Description
Youth Survey	<b>Oregon Public School Drug Use Survey (OPSDUS)-subcales*</b>	The OPSDUS includes several subscales that assess youths' anti-social behavior. Two subscales are particularly relevant to peer interactions and beliefs: <ul style="list-style-type: none"> <li>• Interaction with Anti-social Peers</li> <li>• Favorable Attitudes Towards Drug Use</li> </ul>
	<b>Interaction with Anti-social Peers</b>	The Interaction with Anti-social Peers subscale assesses the of frequency of association with peers who have, in past 12months, been involved in anti-social behavior including drug use, arrests, and school suspension.
	<b>Favorable Attitudes Towards Drug Use subscale</b>  OADAP, 1997	The Favorable Attitudes toward Drug Use assesses beliefs about drug use. Responses range from “very wrong” to “not wrong at all” on a 4-point scale. Example: “How wrong do you think it is for someone your age to smoke marijuana.”
Youth Survey	<b>Personal Experience Inventory (PEI)-subcales*</b>	The PEI includes two subscales that social interactions or belief regarding peers and alcohol or other drug use: <ul style="list-style-type: none"> <li>• Social Benefits of Use</li> <li>• Rejecting Convention</li> </ul>
	<b>Social Benefits of Use</b>	The 15-item Social Benefits of Use subscale is a self-report of adolescents’ perceived benefits from drug use. High scores suggest that use is reinforced by perceptions of increased social confidence and social acceptance. Responses frequency of perceived benefit from “never” to “often” on a four-point scale. Examples: “How often have you used alcohol or drugs to feel less shy and make friends?”
	<b>Rejecting Convention</b>  Winters, 1993	The 11-item Rejecting Convention subscale measures adolescents’ beliefs regarding unconventional behaviors. Responses indicate frequency, ranging from “seldom or never” to “almost always” on 4-point scale. Examples: “I don’t much care how my actions effect others” and “It’s wrong to lie for my friends.”

\* Included in appendix

## Section 6: Adolescent Sexuality and Pregnancy

Among Oregon youth, 21% of adolescents have had sexual intercourse before age 15 and 32% before age 17 (Oregon health Trends, 1996). Forty percent of Oregon high school students have had sexual intercourse in the past 3 months. Males were more likely to report sexual activity than were females. Increasing sexual responsibility among Oregon teens means:

- Delaying the onset of sexual activity,
- Insulating teens from harmful outcomes of sexual activity through effective use of contraceptives to prevent STDs and pregnancy, and
- Providing appropriate, effective reproductive health care and protection to all adolescents to meet individual needs.

In this section, measures relevant to adolescent sexuality, and pregnancy are reviewed in tables:

- Table 7-16: Abstinence and Sexual Responsibility
- Table 7-17: STD Risk and Protection
- Table 7-18: Pregnancy, Reproductive Care, and Child Birth Among Adolescents
- Table 7-19: Prosecution Rates for Sexual Predators

### *Measures of Abstinence and Sexual Responsibility*

Sexual education is a vital first step in increasing responsible sexual behavior and must be available *before* youth begin sexual exploration. Early sexual experiences, including sexual intercourse, are rarely planned or premeditated. Compared to older teens and adults, young teens rarely seek information about contraception or STD protection until *well* after their first intercourse (Zabin & Hayward, 1993).

In fact, the average length of time between first intercourse and visits to clinics for contraceptives is 11 months – up to 23 month delays have been reported in studies of younger teens. Similarly, many teens delay screening and treatment for STDs because they do not recognize the symptoms. Many adolescent women delay early prenatal care because they do not recognize they are pregnant. Proactive education is critical to reverse these facts.

Parents who effectively communicate with their children and adolescents create an important foundation for further sexual education and responsible sexual behavior. Children and youth *do* learn from their families and open family communication is the best way to be sure that parental values and expectation are communicated.

Education alone, however, is not sufficient to delay sexual initiation or to assure self-protective, responsible behavior among youth who are sexually active. Peer influences and social skills are also essential. The motivation to abstain is related to perceived costs of sexual intercourse, and effective refusal skills.

