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The Evaluation of Creative Passages: A Dance/ Movement Therapy and Rits of Passage Pilot Program for Adolescent Girls

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THE EVALUATION OF CREATIVE PASSAGES: A DANCE/MOVEMENT THERAPY AND

RITES OF PASSAGE PILOT PROGRAM FOR ADOLESCENT GIRLS

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Abstract

The purpose of this evaluation project was to assess the Creative Passages Program; a dance/movement therapy pilot program incorporating rites of passage rituals that was developed by the principle investigator. The evaluation included comprehensive assessment evaluation methods to assess the programs performance and its ability to achieve its specified outcomes. Creative Passages was constructed around a rites of passage framework, applying a ritual based experience similar to ceremonies performed for female adolescents in many cultures around the world. The program was developed around the idea that a dance/movement therapy program that incorporates rites of passage ritual for adolescent girls will enhance their understandings of their own self-concepts, increase their ability to express themselves, and positively impact their social skills; thus fostering a positive sense of self-worth that will benefit the next phase of their lives.

The pilot was conducted at a residential treatment facility in Illinois serving children and adolescents with severe emotional and behavioral challenges. Participants included 6 adolescent female residents between the ages of 11 and 16 years. The formative evaluation included qualitative data collection methods including journal entries written by the investigator and focus groups, which included three clinical staff at the facility. The data collected was analyzed using thematic analysis. The summative evaluations data collection methods included movement assessment coding sheets and quantitative surveys. Movement assessments were analyzed by comparing pre and post program movement assessments. Survey scores were analyzed using the Wilcoxon Match Pairs-Signed Rank Test. Due to a decrease in the sample size the summative evaluation was discontinued. Creative Passages pilot program demonstrated the ability to address its projected outcomes. Future implementation of the program should further develop its structure and outcomes to meet the needs and consider the abilities of the participants.

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Chapter One: Introduction

Over a lifetime humans experience a number of developmental changes. These stages have been classified both psychologically and physically. The adolescent stage, as defined by The World Heath Organization (1994), is the period in human growth and development that occurs after childhood and before adulthood, between the ages of 10 and 19. This stage is marked by a period of rapid physical, social, and cognitive growth. During this time adolescents explore their self-identity, experience changes in their body image, seek to acquire independence, and experience changes in their peer group involvement (Miller, Wallace, Anglin, & Werner, 2014). The biological factors of adolescence are rather universal; however, the duration and defining characteristics of this period may vary across time, cultures, and socioeconomic situations (World Health Organization, 2015). Self-worth is a major predictor of behaviors during adolescence and adulthood. Higher levels of self-worth are associated with several positive outcomes, such as occupational success, social relationships, wellbeing, positive perceptions by peers, academic achievement, and improved coping skills (Trzesniewski,, Donnellan, & Robins , 2003). The level of self-esteem influences an individual's idea of self-worth (Crocker & Knight, 2005). Maladaptive beliefs and behaviors derived throughout an individuals life experiences can alter growth and stunt development, creating a less progressive self-concept and a lack of self-esteem. Low self-esteem negatively impacts self-worth and is associated with adverse outcomes, such as depression, substance abuse, and antisocial behavior (Crocker J, Wolfe CT., 2001).

Traditional rites of passage rituals specifically for coming-of-age, have been found to enhance the self-esteem of youth participating in the experience (Warfield-Coppock, 1992). Coming-of-age ceremonies are a traditional practice of a variety of cultural societies. Rites of

passage rituals prepare individuals entering into adolescence for the new roles and responsibilities they will face in their futures, and teach morals and values. Rites of passage rituals play significant roles in identity transitions in coming-of-age ceremonies and have been researched in conjunction with Erickson's identified psychosocial tasks for adolescents of identity formation (Markstrom & Iborra , 2003). Research has shown that youth programs in various urban communities have used a rites of passage experience as a way to enhance their programs effectiveness (Warfield- Coppock, 1992). Values taught in rites of passage practices can have a positive impact on the individual's sense of self. These programs were tailored to the community in which they were derived and incorporate the beliefs and values of that group, while providing a sense of being connected to the larger community in which they live.

Motivation for the project

Motivation for this project stems from my personal life experience of my adolescent years, my work with youth in the arts and non-profit world, and my work as a dance/movement therapy intern with children who have experienced severe trauma. I experienced a rites of passage ceremony at the age of 13. The rituals I participated in encouraged commitment and dedication, they challenged my leadership skills and enhanced my ideas of my personal self-image. This experience taught me principles and values that are still important into adulthood. African dance, which was incorporated into my rite of passage process, played an integral role in my life by connecting me to my heritage. It taught me discipline by giving me a platform to express myself creatively and helped me to define who I am as an individual.

As a professional, I use the values I learned through my adolescent years to counsel the young people with whom I work with. As a dance educator and emerging dance/movement therapist with significant first hand experience, I realize the impact of movement on body-mind

integration noticing how it has affected me and seeing the growth of my clients and students in several areas of their development.

