

**ADOLESCENT FEMALE SUBSTANCE ABUSE:
RISK AND RESILIENCY FACTORS**

by

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A DISSERTATION

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ABSTRACT OF DISSERTATION
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Title Adolescent Female Substance Abuse:
 Risk and Resiliency Factors

Alcohol, tobacco, and other drug (ATOD) abuse is a major social and health concern for adolescent females. For the first time, female use patterns are converging with male patterns among U.S. adolescents. Despite evidence that gender differences could be associated with ATOD origin and precipitating factors, little attention has been directed to female adolescents and ATOD use. Therefore, the purpose of this investigation was to explore the experiences of adolescent females in relation to ATOD risk and resiliency factors present in their lives.

This investigation used the Neuman systems model as its theoretical framework. Grounded theory methodology was employed to collect and analyze data. Qualitative, comparative data were collected from 20 adolescent females (13 to 15 years old) who had a past experience with alcohol, marijuana, and/or other drugs. The respondents either attended an alternative school or lived in an alternative residential setting in the southeastern region of the United States at the time of this investigation.

Individual and group interviews were used to collect data. In addition, written material, observation, and interviews with adult staff were incorporated for elaboration and validity.

"No Way Out" was identified as the central core concept that emerged from the data. Support concepts included learned helplessness, dealing with the legal system, and a way out of the "no way out". A descriptive model was developed to depict the complexity of life for adolescent females, and the role ATOD use/abuse plays in creating and coping with the resultant stress.

Recommendations included: (a) a longitudinal study of the experiences of adolescent females from traditional and alternative settings and their association with ATOD use; (b) replication of this investigation using sites throughout the U.S. and abroad; (c) developing a triangulated investigation with regard to risk and resiliency factors associated with adolescent female ATOD use; (d) educating and training for all health care and social service professionals addressing the dynamics of chemical dependency in relation to adolescent females; (e) establishing mentoring programs between women and female teens, and between female teens and female youth; (f) establishing gender specific programs for adolescent females addressing their needs and the stressors in their lives; (g) providing adolescent, female self-help groups addressing primary, secondary, and tertiary prevention

needs; (h) increasing the number of community prevention and early intervention programs for adolescent females; (i) providing parent education through community programs focusing upon adolescent females and the family; and (j) addressing negative media messages about females and chemical use through professional groups, personal contacts, and community initiatives.

DEDICATION

- = What are you going there?," he said to the tippler . . .
- = "I'm drinking," replied the tippler, with a lugubrious air.
- = "Why are you drinking?" demanded the little prince.
- = "So that I may forget.", replied the tippler.
- = "Forget what?" inquired the little prince . . .
- = "Forget that I am ashamed," the tippler confessed . . .
- = "Ashamed of what?," insisted the little prince . . .
- = "Ashamed of drinking!"

Antoine de Saint-Exupery

This work is dedicated to all substance abuse professionals who put aside their egos and empower their clients to take charge of their reality, own their behavior, feel their blisters from sitting on the fire, and remove the nails that keep them bound to a cross of hurt and pain. With your assistance, the cycle can be broken!

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Last but not least, I would like to thank Glynnis, Judy, Lonnie, Harold, and all those who participated in this study. Without your willingness to take a chance and give of your selves, this information would not have been available.

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TABLE OF CONTENTS

	<u>Page</u>
ABSTRACT	iii
DEDICATION	vi
ACKNOWLEDGEMENTS	vii
LIST OF TABLES	xii
LIST OF FIGURES	xiii
 CHAPTER	
I Introduction	1
Problem	3
Purpose	3
Research Question	3
Definitions of Terms	3
Assumptions	5
Conceptual Framework	5
Significance of the Study	7
II Review of Research	10
Adolescence	10
Alcohol, Tobacco, and Other Drug Use	12
Health Risks	14
Psychosocial Factors	15
Adolescent Female Issues	18
III Methodology	21
Research Design	21
Research Question	22
Data Collection	23
Source and Number of Participants	23
Selection Criteria	23
Specific Sample Procedures	24
Interviews	25
Observations	26
Journal	26
Protection of Human Rights	27
Data Analysis	28
Coding	29

TABLE OF CONTENTS (Continued)

CHAPTER	<u>Page</u>
III	Methodology (Continued)
	Memoing 31
	Sorting 31
	Validity, Reliability, and
	Predictability 32
	Validity 32
	Reliability 33
	Predictability 33
	Limitations 34
IV	Conceptual Organization 35
	Participants 35
	Response to Substance Use and Abuse 37
	Self-Esteem 40
	External Locus of Control 44
	Security 46
	Self-Image 48
	Role Models 50
	Family 52
	No Way Out 53
	Support Concepts 55
	Learned Helplessness 55
	Dealing With the Legal System 55
	A Way Out of the "No Way Out" 56
V	Discussion, Implications, and
	Recommendations 58
	Individual System Responses 58
	Implications 63
	Practice 64
	Education 65
	Research 67
	Recommendations 68
REFERENCES 70
APPENDICES	
A	Demographic Information 79
B	Informed Consent - Adolescent Female Risk
	and Resiliency Factors 81
C	Letter to Parent/Guardian 85

TABLE OF CONTENTS (Continued)

	<u>Page</u>
APPENDICES (Continued)	
D Chart	87
E Approval From Director or Principal	89
F Institutional Review Board Approval Form . . .	92

LIST OF TABLES

<u>Table</u>		<u>Page</u>
1	Demographic Characteristics	38

LIST OF FIGURES

<u>Figure</u>		<u>Page</u>
1	The Neuman systems model adapted to female adolescent alcohol, tobacco, and other drug use	62

CHAPTER I

Introduction

An alarming number of U.S. adolescents are exposed to conditions or engage in activities which place them at serious risk for negative health consequences. In addition to diseases, which manifest themselves during the adolescent years, many of the chronic illnesses experienced in adulthood have originated in adolescence (Wodarski, 1990). Despite these facts, adolescents remain the single most medically underserved age group in this country (Famularo, Fenton, Kinscherff, & Barnum, 1992). Therefore, it is understandable that the U.S. has the highest adolescent morbidity and mortality rate of any developing country (Botvin, Baker, Dusenbury, Botvin, & Dias, 1995; Dryfoos, 1990).

A major health concern for adolescent populations is alcohol, tobacco, and other drug (ATOD) use. Carter (cited in Tuttle, 1993) reported a new developmental task for contemporary youth was to decide what role ATOD use would play in their lives. This is a logical conclusion, considering it has been estimated that one in six teens has a severe addiction problem (Thorne & DeBlassie, 1985), and most adult addictions are thought to begin with teen usage (Johnston, O'Malley, & Bechman, 1989).

Additional research supports these findings. In a national health survey, 28% of high school seniors reported heavy alcohol use and 27% stated they had used illicit drugs the previous year (Johnston, O'Malley, & Bechman, 1994). While past data indicated a decrease in ATOD use, a reversal of that trend was seen in 8th- and 10th-grade students in 1992 and again with 12th-grade students in 1993 (Johnston et al.).

ATOD use has had significant consequences for female youth. Adolescent females who had used alcohol, tobacco, and other drugs were more likely to experience eating disorders, have problem pregnancies, engage in early sexual activity, and have an increased probability for contracting sexually transmitted diseases (Noell et al., 1993; French, Perry, Leon, & Fulkerson, 1995; Jacobson, Aldana, & Beaty, 1994). In addition, adolescent female ATOD abusers were more likely than their abstaining peers to experience school failure, delinquency, motor vehicle crashes, and risk of suicide (Garrison, McKown, Valois, & Vincent, 1993). Still there is lack of concern, knowledge, and services addressing ATOD use among female adolescents (Barren, 1995).

Neglect of gender as a significant variable has resulted in severe consequences in deviance theory (Harris, 1977). Despite evidence that gender differences might have been seen with the origin and precipitating factors associated with ATOD use (Suffet & Brotman, 1976), little attention has been given to female ATOD use. This is

especially true when addressing the adolescent population (Schur, 1984; Taub & Skinner, 1990).

Problem

This investigation was directed toward the risk and resiliency factors found in adolescent females in relation to alcohol, tobacco, and other drug use. Past research in this area has focused predominantly on adult male populations, and when female populations were addressed, more often than not, this inclusion was to demonstrate deviancy (Hughes, 1990; Schur, 1984). Because of the increased use of chemical substances by females, additional study is needed to expand nursing knowledge and to provide new insights regarding gender-specific prevention and intervention efforts for female adolescents.

Purpose

The purpose of this qualitative study was to explore the experiences of adolescent females in relation to ATOD risk and resiliency factors present in their lives.

Research Question

The research question posed for this study was: What are the risk and resiliency factors associated with alcohol, tobacco, and other drug use by female adolescents?

Definitions of Terms

The following terms are defined for the purpose of this study.

Client--an adolescent female 13 to 15, who is comprised of physiological, psychological, sociocultural, developmental, and spiritual needs. The client is composed

of a core of survival factors and surrounding protective concentric rings that act and react to stresses.

Adolescence--the second decade of a person's life. Adolescence spans from the onset of puberty until a new level of independence from the family of origin can be seen. Generally, separation from family occurs at 18 years of age when a person is a legal adult and leaves home for work or college.

Environment--internal and external forces surrounding the client, influencing and being influenced by the client, at any point in time.

Lines of Defense--adaptative level of health developed over time (normal lines of defense) with the capacity to expand and generate out from the client system in response to stresses (flexible lines of defense).

At-risk Behaviors--activities which increase the likelihood of adverse psychological, physiological, and sociological consequences.

Risk Factor--a factor consistently demonstrated in multiple studies which predict alcohol, tobacco, and other drug use/abuse.

Resiliency Factor--a factor consistently demonstrated in multiple studies which predict nonuse of alcohol, tobacco, and other drugs.

Stresses--any environmental factor (intra-, inter-, or extrapersonal) that has the potential for disrupting system stability. These include antecedent and concurrent factors related to alcohol, tobacco, and other drug use.

Wellness/Illness--wellness and illness reflect the extremes of the health continuum. When all system parts work in harmony, health is a result. When they do not, some level of illness is present.

Assumptions

The following assumptions were applied to this study: (a) alcohol, tobacco, and other drug use is a significant issue in female adolescents' lives; (b) risk and resiliency factors associated with alcohol, tobacco, and other drug use are not identical for females as for males; and (c) adolescent females are able to appropriately express their beliefs about risk and resiliency factors and alcohol, tobacco, and other drug use.

Conceptual Framework

The conceptual framework for this study was taken from the Neuman Systems Model (Neuman, 1995). This framework serves to clarify adolescent female issues in relation to prevention efforts associated with alcohol, tobacco, and other drug use. A wellness model, Neuman Systems Model, is directed toward intervening stress and an individual's response to stress. Use of this framework can serve to assist the health care professional when addressing ATOD prevention intervention.

Health and illness occur on a continuum. Behavior exhibited by adolescent females can occur anywhere on the continuum. Responses can be healthy and adaptive, or unhealthy and maladaptive (Neuman, 1995). Stressors which

impose on the health-illness continuum can be multidimensional.

Reasons for alcohol, tobacco, and other drug use and abuse are multifactorial. Factors contributing to adolescent ATOD use and abuse include genetic vulnerability, physiological stressors, developmental issues, and psychosocial stressors (Botvin et al., 1995; Dryfoos, 1990; Hirschi & Gottfredson, 1993; Jessor, Chase, & Donovan, 1980; Sher, Walitzer, Wood, & Brent, 1991; Meller, Rinehart, Cadoret, & Troughton, 1988; Yanish & Battle, 1985).