Program outcomes related to sexual responsibility include positive or improved:

- **Abstinence commitment and practice (3.3.29)**
- **Refusal skills for sexual responsibility (3.3.20)**
- **Delayed sexual intercourse (3.8.5; 3.3.31; 3.6.19)**
- **Time between first sexual activity and effective contraceptive use (3.8.6; 3.3.32; 3.6.20)**
- **Contraceptive use with every intercourse (3.8.7; 3.3.33)**
- **Interactions with peers who practice abstinence (3.3.27)**
- **Parent monitoring, expectations and communication (3.8.4) (also see Tables 7-4, 7-5, and 7-14)**

**NOTE**

*Other measures of peer relationships, refusal skills, and parental monitoring are reviewed in detail throughout this Chapter. See: Tables 7-4, 7-5, 7-6, 7-7 and 7-14.*

**Table 7-16: Abstinence and Sexual Responsibility Measures**

Type	Measure	Description
Parent Survey	<b>Parent/Teen Discussions of Risk Behaviors*</b>  Bogenschneider, Wu et al., 1997	This 5-item self-report measures the frequency of discussions the parent and adolescent have had regarding high risk behaviors, including sex, birth control, and STDs. Responses range from “not at all” to “many times” on a 5-point scale.  Separate versions should be used to assess communication with mothers versus father, because communication patterns are likely to vary by gender.  Item example: “In the past month how often have you discussed with your (mother/father) whether or not it’s OK for teenagers to have sex?”
Youth Survey	<b>Sexual Behavior Intentions*</b>  Adapted from Udry & Billy, 1987	This 13-item self-report measures adolescent’s expected sexual behavior over the next year. Responses regarding likelihood of a behavior range from “I’m sure this won’t happen” to “I’m sure this will happen” on a five-point scale.  Example: “During the next year, how likely do you think it is that someone might get you to have sexual intercourse with them?”

\*Included in appendix

**Table 7-16: Abstinence and Sexual Responsibility Measures (continued)**

Type	Measure	Description
Youth Survey	<p><b>Oregon Youth Risk Behavior Survey (OYRBS)-subscales*</b></p> <p>OHD, 1997</p>	<p>Patterned after the national Center for Disease Control and Prevention survey of health risk behaviors, this statewide survey of Oregon adolescents is conducted very other year (alternating with the Oregon Public School Drug Use Survey). Twenty-six items relate to sexual behaviors and sexual responsibility, including:</p> <ul style="list-style-type: none"> <li>• Lifetime and recent sexual activity</li> <li>• Contraceptive use with last intercourse</li> <li>• Condom use with last intercourse</li> </ul> <p><i>Item wording is appropriate to abstaining and sexually active youth.</i></p> <p>Responses vary by item focus. For example: “The last time you had sexual intercourse, did you or your partner use a condom?”</p> <p>One advantage of using items from the OYRBS is the comparability of program data to state or county rates. For the further information on the survey, contact the Oregon Health Division. (503)-731-4000.</p>
Youth Survey	<p><b>Ad-Health: Motivation to Engage in Risky Behaviors*</b></p> <p>National Longitudinal Study of Adolescent Health, 1996</p>	<p>The Ad-Health measures were developed as part of the National Longitudinal Study of Adolescent Health (Ad-Health). This 14-item self-report assesses adolescents’ motivations to engage in, or refrain from engaging in, risky sexual behavior. Responses indicate level of agreement to statements, ranging from “strongly agree” to “strongly disagree” on a 5-point scale.</p> <p>Examples: “If you had sexual intercourse your friends would respect you more” and “If you had sexual intercourse it would make you more attractive to the opposite sex.”</p>
Youth Survey	<p><b>Ad-Health: Motivations for Birth Control*</b></p> <p>National Longitudinal Study of Adolescent Health, 1996</p>	<p>The Ad-Health measures were developed as part of the National Longitudinal Study of Adolescent Health (Ad-Health). This 8-item self-report assesses adolescents’ attitudes toward birth control, and motivations for contraceptive use. Responses indicate level of agreement to statements, ranging from “strongly agree” to “strongly disagree” on a 5-point scale.</p> <p>Examples: “In general, birth control is to much hassle to use” and “If you use birth control, your friends might think you were looking for sex.”</p>
Youth	<p><b>Ad-Health: Contraceptive Use*</b></p> <p>National Longitudinal Study of Adolescent Health, 1996</p>	<p>The Ad-Health measures were developed as part of the National Longitudinal Study of Adolescent Health (Ad-Health). This 11-item self-report measures sexually active adolescents’ use of contraception. Responses indicate how often and which type of contraceptives were used.</p> <p>Examples: “Think of all the times you have had sexual intercourse. About what proportion of the time have you or your partner used a condom?” and “What method of birth control did you or your partner use the first time you had sex?”</p>

\*Included in appendix

**Table 7-16: Abstinence and Sexual Responsibility Measures (continued)**

Type	Measure	Description
Youth Survey	<b>Contraceptive Knowledge*</b>  NLSY, 1984	This 14-item instrument measures adolescent’s knowledge of contraceptive methods and effectiveness. Responses are “true, false, and don’t know.”  Examples: “Birth control pills can help prevent aids; a condom can be used more than once; a young man cannot make a girl pregnant the first few times he has sex.”