Creative Passages Program for Adolescent Girls is my way of creating a program that combines all of this knowledge and experience to give girls the opportunity to explore their individuality through movement, challenge their social and leadership abilities and integrate the knowledge they get to better appreciate themselves and the woman they are becoming. Using dance/movement therapy interventions with rites of passage ritual process can help clients' process and discover their own values and perceptions as opposed to passing on a set of principles given by a larger community within a traditional rites of passage framework. Evaluating the Creative Passages pilot program will provide useful information on best practices for future implementation of the program and identify the program's ability to achieve the intended outcomes.

Purpose of the project

The purpose of this project was to assess the Creative Passages Pilot Program's ability to address the needs of adolescent girls who suffer from severe maladaptive behaviors as residents of a treatment facility for youth as a result of severe trauma and experience behavioral and emotional challenges. It is my belief that a dance/movement therapy program that uses a rites of passage ritual guideline to focus on concepts related to social skills, creative expression, and self-exploration would have a positive impact on the ability of adolescent girls to define themselves and express themselves in a healthy manner; thus fostering a positive self-worth. The development of this program considered the needs and abilities of the participants; their level of trauma, developmental abilities, and social abilities.

The evaluation set out to answer the following questions: How effective is the Creative Passages Program at achieving its program outcomes? And, how effective is the implementation of the program? The formative evaluation would be undertaken with the support of clinicians that worked directly with the participants. Using a focus group model, participants would provide feedback on the performance of the program, its structure, and address challenges. Journal entries would provide feedback on what is taking place in sessions, what is working, what is not working, and any adjustments made to any session curriculum. The summative evaluation would include pre and post treatment surveys providing quantitative data related to the programs outcomes. It would also include a qualitative movement assessment to assess changes in body movement and connections.

Value of the Evaluation Study

This evaluation may be of value to clinicians and educators who work with adolescent girl populations and girls with severe maladaptive behaviors. Trial and error is a large part of the process of putting together a successful program with a challenging demographic. Assessing the program's systematic process and its structure will provide valuable information on how to organize and pace a specialized therapeutic program such as this. The evaluation may help in understanding how the developmental challenges the girls face will impact their ability to connect and engage in a program such as this. This project could also be of value to the field of dance/movement therapy, and more specifically dance/movement therapists working in residential facilities. Assessment of the program's ability to achieve therapeutic treatment goals may motivate dance/movement therapist to incorporate other creative and non-traditional approaches into their practice. Evaluating the implementation of the program and receiving feedback from clinical professionals with different specialties helps provide multiple

perspectives on how best to serve program participants and work in conjunction with their treatment plan.

Theoretical Framework

As an emerging dance/movement therapist I have had the opportunity to experiment with multiple techniques of counseling. I am drawn to the concepts and principles of person centered approaches to therapy. My work with children who have experienced severe trauma has played a part in how I understand therapy and developed my framework. In my practice, I use a framework that integrates relational-cultural, Marian Chase and Blanche Evans theories.

Relational-cultural theory is built on the principle that human beings grow through relationships (Jordan, 2009). Developed out of an idea of human development that places connection at the center of growth, relational-cultural theorists believe that individuals need healthy connections in order to flourish, and see isolation as a major source of suffering (Jordan, 2009). Relational-cultural theory emphasizes transforming isolation by changing the maladaptive attitudes and understandings of individuals as a result of exploring mutual empathy and mutual empowerment in order to develop growth-fostering relationships (Jordan, 2009). Growth-fostering interventions repair empathic failures and alter relational expectations created in early formative relationships (Jordan, 2009). The relational-cultural theory integrates social justice concepts, understanding that the effects of privilege, marginalization, and cultural forces play an integral role in psychological development (Jordan, 2009). Relational-cultural theory practitioners believe that clients are worthy of respect and that therapy involves an openness to change on the part of all (Jordan, 2009). Relationship and acceptance are seen as important parts of the therapeutic relationship, which involves establishing trust and creating a space for vulnerability.

Similar to relational-cultural theory, dance/movement therapy also values the idea of relationship as a key part of its therapeutic process (Levy, 1988). As a dance/movement therapist I utilize the theories of both Marian Chace and Blanche Evans. Marian Chace's practice of dance/movement therapy is based on the assumption that dance is communication, and that we all must engage in communication to fulfill a basic human need. Chace used dance/movement for self-expression and communication; she perceived, confronted, and reflected movement expressions with her patients to bring them out of an isolated state (Levy, 1988). Chace's technique is described as " …a complete and self-contained system of group therapy that utilizes movement as its predominate mode of interaction, communication, and expression" (Levy, 1988). Chace followed a consistent format in each session that incorporates a beginning (warm-up), middle (theme development), and end (closure) (Levy, 1988). Each phase served its own purpose in the development of the group structure and support of the therapeutic relationship. In contrast to the Chacian technique, Blanche Evans used creative dance and improvisation to connect individuals to their psyche. Blanche Evans stressed that dance utilizes the most direct and complete connection to the psyche (Levy, 1988). Evans believed that for individuals, dance was synonymous to their culture and that true body-mind unification occurs after being taught how to move and sense the body correctly, leaving a person better equipped to organize and explore expressive movement sequences (Levy, 1988). Evans' methods focused on uncovering hidden feelings and themes, then using new patterns and understandings through movement and verbal processing to foster resilience and change the relationship (Levy, 1988). Evans used improvisational techniques to elicit thoughts and feelings. In my experience of practicing Evan's techniques, improvisation and enactment has helped facilitate communication with clients who have difficulty verbalizing their needs and experiences. For clients who have trouble verbalizing

and processing, these techniques provide a level of indirect conversation where they feel safe enough to express themselves.