Stressors are "tension-producing stimuli or forces" (Neuman, 1995, p. 23) which may cause disequilibrium in the client. Stressors assume their meaning, importance, and impact through the interpretation and significance given them by the client (Lazarus & Folkman, 1984). The client's response to a person, situation, or occurrence dictates what is a known or potential stressor for that client. This response is assessed by the client's lines of defense and resistance. All lines of defense are comprised of physiological, psychological, spiritual, developmental, and sociocultural variables. These variables, and the client's response systems, are compatible with the current theoretical literature associated with adolescent substance use and abuse.

Coping responses in the Neuman Systems Model are consistent with the definition of resiliency in ATOD prevention literature. Coping is defined as the reaction

of a client to a stressor in his or her life (Neuman, 1995). The more resources the client has to draw upon, the more able the client is to adequately cope with stress (Donaldson, Graham, & Hansen, 1994; Kadner, 1989). By assessing resources, options, strategies, and strengths, one is able to get a clearer picture of what the client has to draw upon in dealing with life stresses.

Wellness is defined by a client's "normal lines of resistance" (Neuman, 1995). However, the flexible line of resistance, normal line of resistance, and the flexible line of defense all serve to assist a client in making healthy life choices. By bolstering all three areas within the client, resiliency is bolstered.

It is important to remember that lines of resistance and coping mechanisms can be constructive or destructive. When a client accepts the challenge of a stressor, and works to resolve the problems, a positive change can result. However, if the individual chooses to become or remain a victim of circumstance, the chances of equilibrium and restored balance to the client system are minimized (Neuman, 1995).

Significance of the Study

This study has been designed to increase the body of nursing knowledge in relation to adolescent females and ATOD use. By identifying the processes of risk and resiliency seen in female adolescents participating in this study, nurses will have new information to predict the relationship between intrapersonal, interpersonal, and

extrapersonal stresses which can lead to use or nonuse of alcohol, tobacco, and other drugs. Recognition of this interplay, in turn, assists in assessment, goal setting, prevention, and treatment interventions.

Recent research findings indicate distinct differences in male and female patterning. Wong (1995) reports social, psychological, emotional, and physical gender differences in male and female development. Females are believed to mature 1 to 2 years earlier than males in both physical and psychosocial dynamics. Gilligan (1982) and Stern (1980) found gender differences in relation to behaviors, decision making processes, and importance of relationships. Orenstein (1994) further validates these assertions. Her work added a new understanding of the differences seen in environmental responses to adolescent females compared to adolescent males where the environment generally supported a more passive persona for females and a more assertive persona for males.

Little attention has been directed toward female growth and development issues (Brown & Gilligan, 1993). When female growth and development issues were described, they usually were done so in a negative or deviant manner. Developmental theorists such as Erikson (1968), Piaget (1965), and Kohlberg (1981) validate positive, adolescent development for males. Female developmental characteristics, however, were described as inferior.

This trend is also found in the area of alcohol, tobacco, and other drug use. The predominance of

information available has been provided by studies focusing on males (Kasl, 1986). In addition, when females were included, the types of variables under investigation often times do not take into consideration female use patterns, sociocultural dynamics, and developmental issues (Bass & Kane-Williams, 1993; Burnett & Kleiman, 1994; Halliday & Bush, 1987; Schur, 1984).

CHAPTER II

Review of Research

Selected research studies pertaining to females, adolescents, and alcohol, tobacco and other drug use are offered. Adolescence, ATOD use, health risks, psychosocial factors, and adolescent female issues are described.

Adolescence

Adolescence generally occurs between the ages of 12 and 20 years and is the time period which transitions a young person from childhood to adulthood (Wong, 1995). It is the time when social and cognitive skills for autonomous decision making are developed. Individuals seek their identities and develop a capacity for experiencing strong peer relationships. They are developing skills needed for their economic independence, a code of behavior and lifestyle choices (Parrish, 1994).

Formal operational thought, with the ability to be flexible and think abstractly, allows adolescents to construct and change their ideas. At the same time, adolescents are seeking to develop a sense of identity and break free from the dependence they felt for family and other significant adults present in their childhood (Erikson, 1968; Inhelder & Piaget, 1958; Wong, 1995).

Marked biological changes occur during adolescence. With the onset of puberty, adult sexual characteristics are developed. Hormonal levels also are experiencing rapid increases (Wong, 1995). While embraced as a positive sign of no longer being a child, biological change which occurs during adolescence can cause stress, anxiety, and uncertainty.

To quell these negative feelings, adolescents seek security and approval from their peers. Activities are sought which will increase their status quo. They involve themselves in risk taking behaviors and question authority figures. With thinking grounded in the here and now, a desire for immediate results and a sense of invincibility, it is understandable that adolescents are at increased risk for ATOD use (Dusenbury & Botvin, 1992; Erikson, 1968).

Adolescents have received much less attention than children or adults in the fields of developmental psychology and psychopathology. Often viewed only as a transitional stage, many do not see adolescence as a time in a person's life deserving study (Kazdin, 1993). This position is supported by such beliefs as unhealthy behaviors exhibited by adolescents are: "things all kids go through," "just a phase," or "something they will grow out of."

Adolescents today are victims of stress. This stress is a direct result of rapid and bewildering social change. Expectations for adolescents are constantly rising (Elkind, 1994). Adolescents are encouraged to become miniature

adults, through the media, dress, legal system, and youth program offerings. This dynamic is compounded by lack of parental supervision, and in many cases, lack of positive role models (Elkind, 1994; Silverstein, Carpman, Perlick, & Perdue, 1990). Type A behaviors are currently rewarded in our society, and highly competitive youth activities (i.e., Little League softball) reflect this occurrence in adolescents (Elkind).

Alcohol, Tobacco, and Other Drug Use

Since 1991, surveys such as "Monitoring the Future," have reflected increased use among adolescents (Brown, 1994; Johnston et al., 1994). While chemical use problems impact individuals of all ages, recent research shows the predominant age of onset for alcohol, tobacco, and other drug use occurs between the ages of 12 and 20 years, with the mean age of ATOD onset being 15 years (Johnston et al.).

Local, regional, and national studies are suggesting that this sociological marker is continuing to decrease, and that the shift in use patterns appears during the middle school and early high school years (Louisville & Jefferson County [KY] Crime Commission, 1994; Johnston et al., 1994; Southeast Regional Center for Drug-Free Schools and Communities [SERC], 1994). Sixty-four percent of students under 12 years of age reported abstaining from the use of alcohol in a recent national study. By age 14 years, that percentage had dropped to 40.6% (Johnston et al.). The U.S. Department of Health and Human Services

(Brown & Massaro, 1994) indicated that 45.6% of high school seniors used an illicit drug at least once in their lifetime. Illicit drug use by seniors increased from 31% in 1993 to 35.8% in 1994 (Johnston et al.).

In 1994, 30.4% of 10th graders and 38.2% of 12th graders reported using marijuana at least once. In addition, 10.5% of seniors reported using LSD at least once, and 6.9% had used in the last year. In 1994, one in five 8th graders had used inhalants, while 3.6% of 8th graders, 4.3% of 10th graders, and 5.9% of 12th graders reported using cocaine. Crack cocaine use was seen at elevated percentages at all use levels for 8th grade students (Johnston et al., 1994).

Adolescents typically use to become under the influence (binge use), and the probability that this behavior will continue increases as they approach adulthood (Parrish, Higuchi, & Defaur, 1991). Adolescents consume most of their substances unsupervised at parties and in automobiles, while adults predominantly consume substances at home or at taverns (National Institute on Alcohol Abuse and Alcoholism [NIAA], 1990).

Adolescent motivation for ATOD use is generally to fit in with others and/or to relieve stress (Borton, 1990; Hansen, 1992; Kadner, 1989; Tobler, 1986). They are generally brought for treatment due to school problems or for fatigue, while adults consuming substances are seen for liver damage, loss of job, or family breakup. In addition, many of the assumed truths about ATOD use may not apply to

adolescents. A "hidden bottle" for example, may indicate stage three abuse, or could simply be a result of an adolescent attempting to avoid punishment during the experimentation stage of use (Parrish et al., 1991).

Health Risks

Significant health and social consequences are seen as a result of adolescent ATOD use. Alcohol and other drug related crashes are the leading cause of disabilities in teens (Muramoto & Leshan, 1993). In 1992, 51% of motor vehicle crashes, 30% of teen homicides, and 20% of teen suicides involved alcohol consumption (Muramoto & Leshan).

Long term health complications for ATOD use include hepatitis (Berry, 1995), cirrhosis (Parrish et al., 1991), cognitive impairment (Steingass, Sartory, & Canavan, 1994; Whaley, 1986), central nervous system damage (Muramoto & Leshan, 1993), malignancies (Austin, Drews, & Partridge, 1993), nutritional deficiencies (Marsano, 1994), emphysema and other pulmonary disease (Johannsen, 1994), and heart disease (Sharper, 1990). Ulcers, gastro-intestinal bleeding, fatty liver, hypertension, and obesity are related to chronic use of alcohol (Halliday & Bush, 1987). In addition, anorexia, bulimia, and other eating disorders may stem from initial chemical use, especially in females (French et al., 1995; Halliday & Bush).

Early initiation of sexual activity and early child bearing are associated with ATOD use (U.S. Congress, Office of Technology Assessment [OTA], 1991). This places an adolescent at increased risk for AIDS and other sexually

transmitted disease. In addition, if a teen should become pregnant while she or the baby's father is using chemical substances, fetal alcohol syndrome, "crack babies," and a myriad of other birth defects are possible (Wilsnack, Klassen, Schur, & Wilsnack, 1991).

Psychosocial Factors

Studies have shown the family to be a salient factor in adolescent ATOD use (Baumrind, 1991; Chassin, Pillow, Curran, Molina, & Barrera, 1993; Hoffman, 1993; Krestan & Bepko, 1989; Sher et al., 1991). Paternal use of alcohol and other drugs was shown to be significantly related to their children's use of the same drug (Chassin et al.). In addition, the more alienated a child felt toward family members and the less management skills seen within the family structure, the more likely he or she will choose friends who use drugs (Hawkins, Catalano, & Miller, 1992).

Parental styles affected a child's sense of self-worth and potential for ATOD use (Brook, Lukoff, & Whiteman, 1980; Kandel, 1980; Kumpfer, 1988). Krestan and Bepko (1989) found children subjected to laissez-faire child rearing practices had an increased risk for ATOD use in adolescence, as compared to authoritarian and democratic parent-child relationship practices.

Hirschi (1969) found elements of bonding to parents and other significant adults provided youth with pro-social models. This allowed for internalization of positive values and development of ethical codes, which served adolescents throughout their teen years and later in their

adult lives. In addition, positive bonding between individuals and society occurs through (a) attachments to parents and peers, (b) commitment to conventional goals, (c) involvement in conventional activities, and (d) beliefs in the moral validity of conventional norms and values.

Peers also have a major impact on adolescents. Peer attitudes and use behaviors are found to be predictive of adolescent at-risk status (Baumrind, 1991; Dinges & Oetting, 1993; Kafka & London, 1991). A recent Weekly Reader survey reported 4th through 6th grade students stated "fitting in" was the major reason for their peers to use alcohol, tobacco, and other drugs. In addition, those responding stated they felt pressured by their peers to try alcohol, tobacco, and/or other drugs (Borton, 1990).

A high correlation between other variables and use of alcohol, tobacco, and other drugs have been reported. These include conduct problems (Crystal & Stevenson, 1995; Farrow & French, 1986; Jessor & Jessor, 1977; Kandel, Simcha-Fagen, & Davies, 1986; Windle, 1990), school drop out and delinquency (Freidman, Glickman, & Utada, 1985; OTA, 1991), genetic susceptibility (Brook et al., 1980; Pollock, Schneider, Gabrielli & Goodwin, 1987; Schuckit, 1987, 1990), personality traits (Maag, Irvin, Reid, & Vasa, 1994; Schinka, Curtiss, & Mulloy, 1994), low academic achievement (Donovan & Jessor, 1985; Freidman et al.), and environmental factors (NIAA, 1990; El-Guebaly & Hodges, 1992; Malinosky-Rummell & Hansen, 1993). In addition, a positive belief system regarding deviant behavior is

reported to have a direct correlation to ATOD use (Botvin & Botvin, 1992; Schlegel & Norris, 1980), while an inverse relationship was found between religious beliefs (especially belonging to a prescriptive church) and adolescent ATOD use patterns (Capuzzi & Lecoq, 1983; NIAA, 1978).