\* Included in appendix

***Measures of Sexually Transmitted Diseases, Risk, and Protection***

Sexually transmitted diseases (STDs) include gonorrhea, syphilis, genital herpes, HIV/AIDS, and other conditions.

- Rates of HIV/AIDS infection are *extremely high among teens* as evidenced by the fact that most persons with AIDS were infected in their teens.
- Overall, sexually active teens are at *higher risk of STDs* than any other group; rates are particularly high among minority youth (Zabin & Hayward, 1993).

Consistent use of condoms is associated with lower rates of STD infection. Compared to adults, however, teens, especially younger teens, engage in higher risk sexual behavior, do not regularly use condoms, do *not* understand their personal risk for sexually transmitted diseases (STDs), and do *not* receive timely treatment for STDs (Zabin & Hayward, 1993). Thus, the risks of sexual activity and STDs remain high among teens.

Relevant program outcomes related to STD risk and protection include adequate or improved:

- **Knowledge of STDs and/or resources for condoms and STD testing (3.8.1)**
- **High risk behavior rates (3.8.2; 3.6.23)**
- **STD protection with every intercourse (3.8.8; 3.3.34; 3.9.3; 3.6.22)**
- **STD screening and treatment rates (3.9.4)**
- **STD rates (3.8.3; 3.3.36; 3.6.24)**

**Table 7-17: STD Risk and Protection**

Type	Measure	Description
Records	<b>STD Screening &amp; Treatment Rates</b>	County Health Department data
Youth Survey	<b>Oregon Youth Risk Behavior Survey (OYRBS)-subscales*</b>  OHD, 1997	<p>Patterned after the national Center for Disease Control and Prevention survey of health risk behaviors, this statewide survey of Oregon adolescents is conducted very other year (alternating with the Oregon Public School Drug Use Survey.) This student self-report questionnaire is focused on risks to students' health and safety.</p> <p>Of the 26 items related to sexual behavior, nine items directly assess knowledge and risk of sexually transmitted diseases. Responses vary by item focus. For example: "The last time you had sexual intercourse, did you or your partner use a condom?" Can you tell if people are infected with HIV" and "If you thought you were exposed to the HIV/AIDS virus, where would you go to get tested?"</p> <p><i>Item wording is appropriate to abstaining and sexually active youth.</i></p> <p>One advantage of using items from the OYHRB is the comparability of program data to state or county rates. For the further information on the survey, contact the Oregon Health Division. (503) 731-4000</p>
Youth Survey	<b>Ad-Health: Pregnancy, AIDS, and STD Risk Perceptions and Behaviors*</b>  National Longitudinal Study of Adolescent Health, 1996	<p>The Ad-Health measures were developed as part of the National Longitudinal Study of Adolescent Health (Ad-Health). This 8-item self-report assesses the perceived risk adolescents' associate with pregnancy, AIDS, and STDs. Items regarding past exposure to STDs are included.</p> <p>Responses assessing past exposure to STDs are "yes/no". Responses assessing perceived risk indicate level of agreement to statements, ranging from "strongly agree" to "strongly disagree" on a 5-point scale.</p> <p>Examples: "It would not be all that bad if you got (someone) pregnant at this time in your life" and "If you got AIDS virus you would suffer a great deal."</p>

\* Included in appendix

**Measures of Pregnancy, Reproductive Care, and Child-Bearing**

Contraceptive counseling and prescription are at the core of medical family planning services offered through private physicians and family planning clinics. Non-prescription contraceptive methods are widely available at drug stores, supermarkets, and other commercial outlets. Yet approximately 1 in 4 women most at risk of unintended pregnancies do not use contraceptives; poor women and very young women are most likely to have unprotected sex (Zabin & Hayward, 1993).

For teens, easy and early access to contraception *reduces* the pregnancy rate. Pregnancy detection and pregnancy counseling insure that early prenatal care can be initiated if pregnancy tests are positive. Following childbirth or negative pregnancy tests, contraceptive counseling supports subsequent effective contraceptive use and reduces the likelihood of early repeat pregnancies (Zabin & Hayward, 1993).