Intrapersonal factors have also been targeted as having an impact on an adolescent's choice to use or not to use alcohol, tobacco, and other drugs (Robinson et al., 1987). These include personality traits (i.e., low self-esteem, shyness, sensation seeking, and insensitivity to punishment) and behavioral patterns (i.e., aggressiveness and criminal behavior) (Goplerud, McColgan, & Gardner, 1992).

Literature associated with delinquency and adolescence have found variables which increase the probability that a young person will choose not to make inappropriate choices in their lives. Werner (1987) cited the following variables as being supportive of healthy life choices for youth faced with the high potential for negative behavioral outcomes:

- four or less children in the family;
- much attention given to the child the first year of life;
- positive parent-child relationship;
- caretakers in child's life - in addition to mother;
- care by sibling and grandparents;
- steady employment outside of the home by the mother;

emotional support by extended family and neighbors;
household structure and rules;
shared values;
close peer friendships;
positive counsel by teacher, ministers, and others;
availability of special services (pp. 16-43).

Botvin, Baker, Filazzola, and Botvin (1990) found contemporary prevention strategies need to address ATOD use as a whole. Attention needs to be directed toward a variety of personal and social skills in order to increase overall competence and to decrease the potential motivation for ATOD use. Substance use onset is believed to be a result of an interplay of social and interpersonal factors. Substance abuse behavior is believed to be learned through modeling and reinforcement, and to be mediated by interpersonal factors such as cognitions, attitudes, expectations, and personality. Vulnerability is believed to be related to domain-specific cognitions, attitudes and expectations, coping skills, and interpersonal factors (Botvin et al.; Bry, 1983).

Adolescent Female Issues

Despite the fact that within the last 20 years research dealing with ATOD use in women has grown significantly, the knowledge that is available about ATOD use in females remains scant when compared to males. Most existing research has been extrapolated from research on men (Hughes, 1990). The studies where women are the focus generally deal with a single drug/class of drug, even

though women are more often cross addicted (Halliday & Bush, 1987; Hughes & Fox, 1993).

Research is almost nonexistent when addressing adolescent females (Taub & Skinner, 1990; Williams & Kleman, 1984). The majority of studies solely involve male populations, or report female data as a means to demonstrate deviancy (Schur, 1984). From the limited data available, rates of illicit drug use are similar in reports when male and female adolescents are both being evaluated. Males, however, continue to report somewhat higher rates of use than females (with the exception being nicotine and amphetamines), but the numbers between the genders are converging (Johnston et al., 1994).

Research consistently indicates adolescent females experience an increase in depression compared to males, and that this state may be an antecedent to ATOD use (Joshi & Scott, 1988; Yanish & Battle, 1985). Eating disorders and suicides occur more frequently in female adolescents than their male peers. These dynamics have been demonstrated to co-exist with other high risk behaviors (Garrison et al., 1993). Studies show young women drink to decrease tension, while young men drink for physical pleasure and perceived sexual enhancement (Wilsnack et al., 1991). As is true with women, alcohol abuse may legitimize violence directed toward females in response to their violation of societal norms (Halliday & Bush, 1987).

Family studies have shown 20% to 50% of daughters of alcoholics become alcoholic (Bechman, Day, Bardsley, &

Seeman, 1980; Youcha, 1986). Females who grow up in ATOD use families are also at increased risk for physical complications, especially when related to violence and codependency (Kasl, 1986; NIAA, 1990).

CHAPTER III

Methodology

A qualitative, comparative research design was used to explore the alcohol, tobacco, and other drug use risk and resiliency factors of adolescent females. In this chapter, a discussion of methodology of grounded theory is presented. In addition, sample, setting, and protection of human rights are presented.

Research Design

Constant comparative analysis, or grounded theory, is used to search out factors in relation to a research problem. Processes rather than static conditions are investigated (Stern, 1985). Based on the belief that not everything has yet been discovered, grounded theory is especially useful in investigating areas previously not researched, or for addressing common situations from a fresh perspective (Glaser & Strauss, 1967; Stern).

Little is known about risk and resiliency factors and adolescent females (Taub & Skinner, 1990). Factors gleaned from the investigation are joined into a conceptual framework used to explain the dynamics of ATOD use in female adolescents. This was accomplished through field work methods such as interviews, participant observation, and analysis of journals or anything else (e.g., poems,

classwork, art work) the participant would be willing to share.

Substantive coding was developed from data as it was collected. These codes were then reduced to categories and revised as the emerging theory dictated, until a core variable emerged (Stern, 1985). This theoretical coding allowed the study to move from a descriptive perspective to one that is conceptual (Glaser, 1978). This complex process is described, with regard to the interpersonal, intrapersonal, and environmental circumstances surrounding the dynamic under investigation. The result is an emerging theory from which testable hypotheses can be taken (Glaser; Glaser & Strauss, 1967).

Research Question

A research question was derived from the purpose for this study. This question is: What are the risk and resiliency factors associated with alcohol, tobacco, and other drug use for adolescent females?

From this, five subquestions have been derived to guide the initial stage of this investigation. These subquestions are:

1. What situations associated with choosing to use or not to use alcohol, tobacco, and other drugs are experienced by adolescent females?
2. What meaning is affiliated with these choices?
3. What interpersonal stresses/factors influence these choices?

4. What intrapersonal stresses/factors influence these choices?

5. What environmental stresses/factors influence these choices?

Data Collection

Source and Number of Participants

Two facilities served as sites for this investigation. The first was an alternative living site for adolescent females with a history of delinquent behavior. The second was an alternative educational setting. Both are located in a cosmopolitan community with a population in excess of 1.5 million. This community is located in the southeastern region of the United states.

The population was ethnically mixed. The predominant ethnic populations represented at the two sites are Euro-American and African American. Data collection began with 9 to 11 participants from each facility. This number is considered respectful and appropriate for this research method (Miles & Huberman, 1984; Stern, 1980, 1985).

Selection Criteria

A blend of age, ethnic background, and experiences (reason for current placement) were selected. All participants expressed some experience with alcohol or other drug use. Knowing that an investigation cannot entail a complete assessment of every individual in relation to every facet of a particular social phenomenon, qualitative samples are more purposeful than random. Therefore, a theoretical sampling was used to accomplish

this task. In addition, social processes and settings were selected for inclusion in this study based on the research question and emerging theory (Glaser & Strauss, 1967; Miles & Huberman, 1984).

Specific Sample Procedures

Qualitative, comparative data were collected from a sample of 20 adolescent females, 9 who lived in an alternative residential setting and 11 who attended an alternative school. A fact sheet containing demographic variables, such as age, ethnic background, and grade level was developed to assist with the description of the sample population (Appendix A). Additional information was sought from interviews by participants and key informants, through participant observation and analysis of written documents.

Qualitative research is an investigative process designed to explain a particular social phenomenon by "contrasting, comparing, replicating, cataloguing, and classifying" the object of one's study (Miles & Huberman, 1984, p. 37). Based on this fact, sample size was more purposeful than random, and no attempt was made to control the sample size by demographic variables.

As emerging themes and categories presented themselves, interview questions became more directive (Glaser & Strauss, 1967; Schatzman & Strauss, 1973). This format was used so that more detailed information could be obtained. In addition, this directed the content to specific topic areas in a less inhibited manner (Glaser, 1978).

Data collected were coded and catalogued based upon mutual themes and similarities. Once new data were no longer obtained, the categories were considered saturated and the investigation was terminated.

Interviews

Unstructured, open-ended interviews were used at the beginning stages of this investigation. Participant interviews took place individually and in small group settings. Six group sessions were held at the alternative residential setting and four group sessions were held at the alternative school before saturation occurred. The preliminary interview questions provided the structure for the initial investigation. In addition, two staff at each facility were interviewed, so as to offer added information on the lived experiences of the participants. Field notes, regarding observations and impressions made on the investigator, also were part of this study. Field notes were recorded during or immediately following each session and observation.

Informed consent was obtained prior to speaking with the participants. Both parents/guardians and potential adolescent participants were required to sign a consent form prior to the adolescent taking part in the group and individual audiotaped interviews (Appendix B). The consent forms were kept in a locked file in the investigator's office. A copy of the consent forms from participants at the alternative living site were also kept on file in the

office of the residential director until the completion of the interviews, per their policy requirements.

The nature and purpose of the study was explained to each participant prior to the interview. Each participant and her parent or guardian were given the option to discuss the investigation in private with the investigator and her dissertation chairperson prior to the adolescent taking part in this study. In addition, each potential participant and her parent or guardian were given a letter explaining the dynamics associated with this investigation (Appendix C).

Observations

Two observations per participant took place at the participant's school or residential setting over the course of this investigation. Each observation ranged from 5 to 20 minutes. The director of the facility was aware of the nature of the observation. No other staff was privy to this information. Observations were done from the least invading position as possible. Observation settings were dictated by the emerging themes throughout this investigation. No additional settings were needed. Field notes provided the documentation for these events. These notes were promptly recorded to ensure as much accuracy and detail as possible.

Journal

Each participant was asked to keep a journal during the investigation period. This journal could contain any poetry, art, music, diary entry, or other expressive work

the participant would like to include. In addition, each group session began with 15 minutes of freestyle writing or drawing which were to reflect events, behaviors, and/or feelings over the past week. A chart (Appendix D) was given to each participant that would allow them to record this same information throughout the study.

All the participants completed their charts as requested. Feelings expressed were of happiness (e.g., "that it's Friday," "that I get to go live with a foster family") and sadness (e.g., "that I am alone," "that I am away from my family," "that I am not heard") were the only feelings identified on the chart. In addition, several of the participants drew their names on the "doodle" portion of the chart. None drew anything else there. Only one participant chose to submit any written material. She submitted poetry dealing with feelings of sadness, loss, and loneliness. In addition, her poetry addressed her lack of ability to deal with her life at this time (i.e., "Girl in Chains," "Love on the Run").

Protection of Human Rights

The director or principal at each site was contacted and the present study was explained. Written permission was obtained from them prior to beginning this investigation (Appendix E). The proposal was approved by the investigator's doctoral dissertation committee. An application for full review was submitted and approved by the Institutional Review Board (IRB) at the University of Alabama at Birmingham (Appendix F).

Participation in this study was voluntary and the participants could have elected to quit at any time during the process. Both parents/guardians and participants signed a written consent form prior to the adolescent taking part in this study. It was expressly written that audiotaping would occur during the interview sections of this investigation on the consent form.

To protect confidentiality, several safeguards were taken. All participants agreed to abide by the rules of confidentiality for all group interview sessions. It was further stated that if it was confirmed a participant shared any information obtained during a group interview, that participant would be immediately removed from the study. All interviews were conducted in a private area, away from students, faculty, and staff. A private visiting room, a counseling office, and a school library were provided for this purpose.

All participants selected a fictitious name to use during this study and all references to the participants were to be under this alias. No direct identifiers, which could be linked to the participant, were used. All questions were asked in the third person or about adolescent females in general. All field notes, interview materials, etc. were placed in a locked filing cabinet and destroyed upon completion of the study.

Data Analysis

Data collected were analyzed through constant comparative analysis. This was done by labeling,

hypothesizing, and clustering data (Glaser, 1978; Stern, 1980). Concept development, modification, and integration were used to assist in the emergence of a grounded substantive theory. Data processing occurred throughout the investigation, and while a sequential process was used to guide this investigation, repetition and overlapping of steps were the rule rather than the exception (Stern, 1985). Monitoring of data throughout the research process allowed for linking of gestalts or hypotheses in a manner which explained the phenomena (Glaser; Stern, 1985).

Components of data processing in grounded theory methodology were coding, memoing, and sorting. Because of the evolutionary process seen with grounded theory research, it was imperative that the researcher conduct these concept formation procedures simultaneously.

Coding

Coding the data required labeling the dynamics in a way that allowed the researcher to capture the essence of what was occurring (Stern, 1985). This was accomplished by labeling the dynamics according to the properties which characterize the essence of what was being communicated (Schatzman & Strauss, 1973). By noticing patterns in the data, concept specification was established (Glaser, 1978). By providing labels or codes for the dynamics taking place, theory emerged which served to explain the data (Glaser).

Coding generally falls within two main categories: substantive and theoretical (Glaser, 1978). Substantive coding is used when a description, property, condition,

consequence, or strategy emerges. Gerunds (words ending with "ing") are used to denote the action taking place (Stern, 1985). Using the method of open coding (Glaser), the investigator broke the data down into as many categories as possible. A list compiled of these categories provided a basis to describe the dynamics which emerged from the data. Once no new category could be found, open coding was deemed saturated.

Selective coding, another subset of substantive coding, was used to cluster open codes into related categories (Glaser, 1978). Data were compared and contrasted until an appropriate category was delineated. Once major patterns had emerged and no data were found to expand the understanding of the concept, categories were found to be saturated.

Theoretical codes assisted the researcher in moving from a descriptive mode into a conceptual frame of reference (Glaser & Strauss, 1967). Broader in scope than substantive coding, theoretical coding assisted in defining concepts more accurately. This occurred when propositions were formed about the relationships between substantive codes and verification of these relationships was made (Glaser, 1978; Stern, 1985).

Coding occurred throughout the investigative process. Each taped session was coded prior to each subsequent session. This served to force ongoing analysis, set the agenda for the next interview session, and was a preventive

measure used to uncover bias throughout the investigation (Miles & Huberman, 1984).

Memoing

Memoing is the recording of the researcher's thoughts and ideas about the interrelationship of emerging data. It is the means by which the researcher validates patterns and themes (Stern, 1985), and is the core of theory generation (Glaser, 1978). The goals of memoing are to conceptualize data, determine the properties, hypothesize about the relationship of categorical and property clusters, integrate cluster data to form theory, and relate emerging theory with other relevant theories (Glaser).

Memoing was a constant process and began with the first participant contact. It allowed the investigator the opportunity to write up ideas about coding and any relationship seen among codes (Glaser, 1978). In turn, this fostered a deeper understanding of the dynamic under investigation and served as a foundation for conceptual elaboration.

Sorting

Sorting memos allows for clustering concepts according to categories (Stern, 1985). A theoretical outline was formed from the categories which emerged from memo sorting. Ideas rather than actual data were sorted at this stage of the investigation. This, in turn, allowed the researcher to focus on the concepts which emerged in this investigation and guided the writing of the final report (Glaser, 1978; Stern).

Validity, Reliability, and Predictability

Qualitative, or theory generating research, is evaluated differently than quantitative or theory verification research. Attention, however, still needs to be directed toward validity, reliability, and predictability of the research investigation. Without strong, positive correlates in these areas, the research results would be useless.

Validity

In qualitative research, validity is measured by the emerging knowledge and understanding as to the "true nature, essence, meaning, and character under study" (Leininger, 1985, p. 18). Validity is based on the relevance of the theory to the population being investigated and to the global population which this subpopulation represents. As a result, criterion-related validity is determined from the context, attributes, and meaning of the nature and essence of the phenomenon (Leininger). Congruence, meaning, and syntax (as related to objective and subjective factors) formed the basis for assessing concurrent validity (Leininger). By having such a large sample of participants, with regard to the potential participant population at the two sites (20 of 31 potential adolescent females participated in this study), it can be assumed that the sample population was reflective of the population from which it was drawn. In addition, the topic is timely and appropriate. Data which emerged appeared to be authentic. The group process allowed the

participants to seek clarification among themselves. Members were challenged if comments did not fit observed behaviors by other group participants in several cases. Because the population is "high risk," data derived from this population can be generalized only to "high risk" adolescent females.

Reliability

Reliability refers to the degree of consistency between identified, recurrent homogeneous and heterogeneous phenomena confirmed in a variety of contexts (Leininger, 1985). Identification and documentation of test-retest procedures with the participants formed the basis for reliability. By asking the participants if the true meaning of their experience was captured, the findings were evaluated by the only accurate source available (Stern, 1985).

Test-retest was done with the participants. Questions were asked more than one time, in a variety of ways, over group and individual sessions. Meaning of themes were verified with the participants as they emerged. In this way, the most accurate information was obtained from the participants in this investigation.

Predictability

The process of an experience or event discovered through qualitative research allows for prediction of occurrences within similar populations. This occurred when conditions were described in a way that led to an understanding of a particular phenomenon, and when the

process under which the phenomenon occurred could be transferred to other contexts (Stern, 1985).

Several themes were discovered which proved to be consistent across all participants. These themes can be used to predict stressors and responses by adolescent females and alcohol, tobacco, and other drug use. Results are especially relevant to "high risk" adolescent female populations.

Limitations

The following limitations of this investigation have been determined as follows.

1. The population was limited to adolescent females in alternative environments.

2. The investigation was conducted by one researcher, who has had limited experience in grounded theory investigation.

3. Lack of control over physical presence of participants at one investigatory site led to irregular availability of participants due to suspension and absenteeism.

4. Finite time and monetary constraints limited the number of sites and the potential for a longitudinal investigation.

5. The extent to which participants were open and honest with their responses about substance abuse and adolescent females was not known.

CHAPTER IV

Conceptual Organization

A grounded theory of the risk and resiliency factors among adolescent females is presented. Demographic data obtained from the participants are offered. The core category, supporting subcategories and concepts which emerged from this grounded theory investigation are described.

Participants

Qualitative data were collected from individual and group interviews of 20 adolescent females. Eleven of the female participants attended an alternative educational placement due to violent behavior, weapon possession, and/or drug possession on their home school premises. When asked why they were placed in the alternative educational setting, three participants stated that they had assaulted faculty members. Four participants responded that they had been placed in the alternative school due to assaulting another student. One participant reported that she had received alternative school placement for possession of a firearm on school property. Three participants said their placement in the alternative school was due to possession of chemical substances on school property.

Nine of the females were in a residential facility. Three of the participants reported they were at this placement due to suffering abuse in their family setting. Six participants stated they were in this placement due to their exhibiting out of control behavior. All reported being in at least one residential placement prior to being at this location.

Participants ranged in age from 13 to 15 years, with a mean age of 14.5 years. Nine participants were African American. Eleven participants were Caucasian. Thirteen participants came from single parent families, three from blended families, and four were from nuclear (both parents together) families. All participants reported having siblings ($M = 2.4$). No pattern was seen in birth order. Annual family income ranged from below \$10,000 a year to over \$60,000. The mean income fell in the \$19,999 to \$30,000 range.

Twelve participants reported being from an urban community, three from a suburban community, and five stated they were from a rural community (prior to their residential placement). All participants reported using alcohol or other drugs at least once in their lives (Nicotine use was included by the participants. Additional use of alcohol or other drugs was required for participation in this study). Alcohol, marijuana, and nicotine were the three most sited drugs of use by the respondents. Alcohol was indicated in 70% of the responses. Marijuana was indicated in 60% of the

responses. Nicotine was indicated in 85% of the responses. In addition, cocaine, heroin, inhalants, Xanax, and "uppers" (amphetamines) had also been sited. Table 1 presents a summary of the demographic characteristics.

Thirty adolescent females fit the criteria set out by this investigation. Twenty participants returned permission slips. Therefore, 66.7% of the total population consented to participate in this investigation. Three participants were suspended from school or removed from their residential placement during the course of this investigation. Data obtained prior to their removal were kept in the study. Participants attended 98.4% of the group sessions at the residential setting, while participants at the educational setting participated 71.3% of the time.

In addition to the adolescent participants, four female staff members at the respective sites consented to be interviewed. Their job titles were substance abuse counselor, youth services/school liaison, teacher, and teacher/assistant administrator. All had worked with adolescents a minimum of 5 years and continue to have daily contact with youth in their job settings. Three staff members were Caucasian and one was African American.

Response to Substance Use and Abuse

All participants were asked what stressors impacted an adolescent female's choice to use alcohol and other drugs. In order to adequately explore this dynamic, the participants addressed a variety of stressors in adolescent

Table 1

Demographic Characteristics

Participant	Site	Reason for Placement	Age	Ethnic Background	Parents	Community	Chemical Substance of Choice
1	AEP	Assault	13	Caucasian	Married	Suburban	Alcohol, nicotine
2	AEP	Assault	15	African American	Single	Urban	Marijuana, alcohol, nicotine
3	AEP	Assault	13	African American	Blended	Urban	Alcohol
4	AEP	Assault	15	African American	Single-divorced	Urban	Marijuana, alcohol, nicotine
5	AEP	Assault	14	African American	Single	Urban	Alcohol
6	AEP	Assault	15	Caucasian	Married	Urban	Marijuana, nicotine
7	AEP	Assault	13	African American	Single-divorced	Urban	Marijuana, alcohol, nicotine
8	AEP	Weapons possession	15	Caucasian	Single-divorced	Suburban	Marijuana, nicotine
9	AEP	Possession of a chemical substance	13	African American	Single	Urban	Marijuana, alcohol, nicotine
10	AEP	Possession of a chemical substance	14	African American	Blended	Urban	Alcohol, nicotine

Table 1 (Continued)

Participant	Site	Reason for Placement	Age	Ethnic Background	Parents	Community	Chemical Substance of Choice
11	AEP	Possession of a chemical substance	15	African American	Single	Urban	Marijuana, nicotine
12	ARP	Abusive family environment	14	Caucasian	Single-divorced	Rural	Marijuana, alcohol, nicotine
13	ARP	Abusive family environment	15	Caucasian	Married	Urban	Alcohol
14	ARP	Abusive family environment	15	Caucasian	Single-divorced	Suburban	Marijuana, nicotine
15	ARP	Beyond control	15	Caucasian	Blended	Rural	Alcohol, nicotine
16	ARP	Beyond control	15	Caucasian	Single-divorced	Urban	Marijuana, nicotine
17	ARP	Beyond control	15	Caucasian	Married	Rural	Marijuana, alcohol, nicotine
18	ARP	Beyond control	15	Caucasian	Single-divorced	Rural	Alcohol, nicotine
19	ARP	Beyond control	15	Caucasian	Single	Urban	Marijuana, nicotine
20	ARP	Beyond control	15	African American	Single	Rural	Alcohol, nicotine

Note. AEP = alternative educational placement, ARP = alternative residential placement.

females' lives. This generated information regarding pressure to have sexual experiences, teen pregnancy, AIDS and other sexually transmitted diseases, violence, gang activity, death, school issues, family support, friendships, and sense of being overwhelmed in day-to-day living. The major themes which emerged from the original question were: (a) self-esteem, (b) locus of control, (c) security, (d) self-image, (e) "no way out," (f) role models, and (g) family.

Self-Esteem

The majority of the participants stated that males were more important than females. This belief stemmed from the fact that they thought more emphasis was placed on male dominated programs in schools, sporting events, and career choices. Participants discussed females--particularly adolescent females--as being devalued by family and society. Females were believed to be the weaker sex and were validated only through male acceptance. This belief was supported by the following statements.

They [girls] think the guy is right about them. He must be right because he is a guy.