Relevant program outcomes include improved:

- **Teen pregnancy rates (3.3.37; 3.6.26)**
- **Delayed subsequent pregnancy to adolescent parents (3.9.6)**
- **Reproductive care participation including education, prevention & treatment (3.9.1)**
- **Family planning services immediately following birth, abortion, or pregnancy testing (3.9.5)**

**NOTE**

*Other outcomes and measures related to prenatal care and health, as well as healthy infants are reviewed in Chapter 6: Healthy, Thriving Children/ Section 1: Health and Health Care.*

**Table 7-18: Rates of Pregnancy, Reproductive Care, and Child-Birth Among Adolescents**

Type	Measure	Description
Records	<b>State and County Health Department data</b>	State and county vital statistics and other health department data track the rates of reproductive care, pregnancy, pregnancy termination, and childbirth by age, ethnicity, and number of children.
Records	<b>Family Planning Service Records</b>	One important program outcome is engaging adolescents in consistent, effective contraceptive use compared to no contraceptive use, erratic use, or use of less effective methods.  Review records to determine number of adolescents who receive comprehensive family planning services, including needs assessment, contraception, information and education, and referrals to needed services.

**Table 7-18: Rates of Pregnancy, Reproductive Care, and Child-Birth Among Adolescents (continued)**

Type	Measure	Description
Youth self-report	<b>Oregon Youth Health Risk Behavior Survey(OYHRBS)-subscales*</b>  OHD, 1997	This student self-report questionnaire has been developed to learn about risks to students' health and safety. Twenty-six items relate to sexual behavior, including rates of sexual activity and frequency and type of contraceptive use. (See Tables 7-11 and 7-17 for further description.)  One advantage of using the OYHRBS is the comparability of program data to state or county rates. For the further information on the survey see the appendix and/or contact the Oregon Health Division. (503) 731-4000.
Youth	<b>Contraceptive Use*</b>  National Longitudinal Study of Adolescent Health (Ad-Health), 1996	This 11-item self-report measures sexually active adolescents' use of contraception. Responses indicate how often and which type of contraceptives were used.  Examples: "Think of all the times you have had sexual intercourse. About what proportion of the time have you or your partner used a condom?" and "What method of birth control did you or your partner use the first time you had sex?"

\* Included in appendix

***Measures of Prosecution Rates for Sexual Exploitation***

Vulnerability to sexual exploitation leads to early and unprotected sexual activity for many adolescents. Sexual coercion and exploitation comes in many forms – forced rape, emotional manipulation, drug or alcohol – induced “consent”, and others.

What each form of exploitation has in common with all other forms is the greater vulnerability of girls compared to the greater power of their male partners. In fact, most teen mothers become pregnant by men in their 20’s or beyond – yet few of these adults take contraceptive, or parental, responsibility (Zabin & Hayward, 1993).

For a variety of reasons, many adolescents face the risk for sexual exploitation, early sexual activity, STDs, and pregnancy. Among the most vulnerable youth are those who are:

- homeless or who lack stable access to essential resources,
- abused now or in the past, especially teens who have experienced sexual abuse,
- failing in school,
- suffering from depression or other mental health issues, and
- using alcohol or drugs.

Many of these risks co-exist. For example, over 35% of homeless girls have been sexually abused as children and almost half report sexual coercion while homeless. Many engage in “survival sex” or prostitution and 20% become pregnant annually, twice the average rate (Biglan et al., 1995).

To reduce the risk of sexual exploitation, early sexual activity, STDs, and pregnancy, the



*individual* needs of vulnerable youth must be *comprehensively* addressed. Many of these supportive efforts will be directed toward the family and youth (see Building Results I, Pratt, et al., 1997). These strategies will address child maltreatment, family support, personal well-being, educational success, peer relationships and social skills, and access to effective reproductive health care.

One additional component of effective support for vulnerable teens is *aggressive sanctions* against sexual exploitation and coercion. Particular targets for such sanctions are repeat sexual predators.

For efforts which focused on aggressive sanctions against sexual exploitation and coercion, a relevant outcome is adequate or improved:

- **Prosecution rates of sexual predators, including statutory rape (3.6.18)**

**Table 7-19: Prosecution Rates of Sexual Predators Including Statutory Rape**

Type	Measure	Description
Records	County crime statistics	The arrest and conviction rate for sexual predators.