Yeah, it's like they [community, government, people in charge] see something and say, "Its no big deal. They're only girls," and they pretend that what is happening isn't. They do this over and over until something happens. Somebody gets shot. All the girls in the neighborhood are doin' drugs, they all just get wild. Then these same people put their hands over their mouths, and act like the whole world has come to an end. They ask how it happened, and try and pretend as if they didn't know. They knew, they don't care. AA say if you talk the talk, you have to walk the walk. When it comes to us, they'[re talkin' but they ain't walkin'].

You hear all the time how horrible it is that males are going to jail, and something has to be done to keep them out of jail. All sorts of programs. Do you hear that about us? No! Are there just as many females in jail as males? Yes!

Did you watch the Olympics? You saw the Dream Team a lot. They talked about the women and did a commercial and all, but you didn't get to see them play as much on TV. What do you expect?

My dad sexually abused me, and I was always told it was my fault by my mom. The woman is supposed to control the sex.

They work hard at my school to get dudes into coop. You don't hear them talking that much to the girls. I guess it's more for them. That's the way it goes though. You just expect it any more.

When confidence levels were discussed, the participants focused their attention on situations where adolescent females lost their belief in themselves. This loss occurred through lack of positive support, and emphasis was placed mainly on the negative. This was demonstrated in statements such as the following.

My parents always bring up what I do bad. They say it's to help me, but it don't. It just makes me cry and get mad.

I tried to learn how to drive the tractor. I messed up and my brother told me to get off and not get back on. He said a dummy could do it. I was only 9 . . . I haven't tried to drive it since then.

Some dude talked my sister's friend into being the carrier for his gang. He told her that's what women were made for, to do the triffling stuff . . . She's still doing it. I guess she believed him.

Once she started dating this guy, he just started telling her what to do. He was really mean if she didn't do it. Now she asks him before she does anything. It's like she lost her mind to him or something.

Teachers and parents both get on you, and don't let up. Why try any more? I'm just going to mess up anyway.

I wanted to take an honors math class last year. The counselor said I wasn't as smart as some of the boys she let in, even though I got better grades than them. They did OK, but I thought I was smarter than them . . . I'm just going to take the three math classes I have to in high school, and quit . . . I don't like math any more.

Sometimes people get tired of hearing always that you can't do anything, so they just do what people tell them.

Others appeared to believe that they had magical powers that allowed them to control situations and people around them. This was evidenced in comments like the following.

My boyfriend's wild, but I'm going to tame him.

This summer I'm going to work on making my mom stop drinking.

If I work it just right, I can get my dad to come back home to my mom.

In addition, some participants addressed the fact that negative attention was better for them than no attention at all. Statements such as the following reflect this.

These guys called me up and asked me to strip for them. He talked real nice and all. He even said he would get me pot and buy me dinner. I know it wasn't right, but it felt good to get the compliment that he wanted to be with me.

My mom used to call me stupid all the time when I was home and we did stuff, or she would just ignore me. I'd rather do stuff and be stupid than not get to spend time with my mom.

According to Kasl (1986), females in our society are made to believe that they can control their environment and others, but lack the ability to control self. This belief sets females up to believe that their worth is not as positive as others, and places more emphasis on others' needs above their own. In turn, this reinforces lack of self-esteem.

While all of the participants talked about females being equal to males, discussed being able to do what males can do, and gave examples of one person who was "her own person," additional comments contradicted these statements. When talking about women working in men's jobs, participants discounted the significance of that event by discussing affirmative action as follows.

How they have to let women and nonwhites have those jobs. The government knows that's the only way that they could ever get them. I still think the job should go to the best person.

They say that women can do anything, but I see females doing everything. Look at the girls our age out keeping a guy. She goes to school maybe, works, and does everything that he wants her to. Is that the way that you treat somebody important? . . . You can go to college and do all that stuff, but what really matters is a ring on your finger and a home. Females trying to do the other stuff are the ones that are nerds and couldn't get a guy anyway.

In addition, females who were described as assertive (taking care of their own needs while not abusing the rights of others) were described in a derogatory manner. "She thinks she's cute," "She's hard," "She's a B," were descriptors for females who set boundaries for themselves with others. Concerns regarding females acting in that manner, appeared to stem from the fact that she probably will, "never get a man if she keeps doing that." When females attempted to project a sense of importance through significant others seeking their attention and approval (e.g., "He came crying back on my shoulder, and said he couldn't live without me."), the comments were discounted by other participants (e.g., "Don't lie you sweat him" and

"You say that now, but its a different story when you're around him").

All of these factors were associated with chemical use. The following statements are provided.

I like the feeling when I'm high. I forget about why people say what they say to me, and just remember the good stuff. If you always look at the bad, you get really depressed. I can't think about what guys say and do to me without knowing that they are really using me . . . unless I'm high. Then I can pretend I'm one of the "glamorous people," and they really do love me for me.

It doesn't matter what people say and do when I'm drunk. I don't remember it anyway, or I know I remember it wrong so who cares.

External Locus of Control

Participants discussed females needing a strong "significant other in her life" in order to survive. Worth and status stemmed from the relationship with the other person, and it was repeatedly expressed that the significant other was needed in order to control the female's behavior. Statements such as the following demonstrate this fact.

When I go home this weekend, I'm not going to drink or get high . . . Yeah, I'm going to go to parties, but my boyfriend will be with me, and he'll make sure I'm OK.

They know better than to mess with me. He'd [boyfriend] tear them up. They know he's my man.

My boyfriend is 27. My worker said we can't do anything because of statutory rape. I think they're just jealous because he is older than them, has a car, and gives me money . . . He tells me to listen to the counselors here and tell them my feelings. I do because he knows that's best for me, you know.

My girlfriend really cares about me. She is a basketball player at the University of _____. She helps me not to do stuff that is going to hurt me. It's good to go with an older person for that reason.

The payback for this control and direction is for the adolescent female to devote her life to him or her as the case may be. Regardless of the topic being discussed in group or individual sessions, over 80% of the dialogue generated by the participants focused on a significant other in some shape or form. Comments such as the following were the norm rather than the exception.

I know that's true. [Boyfriend] told me just the other day that he . . .

Drugs aren't as bad for you as they say. My boyfriend says . . .

I know that this is off the subject, but did I show you all a picture of [boyfriend]?

Gilligan (1982) reports females are more comfortable working in groups, and see their worth being expressed by the group in which they belong. Relationships also reflect worth to many adolescent females. An observation made by one of the adult staff participants in this investigation is as follows.

In order to be accepted, girls have to have the boyfriend. Then he talks her into drugs and sex, and she thinks that makes her more precious--having more worth.

Others' influence was directly associated with chemical use. Females discussed boyfriends using chemicals to get adolescent females to comply with their wishes. The following examples reflect this belief.

When her boyfriends get her high, she'll do anything for him or with him.

Guys tell you doing drugs makes you older and more mature. I think they just say it so you'll have sex with them, or forget to use protection so they can brag about getting you pregnant and being a man.

There's this girl in the neighborhood, and this guy gives her all the drugs she wants. To pay him back, she collects the money and delivers the drugs. She'll do anything for the drugs. She fends for them. She says he's her boyfriend, I think he's just using her.

In addition, females are set up for violent situations when they believe that other's needs are more important than their own. As their locus of control focuses out instead of inward, adolescent females assume that other's needs, desires, and wishes circumvent their own. This situation is compounded when females use chemical substances. This is seen in statements such as the following.

When a girl uses drugs, she looks like a scank. She deserves everything a guy does to her.

They [adolescent females] get all messed up because their boyfriends work to get them strung out on stuff. Then when he hits her, she has to take it.

Girls use drugs. Guys have a lot more muscle than we do, and they use it if they don't get what they want. Girls have to use something to block it all out. You can't blame them for using drugs.

They [substance abusing females] lose all of their respect, and the guys that get them hooked, even hit them and call them bad names.

Security

Security was something that each participant expressed wanting to have in their life. Security is also something that every participant stated was not in their life, least wise, not in a way that allowed them to feel peaceful and content. World events, neighborhood disputes, gang activity, and family strife were reasons that participants stated many adolescent females chose to use alcohol and other drugs.

You almost have to be part of a gang anymore to feel safe. You can't walk down the street without someone fighting, shooting, or stabbing somebody.

The world gets worser every year. Pretty soon you will just have to lock yourself in your room, and hope for the best . . . With all this going on, who could blame you if you stayed tore up.

I had a friend whose father lost his job. Then he and her mother fought all the time. She drank wine coolers every night so she could go to sleep, and forget about all of the problems they were having.

Do you know in the last month, five teenagers have died that I know of. It seems like the more kids die and you hear it, the more girls come to school high or smoke [marijuana] while they're at school. A person can just take so much.

Elkind (1994) addressed the fact that adolescents are victims of stress as a result of their dealing with the rapid changes in the world. As expectations increase and preparation to deal with stress decreases, adolescent females are at a loss on how to deal with the flood of new experiences. When the experiences are violent, added stress is evident (Silverstein et al., 1990).

Three of the respondents stated that females believe using chemicals will somehow allow them to survive until the situation that they are in changes. They see themselves and other females as helpless to deal with what they have to face in day-to-day living. Not knowing what is "normal" is also a problem, according to the respondents. Not having a foundation prevents young women from asserting themselves, and taking positive action to deal with life situations.

I don't know what to do. Everybody that I see, just goes along with it. I mean they join gangs so that they are safe . . . I know you can get hurt from being in a gang, and a gang can save you too. . . Security in numbers and all of that stuff . . . They stay away from their houses when family fight, or they get up in the middle of it and try to make it better. They try to get a good boyfriend . . . especially if he is big or other people are scared of him . . . They take drugs to feel better and to forget. I just don't know what is right . . . especially what is right for me.

It keeps them alive, but they don't really seem happy. They worry all of the time. It's almost like they have to see how other people are feeling to know what to say or do. It would wear me out. I guess that's why so many of the females around are doing something. You know a "nip" here, a "puff" there, a "pill" in between. How do I know what to do?

Most girls my age don't know what to do so they forget about it. The best was to do that is through drugs.

Self-Image

Self-image was another area that all of the participants addressed in dealing with adolescent, female substance abuse. How a female felt about herself affected her activities. It appeared that adolescent females very seldom feel as if they "measure up" to males, media depictions, and romance novels. Transitioning into adulthood, experiencing physiological changes, and seeking out her own identity places stress on females. Many choose to deal with this added stress through chemical substances.

These clothes came from the guy's section at K-Mart. It doesn't mean that I'm gay. I just liked the colors. Do you think it makes me look gay? Do I look fat in it? I worried so much about it, I had to take a [pill] to get to sleep the other night.

My boyfriend likes me even though I'm fat. That's good because I don't know what I would do if he called me a heffer like some guys do their girlfriends. (Comment made by a female who wears size 10 clothes). All their girlfriends laugh it off, but they smoke more dope when they say that.

I run and run and look at the bulges on the sides of my legs. I guess I'll become a vegetarian. Did you know that Christy Brinkley is a vegetarian? She doesn't have bulges on the sides of her legs. Do you think I need diet pills or to have the fat sucked off?

If I loose 20 more pounds and grow out my hair, I know I can get a boyfriend.

Being different appears to be a stressor for many females. This was addressed by the participants in talking about going to Alcoholic Anonymous meetings, being gay, or being reared in a different geographic locality. Differences and the developmental need to belong or join (Brown & Gilligan, 1993) can place a female in a precarious situation. Participants addressed this dynamic in this way.

So many people are homophobic. Girls think that you are after them because you are gay. I don't sweat nobody that doesn't want me.

It's tough to be going to A.A. and having people know that you are an alcoholic. You stick out . . . You don't get invited to parties because they don't know what to think about you and alcohol.

I am slow and look ugly because my mother drank while she was carrying me. It has made me slow. I can't read. Boys get me drunk and they like me for a little while. Then, they call me ugly and laugh. It hurts a lot.

I talk like I'm a country girl, and I am. When I get with my friends I do things to fit in sometimes, I'm not going to lie.

Even if you're ugly, if you go along with your friends they like you. I'll drink to fit in if I have to. They talk you into trying things. They're my friends.

You can forget how ugly you are for a little while when you use.

Most of the participants had the mindset that a female could be either tough or feminine--not both. It appeared they were grappling with which one was the best choice for

them and for others. No consideration was given to a blend of these qualities. Participants addressed this dynamic in relation to its impact on substance use and abuse. Examples of this include the following.

Females in gangs are hard, especially if they get beat in and not sexed in. Some of them use because they see it as a privilege to being part of the gang. Some use to forget.

If you are hard, they may call you a "B", but people respect that. You can't trust anybody these days. You always get hurt in the end. If you're hard it doesn't hurt so bad.

If you act like a female you get run over. Guys like you better, and you still get run over.

Why can't you just be nice? Why do people abuse that?

Role Models

One adult staff person was interviewed and summed up the role model concept best by the following.

As adults, we have to be here for our sisters growing up. Who do they have to look to if we are acting unhealthy?

Participants addressed the fact that society expected them to be less than their counterparts. They did not know how a female could deal with that in a positive way, because they say it happens so seldom. The one example contrary to the fact is presented below.

Look at Ms. _____. She is the head here. She is even over Mr. _____. This is the first time in my life I've ever seen that before. Everybody listens to her too. I still haven't quite figured out how to be like her when I grow up though.

Other examples provided were not so helpful. Participants talked about females, especially in relationships, who were being abused.

He got mad and kicked her back all the way from the liquor store on the corner. She was down on her hands and knees, and he kept kicking her. The son finally killed him.

I know what females don't need to be like--they don't need to be like my mom. She lets her boyfriend tell her what to do and then talks about him like a dog. That's no good. She used to not even drink beer before she met him.

What I don't understand is how a woman can be a boss at work and be treated so bad at home. No wonder she has so many "cocktails" after dinner.

All the women I see smoke on the pipe [crack cocaine].

The participants also glamorized the drug culture. Females who were seen "hanging with" a drug dealer, dealing drugs themselves, or were depicted as being part of the drug scene by the media were females to be envied. Participants discussed how these women had made it. They had the clothes, jewelry, and money that they saw as freedom. Statements such as the following support this concept.

Did you see the woman in the [beer] commercial? She was with a fine man. He treated her nice too. I bet she didn't have any problems.

You can say what you want, but the women in that [cigarette brand] has really come a long way. They always look like they're having fun.

I was watching [movie] on cable the other night and that woman was bad--bad as a dude. She didn't take it from them.

Did you see that movie _____? She was a street hustler, learned how to dance, and made it big. The star was using cocaine and she was bisexual. When the friend got raped and the men wouldn't do anything, she went and just tore him up. She has a really nice life.

What did [rock star] die from? Did you see where those two guys in [band] got in trouble? One died and the other got into some trouble I think. Who can blame them? They live with so much stress. They make the best of it though and people really love them.

In addition, participants discussed other adolescent females "who had it made". They talked about how they would do anything to be like them. The examples offered demonstrated that, at least to them, other females have done exactly that.

Did you see ____? Man, she has it made. Have you seen her boyfriend? Let me tell you about him . . . [Another adolescent female] sweats her. She dresses like her, acts like her, and even drinks the same kind of wine coolers.

Did you see ____? She got her hair cut just like _____. She's starting to walk and laugh like her too . . . She's smoking cigarettes now--the same kind as _____. Everybody wants to be like her though, not just _____.

Family

Family is a key figure in a young person's development. Values and beliefs are formed from this relationship (Hirschi, 1969). During adolescence, peers elevate in importance, and many times family appears to take a back seat to the young person's friendships (Baumrind, 1991; Kafka & London, 1991). Issues appear to arise when there is no strong, positive family tie.

Participants addressed this topic by discussing lack of positive role models, low bonding with their family, and pregnancy as a means to obtain a family. The relationship between these dynamics and substance use and abuse were addressed in the following way.

My mother smokes. She tells me to stop and I tell her I will if she will. All she says is that she is 33. I ask her when she started and she said 14. I'm 14. Thank you very much. I don't plan to have a baby at 15 though. How does she think she can tell me what to do when she has messed up her life so much?

My mother drinks and then has sex with her boyfriend in her room. I'm not stupid. Then she tells me I can't. Why should I listen?

I don't have a family really. We're certainly not the "Walton's Family Christmas" or anything. My parents aren't like Cosby. The only way I will ever have a family to really love me is when I have a baby. Your kid always loves you, and never leaves you.

My dad's in the pen and my mom stays mad. If I got pregnant, would they let me out of here? I said the person I lost my virginity to would be the one I'd marry. If I did that [get married and have a baby], then I would have a real family.

Not all thoughts of having a baby were positive. This relationship was further developed to explain ATOD use. Examples of this included the following.

Every girl that I know that got pregnant was drunk or high when it happened. Then the guy leaves you and you're all alone. How can you raise a baby that way?

My sister was fine until the baby got 2. Now, all he did was say no all the time. She couldn't stand it. They took him away from her because she was drinking and partying all the time. I think it was because she had a baby and it didn't turn out the way she wanted it to. It made her feel like a failure. Your baby is supposed to love you all the time.

No Way Out

The core concept which emerged from the data was that the participants perceived there was "no way out" of their dilemma. The participants assumed that it was easier to give up than to continue to struggle and get no where. All the participants indicated that external forces would be necessary for them to deal with their life stresses. They blamed themselves when negative things happened to self or

significant others in their lives. They saw "female" as a discounted entrapment, and repeatedly spoke of females who tried to get out but did not. Examples of this include the following.

I know somebody. Everybody thought she would get out of the [pro] 'jects. She went to college and everything. Now what is she doing? She's back on the streets selling drugs. She just lost 4 years going to school.

How can I not be a female? How can I not keep them from treating me the way that they treat us?

It's the same old sad song. It's the same old sad dance. And I'm tired of dancing. All they do is go round and round and round.

Nobody cares anyway. Why should I?

I know you can say that I can, but . . .

When all that you know is the neighborhood, where can you go?

The participants described various obstacles in school, community, and family to any upward progression. What a female loses by taking a stand and stepping out appears to be worth more than what the participants believe they would gain. When a female does not follow the "party line," she is denounced. This rejection was discussed as the ultimate insult and injury an adolescent female could suffer. What was verbalized by all the participants was the fact that they did not feel valued on their own, were subjected to the wills of others, and that it did not matter much if a person used alcohol or other drugs because their lives were not about much anyway. Despite talk to the contrary, all participants stated that they received

this message loud and clear from society, their family, and peers.

Support Concepts

Learned Helplessness

The majority of the participants discussed their and other females' attempts to break free from this mold. They recited several stories about their attempts to seek equality and work toward a positive sense of self. They addressed other females' attempts and the consequences of those attempts. They discussed how they often times told others what they thought they wanted to hear, for fear of being rejected. In the beginning, it was difficult for both groups to have questions asked without any framework to guide them or how to answer. Even for those participants who were vocal and appeared to be so angry, acceptance was so important to them. Confidentiality was questioned at every session (e.g., "You really can't tell anybody what I said?" "Are you sure?" "What if they ask you, what will you say?"). Once the trust level was established, it was interesting to see how each of the participants shared, discussed, and appeared to deal with the questions at hand. The groups began to form cohesive units and functioned as a group.

Dealing With the Legal System

The participants discussed how much easier it was for females than males to get through the legal system if she was the victimizer. Statements such as "If you don't, it's no big deal;" "They don't care what women do;" and "You'll

get a light sentence" reflected the overall beliefs of what was said by the females in the group sessions.

The opposite was true if the female was the one being victimized. The participants expressed the belief that the courts "leave family matters to families," and "figure you deserve it if it happens to you." Another participant stated that she didn't think about what happens or doesn't happen in the legal system, "I just do what my attorney tells me to do."

A Way Out of the "No Way Out"

The participants and staff who were interviewed believed that they had some answers to this dilemma. Programs focusing on females were first on the list. They believed that females needed education and a safe place to talk. They thought that women needed to pursue more nontraditional jobs, and that more females should take adolescent females "under her wings" and care for them as they grow up. Females need a place where they will be accepted for who they are and need to be brought into community groups so that they can see that others feel they have some worth. Participants shared that they would like to mentor younger girls, and felt that would have been a benefit to them growing up. All of these dynamics were discussed as options to prevent alcohol and other drug use. Comments that support these beliefs include the following:

I wish we could have a group like this all of the time. Only I would like for you to let us know how you feel about things too. It has been fun coming here. It has made me feel special to tell them I was going to my group now.

Sister _____ makes me feel loved. I think if I dyed my hair like Dennis Rodman, she would still like me. You don't find many people like her. I wish I could find people like her on the outside too.

I was in youth and then they didn't want me because of some things I said. They shouldn't ask people what they think if they don't want to hear it. That's not polite. That's just dumb.

If females didn't have to keep our feelings in, I don't think they would use as much.

Participants felt as if their options to chemical substance use was a "pipe dream". Based on what was seen currently in the community, no potential for their reality was believed to exist. This once again was tied into the participants' lack of worth in other's eyes, and led once again back to the futility of the situation. Examples of this include the following.

I would like to mentor a little kid. You know, tell her what I needed to know back then. I could tell her what to do if somebody brought a gun on the bus, how to handle punks and guys, and how to let others know not to mess with her. I'd keep her away from drugs too . . . it will never happen though. Look at all those _____ leaders that abused those kids. They will never let it happen.

If we all hung together and accepted us for us--you know like a group of best friends--we could be there for each other and it would be O.K. I just think we would get into "he say, she say" and the group would bust up . . . or some guy would mess it up . . . or something.

A variety of obstacles prevented the participants from achieving their full potential and seeking out more positive goals. Even though they have answers to the dilemma, past history prevents them from attempting to seek out other options in their lives.

CHAPTER V

Discussion, Implications, and Recommendations

The purpose of this investigation was to explore the lived experiences of adolescent females in relation to substance use. This investigation was conducted using in-depth group and individual interviews of 20 adolescent females who had past experiences with alcohol and/or other drugs. Other fieldwork methods included first-hand reports from the alternative school and residential staff, participant observation, and participant journal submissions. Data were obtained and analyzed using grounded theory methodology. Data were then coded into conceptual categories. Support concepts for these categories were identified.

Individual System Responses

Neuman (1995) described the degree of reaction of an individual to a stressor as the amount of system instability occurring as a response to being exposed to the stressor. This reaction is determined by natural and learned resistance, and is evidenced by the strength of the lines of resistance and by the normal and flexible lines of defense. The amount of each individual's reaction is dependent upon timing, type, and strength of the stressor; the individual's basic core structure, experiences, and

energy resources; and the individual's perception of the stressor. In an attempt to adapt to stressors, an individual can attempt to cope by returning to and maintaining system stability. Through this reconstitution, an individual may place themselves in a higher or lower level of wellness.

The initial response of the participants to stressors which impact an adolescent female's choice to use chemical substances was lack of self-esteem. This was believed to stem from society, family, friends, and self placing more importance on male needs than female needs. Female validation was believed to occur through male acceptance. This, in turn, devalued females.

In turn, adolescent females were described as losing confidence in themselves, and feeling the need to turn to others for protection and support. Female power was addressed in relation to attempting to control others' behavior and environment. The result of this dynamic is a female who feels that she can maintain an appropriate interaction between intrapersonal, interpersonal, and extrapersonal stressors by focusing outside of herself. As her locus of control extends outward, she escalates her feelings of being out of control, and a vicious cycle ensues.

Despite her best efforts, adolescent females were said to be seeking additional security. This was a result of the fast-paced, changing society, increased instability in family, and escalating violence in their neighborhood and

the world. As her locus of control shifts outward, adolescent females address the increased potential for violence. No strong presence appeared to be in these adolescent female's lives. As a result, they do not feel anchored, or prepared to deal with all of the new and increasingly threatening situations they experience (personally or through the media) on a day-to-day basis.

Part of this instability and extending power outward, appears to be derived from lack of positive role models. Female roles were described in rigid terms, or were so vague that they would be difficult to replicate. Role models the participants described fell into two categories. They were those depicted in the media with "perfect bodies," draped in "diamonds and furs," and depicted in an alcohol or other drug related environment; or there were those seen in daily life who were powerless to deal with life's stresses in a healthy way.

Family, which appears to be a solid resilient force in other studies, was noticeably lacking here. Family was discussed in passing or was referred to in negative terms. No sense of support was found from the females in relation to their family. This could be due, in part, to the fact that approximately half of the participants were no longer residing with family members.

These themes led to the core concept of there being no way out. The participants believed they had two options. One option was to submit to their environment and allow whatever others wanted to happen to occur. The other

option was to try your hardest and fail. Being female was perceived as an entrapment and obstacles which they faced were reported to be in schools, family, and the community. Females are reported to lose more than they gain if they take a stand, with alienation being their greatest fear (Figure 1).

Reasons for adolescent female alcohol, tobacco, and other drug use/abuse are multifactorial. Stressors such as low self esteem; external locus of control; lack of security; low self-image; poor role models; lack of support from family, school, and community; learned helplessness; and a sense of hopelessness result in disequilibrium among female adolescents. In an attempt to cope with these stressors, adolescent females may attempt to neutralize the negative impact of the stressors on their lines of resistance and defense. Substance use, denial of the stressor(s) and their impact, and enmeshment in unhealthy relationships are means that can be used to accomplish this task.

In addition, adolescent females may seek security, belonging, and love to deal with stressors. Since the locus of control was found to be external and adolescent females assume that they can control others but not themselves, individuals stronger and/or believed to provide unconditional love are sought. Means used to accomplish this task include sexual acting out and pregnancy.

If other methods do not adequately neutralize an adolescent female's fear and shame, anger will result. If

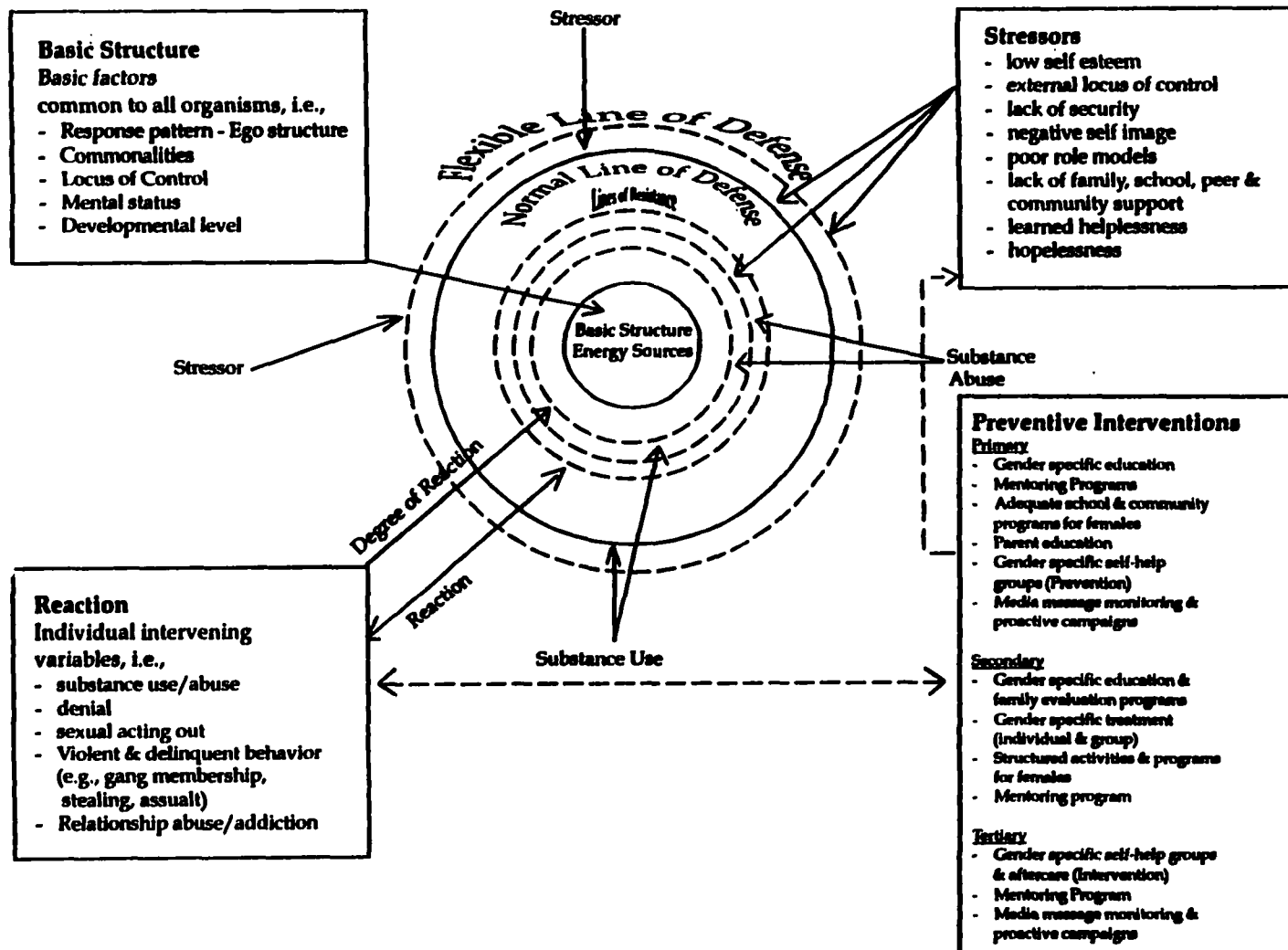


Figure 1. The Neuman systems model adapted to female adolescent alcohol, tobacco, and other drug use

internalized, it can manifest as accepting abuse from others, increased lack of self-esteem/image, and possibly suicide. If directed outward, gang membership, vandalism, stealing, and assault may be the result.

Prevention interventions can be utilized to bolster resiliency and support a positive reconstitution. Gender specific education focusing upon ATOD use and abuse, bolstering coping skills, developing positive decision making strategies, and assertive behavioral responses provide a foundation for this reconstitution. Mentoring programs with healthy female role models would assist in demonstrating how females can have intelligence, power, and the ability to care for herself. Parent groups which focus on gender specific issues and adolescence will enhance parents' ability to support their daughter on her progression to adulthood. More positive media messages, which focus on female ability and worth, will do much to minimize the concept of chemical substances, looks, and a "man" in their lives being what gives females their worth. Gender specific therapeutic intervention (self help groups, individual therapy, group therapy, family therapy, and aftercare) will serve to provide a more positive impact on adolescent females' ability to cope with interpersonal, intrapersonal, and extrapersonal stressors.

Implications

Findings from this investigation can prove useful for nurses and other health professionals, social service workers, educators, parents, and others having ongoing

contact with adolescent females. For the purpose of this investigation, implications are related to nursing practice, education, and research.

Practice

It is important for nurses and others to realize the impact a deflated sense of empowerment has on other beliefs and behaviors of adolescent females. Even when the participants discussed issues from a proactive stance, their behaviors continue to be reactive. Because of the sense of futility expressed by the participants, adolescent females appear to be more comfortable in the victim role.

Currently, the vast majority of therapeutic practice is guided by theory based upon male models. This holds especially true when addressing the disease of chemical dependency. Theory based upon an adolescent female perspective of reality needs to be incorporated into practice. This needs to be done so as to increase the probability that female needs are being met most effectively. In support areas (i.e., self-image, locus of control, and security), means of dealing with stressors from a female perspective also need to be incorporated.

Professionals have just begun to acknowledge that use of alcohol and other drugs is a serious health problem for adolescent females. Studies continue to reflect increased usage of all chemical substances among female adolescents. In response, health related problems derived from ATOD use are on the increase. As one participant stated, "drugs are

unisex now" and this dynamic needs to be understood and incorporated into clinical practice.

When an adolescent female abuses chemical substances, all family members are affected. This dynamic holds true for current and subsequent generations unless some positive intervention occurs. Family members need education and support in understanding and dealing with the stressors generated by the disease of chemical dependency. Family roles need to be evaluated and alternative means in dealing with stressors need to be provided. The idea that "my little girl couldn't possibly be addicted" needs to be aggressively confronted, and new strategies to deal with adolescent females need to be taught and supported.

Communities need to be educated about chemical use and adolescent females. Most community programs are based upon male models and few have an understanding as to the difference between positive intervention for adolescent females compared to adolescent males. Interventions need to address females' sense of being devalued by the community. Programs specifically established for females need to be put into place and a proactive rather than reactive position needs to be developed and utilized.

Education

Nurses, social service providers, and other health care professionals need further education on appropriate means of providing primary, secondary, and tertiary prevention in relation to alcohol, tobacco, and other drug use and abuse with an adolescent, female population.

Educators also need to be made aware of the dynamics of chemical dependency and need to receive instruction on recognizing and providing prevention strategies for an adolescent, female population. Because of the rapid increase in substance use, and due to the potential for health risks as a result, the need for formal instruction in educational, social services, and health related professional schools is apparent.

Continuing education programs need to focus on adolescent female needs and substance abuse. In this way, nurses, physicians, counselors, psychologists, and others would have the opportunity to increase their understanding and skills for providing appropriate therapeutic intervention. Educators need to be made aware of the dynamics of adolescent, female substance abuse and be offered the knowledge and skills needed to take a more proactive stance in the classroom.

Based on the findings of this investigation, adolescent females need more than to be told to "just say no!" It is important that their contacts in the community be positive. They need to feel valued and empowered. Adolescent females need to see that they count and that there are a myriad of strategies utilized by females that do. Because of the holistic scope of nursing practice, nurses have the unique opportunity to convey the importance of addressing the needs of adolescent females in relation to alcohol, tobacco, and other drug use. This can be accomplished through contact with other professionals in

the community and through community education programs offered to the general public.

Research

Little is known about adolescent females and alcohol, tobacco, and other drug abuse. Research focusing upon prevention and other intervention practices need to be specific to adolescent female populations. When adolescent females are included in a research investigation, the findings need to be extracted and evaluated on its own merit.

Longitudinal studies need to be conducted using adolescent females. Follow-up studies of the experiences of adolescent females need to begin in childhood and span through early adulthood. In this way, a more complete picture of chemical dependency, stressors, and reconstitutions developed by adolescent females can be assessed. Prevention intervention programs need to be developed for adolescent females. Evaluation of their impact upon adolescent female alcohol, tobacco, and other drug abuse need to be conducted. In this way, a more complete understanding of adolescent females and ATOD use and abuse can be fostered.

The concept of "No Way Out" could be further elaborated by including adolescent females from a variety of settings. A more global paradigm could be developed by comparing adolescent females who are chemically dependent with those who are not. In addition, including participants from settings other than alterative

intervention sites would increase the generalizability of the investigation.

Recommendations

Based on the research findings, the following recommendations are made.

1. Conduct a longitudinal study of the experiences of adolescent females from traditional and alternative settings to facilitate a more global understanding of adolescent females and alcohol, tobacco, and other drug use and abuse.

2. Replicate this study using sites throughout the United States and abroad.

3. Further investigate to the sociocultural, psychological, developmental, physiological, and spiritual responses of adolescent females using both qualitative and quantitative research designs.

4. Provide education and training for nurses, other health care providers, and social service professionals to address the dynamics of chemical dependency as they relate to the needs of adolescent females.

5. Establish positive mentoring programs between women and female adolescents, and between female adolescents and female youth.

6. Establish gender specific programs for adolescent females comparable to those now available for males. The programs currently in place need to be made more accessible for females.

7. Provide female adolescent self-help groups with assistance in processing female issues in a safe environment.

8. Increase the number of community prevention and early intervention programs directed toward female adolescents.

9. Provide parent education through community programs focusing upon adolescent female needs and the family.

10. Address the message being sent out by the media regarding chemical use and females through professional groups, personal contacts, and community initiatives.

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APPENDIX A
Demographic Information

Demographic Information

Age: _____

Grade: _____

Ethnic Background: ___ African American ___ Caucasian
 ___ OtherFamily: Who do you live with? _____

Number of brothers _____ Number of sisters _____

Are you the oldest, youngest, middle, or only child? _____

Are you in good health? ___ Yes ___ No

For what reason are you at this facility? _____

Have you ever used alcohol or other drugs? Yes ___ No ___

If yes, how often? _____

If yes, what types? _____

(To be completed by participants and placed in an envelope and sealed for return to the investigator's office for interpretation. Will not be marked to identify participants. Will be collected from participants by the investigator.)

APPENDIX B

**Informed Consent - Adolescent Female Risk and
Resiliency Factors**

Informed Consent - Adolescent Female Risk and Resiliency Factors

Explanation of Procedures

You (your child/guardian) are being asked to participate in a research study designed to determine risk and resiliency factors for adolescent females. If you (your child/guardian) decide to participate, you (your child/guardian) will be asked to take part in a weekly group session (1 hour), two individual sessions (30 minutes) each month, and to contribute any written, drawn, etc. material that represents adolescent female interests and feelings today. The entire project will last no more than 8 weeks.

During the time of participation, all individuals involved will be addressed by an alias (fake name) of their choosing. In addition, all individuals taking part in this study will be asked to keep confidential (not tell anyone outside of the group) what another person has said in the group sessions. If a participant should tell what another person said, that person will be removed from the group. The exception would be if it was believed that the participant was going to be harmed or physically harm someone else; then the investigator would tell the person and appropriate others of the threat of harm. To keep a participant from disclosing something that they might be uncomfortable with, all questions will be asked in general terms (about females in general or adolescent females that the participant has encountered in her lifetime) and in past tense. Any participant can state that she does not want to answer a question at any time as well.

All individual and group sessions will take place in a private place (classroom, conference room, etc.). At no time will the investigator (interviewer) share information regarding a particular person in a way that identifies that female except in the case of actual or potential physical harm. The investigator will tell the participant first should that need arise.

Risks and Discomforts

While every effort will be made to keep what is said confidential (what is said in the group stays in the group), it is up to each participant to not share information. Questions and information will be asked about females in general, and participants can decline to answer (pass) at any time. Group setting rules will include being courteous and respectful of each other. While it is doubtful that anyone will feel uncomfortable in this setting, that possibility may be present.

Participant/parent(guardian) initials _____

Benefits

The benefit that the participant will receive from participating includes an arena to discuss current issues related to adolescent females, and may learn some new things about themselves. Participation in this study may also provide valuable information about what factors in a young female's life aids in promoting health and what factors increase the risk of adolescent females making bad choices for themselves.

Alternative Treatments

Because this is not a medical study, no treatment is involved.

Confidentiality

The information gathered during this study will be kept confidential by the investigator. The overall results of the study may be published for scientific purposes, however, a person's identity will not be revealed.

Withdrawal Without Prejudice

Any person participating in this study or their parent/guardian can withdraw the participant from this study at any time without prejudice against any other current or future contact with the institution.

Cost to Subject for Participation in Research

There is no charge for participating in this study.

Payment for Participation in the Research

There is no payment for participation in the research.

Payment for Research Related Injuries

UAB has no provision for monetary compensation in the event of physical injury resulting from the research and in the event of such injury medical treatment is provided, but is not provided free of charge.

Questions

If you have any questions about the research Mary A. Bemker or Dr. Ann Edgil will be happy to answer them. Ms. Bemker can be reached at ____-____. Dr. Edgil can be reached at (____) ____-____.

Participant/parent(guardian) initials _____

Legal Rights and Signatures

You will receive a copy of this informed consent. You are not waiving any of your legal rights by signing this consent form. Your signature below indicates you agree to (have your daughter/guardian) participate in this study.

Signature of Parent/Guardian

Date

Signature of Participant

Date

Signature of Investigator

Date

Signature of Witness

Date

APPENDIX C

Letter to Parent/Guardian

Dear Parent/Guardian:

My name is Mary Bemker. I am a doctoral student in the School of Nursing at the University of Alabama at Birmingham. As part of my studies, I am investigating what adolescent females believe are the things that keep female teenagers from using alcohol and other drugs, and what types of things make them want to use chemical substances. All questions will be asked about females in general. Any experience asked about would be in the past tense. Participants would be asked not to give out names of anyone they would be discussing.

Those participating in the study would be asked not to share anything anyone else had shared outside of the group. This rule, confidentiality, is what group therapists require when doing group therapy sessions. While this is not a group therapy session, the same respect needs to be given for others participating in this study.

Each person will meet in a small group one time per week for about an hour. She will meet no more than two or three times per month to talk with me individually. Art work, classwork, poetry, etc. can be shared. Free time will be given at the start of each group for that to be done. The young person can also add anything else she would like at the beginning of the session, simply by giving it to me. I will then take it back to my office and store it in a locked cabinet until the end of the study. Then, it will be destroyed. She will also be asked to fill out a short form on how she is feeling that day. These too will be kept locked up and destroyed at the end of the study. All interviews are taped. The tapes are then typed onto paper. The tapes and the written copy will be destroyed after the investigation is over.

If you believe this would be a positive experience for your young person, please fill out the consent form attached. Your young person will fill out a consent form also before beginning this study. Only 10 to 15 people will be allowed to participate. If more fill out the forms, names will be drawn to see who will participate.

If you have any questions, feel free to contact me at _____. Thank you in advance for taking the time to consider this for your child.

Sincerely,

Mary A. Bemker, Psy. S., M.S.N., R.N.

APPENDIX D

Chart

Name: _____ (fictitious)

Date: _____

Today I felt _____ because _____.

When I felt this way I _____. Other times

I have felt this way I have _____. Strengths

I have to deal with these feelings are _____. I like/

don't like to feel this way.

Doodle Pad:

APPENDIX E

Approval From Director or Principal

January 26, 1996

TO WHOM IT MAY CONCERN:

_____ provides residential and community-based treatment services to severely emotionally disabled adolescent girls. Mary Bemker and I have discussed her doing her dissertation research on substance abuse with our clients. She does have my permission to use _____ as a site for this dissertation research.

Sincerely

Executive Director

(Altered for protection of participant confidentiality/
anonymity)

February 6, 1996

To Whom It May Concern:

I understand that Mary Bemker is a doctoral student in the School of Nursing at The University of Alabama at Birmingham. Ms. Bemker has spoken to me about her dissertation proposal. I understand that she is investigating the issues related to adolescent female high risk behaviors, such as alcohol, tobacco, and other drug use and abuse. It has been explained that participants will have signed permission prior to participating in this study and I have reviewed the methodology section of her proposal. As principal of _____, Ms. Bemker has my permission to conduct her dissertation research at this school.

If I can be of further help, please contact me.

Sincerely,

Principal

(Altered for the protection of participant confidentiality/
anonymity)

APPENDIX F

Institutional Review Board Approval Form

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Office of the Institutional Review Board for Human Use

FORM 4: IDENTIFICATION AND CERTIFICATION OF RESEARCH PROJECTS INVOLVING HUMAN SUBJECTS

THE INSTITUTIONAL REVIEW BOARD (IRB) MUST COMPLETE THIS FORM FOR ALL APPLICATIONS FOR RESEARCH AND TRAINING GRANTS, PROGRAM PROJECT AND CENTER GRANTS, DEMONSTRATION GRANTS, FELLOWSHIPS, TRAINERSHIPS, AWARDS, AND OTHER PROPOSALS WHICH MIGHT INVOLVE THE USE OF HUMAN RESEARCH SUBJECTS INDEPENDENT OF SOURCE OF FUNDING.

THIS FORM DOES NOT APPLY TO APPLICATIONS FOR GRANTS LIMITED TO THE SUPPORT OF CONSTRUCTION, ALTERATIONS AND RENOVATIONS, OR RESEARCH RESOURCES.

 PRINCIPAL INVESTIGATOR: **BECKER, MARY A**

 PROJECT TITLE: **ADOLESCENT FEMALE SUBSTANCE ABUSE: RISK AND RESILIENCY FACTORS**

1. THIS IS A TRAINING GRANT. EACH RESEARCH PROJECT INVOLVING HUMAN SUBJECTS PROPOSED BY TRAINERS MUST BE REVIEWED SEPARATELY BY THE INSTITUTIONAL REVIEW BOARD (IRB).
2. THIS APPLICATION INCLUDES RESEARCH INVOLVING HUMAN SUBJECTS. THE IRB HAS REVIEWED AND APPROVED THIS APPLICATION ON APRIL 10, 1996 IN ACCORDANCE WITH UAB'S ASSURANCE APPROVED BY THE UNITED STATES PUBLIC HEALTH SERVICE. THE PROJECT WILL BE SUBJECT TO ANNUAL CONTINUING REVIEW AS PROVIDED IN THAT ASSURANCE.
- THIS PROJECT RECEIVED EXPEDITED REVIEW.
- THIS PROJECT RECEIVED FULL BOARD REVIEW.
3. THIS APPLICATION MAY INCLUDE RESEARCH INVOLVING HUMAN SUBJECTS. REVIEW IS PENDING BY THE IRB AS PROVIDED BY UAB'S ASSURANCE. COMPLETION OF REVIEW WILL BE CERTIFIED BY ISSUANCE OF ANOTHER FORM 4 AS SOON AS POSSIBLE.
4. EXEMPTION IS APPROVED BASED ON EXEMPTION CATEGORY NUMBER(S) _____.

 DATE: APRIL 10, 1996**R. MARSHALL YOUNG, JR., M.D.**
 INTERIM CHAIRMAN OF THE
 INSTITUTIONAL REVIEW BOARD

The University of Alabama at Birmingham
 1170R Administration Building • 701 South 20th Street
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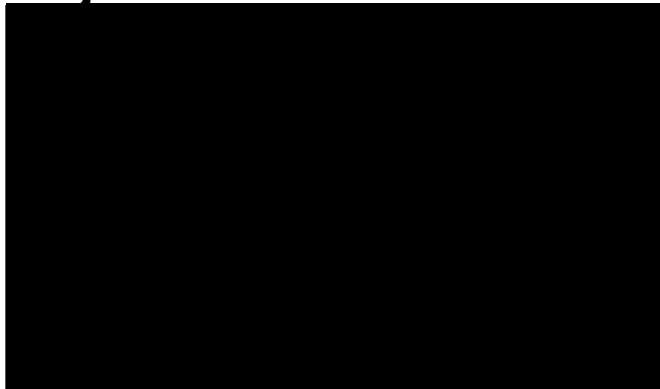
**GRADUATE SCHOOL
UNIVERSITY OF ALABAMA AT BIRMINGHAM
DISSERTATION APPROVAL FORM**

Name of Candidate Mary A. Bemker

Major Subject Community Mental Health Nursing

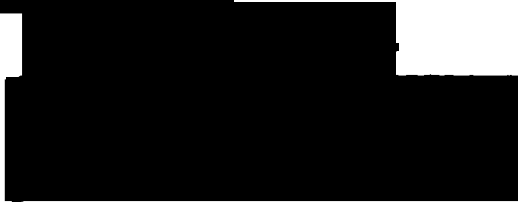
Title of Dissertation Adolescent, Female Substance Abuse: Risk and
Resiliency Factors

Dissertation Committee:



Director of Graduate Program

Dean, UAB Graduate School



Date 12/30/98