In summary, individuals must be able to understand and experience their own thoughts and feelings. They need skills for communicating these in a healthy manner. These understandings lead to integration and wholeness. For children who experience severe maladaptive behaviors resulting from trauma, engaging in the development of social skills, emotional regulation, and empathic understanding are important for the development of healthy psychological growth. The theoretical framework in which this program was derived from emphasized relationship in its therapeutic process as a principle for personal growth and development. These concepts correlate to the ritual process framework in which Creative Passages was structured. The aim of this evaluation was to assess whether my incorporation of these ideas into the form of a rites of passage ritual informed dance/movement therapy program works to achieve healthier psychosocial development and benefit self-worth. The following literature review will expand upon the topics relevant to the scope of this project including: adolescent girl development, self-esteem and factors that support self-worth, rites of passage practices, dance/movement therapy with adolescents with maladaptive behaviors, and trauma informed care.

Chapter Two: Literature Review

Introduction

Physical and psychological changes can influence perceptions of and satisfaction with body image. These changes are key elements in the development of self-esteem and social adjustment among adolescents (Gatti , Ionio, Traficante, & Confalonieri, 2014). Self-esteem, a contingency of self-worth (Crocker & Knight, 2005), is a major indicator of positive or negative outcomes of development during adolescence. Higher self-esteem is associated with numerous positive outcomes, such as healthy social relationships, wellbeing, positive outlooks by peers, academic achievement, and positive coping skills (Trzesniewski,, Donnellan, & Robins , 2003). Low self-esteem is associated with adverse outcomes, such as depression, substance abuse, and antisocial behavior (Miller, Wallace, Anglin, & Werner, 2014).

In today's society adolescent girls are frequently exposed to sexualized, unrealistic ideals portraying how girls and women should act and look (Curry & Choate, 2012). The images found in media have an impact on the self-esteem and body image of adolescents of all backgrounds, and socioeconomic levels (Amazue, 2014). For adolescent girls attempting to establish who they are in society, these implications of self-image impact their self-identity, and self-esteem. The capacity for adolescents to grow developmentally in a healthy way is dependent upon the balance of support and opportunity provided in their environments (WHO, 2015). The degree to which they have been loved, valued, and educated as children and the way they see their futures are also important to healthy adolescent development (World Health Organization, 1994). It is important for adolescent girls to have resources available to them that support the exploration of positive social and psychological developmental growth. I feel that one of these resources, which have the potential to accomplish this, is rites of passage ritual.

Rites of passage rituals are traditional practices for coming-of-age ceremonies that take place in many cultures (Pinckney IV, Outley, Blake, & Kelly, 2011). It is ritual practice to mark the transitional period from childhood into adulthood. Indigenous cultures practiced coming of age rituals to maximize the potential to shape the life course of a young person (Markstrom & Iborra , 2003). The rituals include teachings concerning spirituality, cultural identity, and self-identity. They describe responsibilities within the culture, social roles, morals and values (Pinckney IV, Outley, Blake, & Kelly, 2011). Rituals were practiced to affect four areas of being: spiritual, emotional, intellectual, and physical. This supported physical and psychological integration (Markstrom & Iborra , 2003).

In indigenous cultures, many rites rituals incorporate dance. Dance provided a means of expression for communicating feelings interpersonally and for communing with nature. Dance rituals played an important part of major life events, thus serving to promote personal integration as well as the fundamental integration of the individual with society (Levy, 1988). Dance/movement therapy uses movement psychotherapeutically to further physical and psychic integration (Levy, 1988). It encourages creativity and uses a holistic approach to explore a range of issues related to personal and social development (Goodgame, 2007). Dance/movement therapists believe that by experiencing the fundamental unity of body, mind, and spirit one can regain a sense of wholeness (Levy, 1988). Therapeutic dance and movement activities with young people experiencing difficulties with expression and communication have been shown to build confidence, develop trust and enhance self-esteem (Goodgame, 2007).

Dance is an essential part of many cultural rites of passage practices. In Brazil, young people of the favelas—Brazilian shanty towns—have used hip-hop music and dance in a ritual

based process as a means of developing life purpose. This ritual helped them to stay away from engaging in crime as well as provide them with a platform to share their viewpoints about social justice issues (Silva, 2006). This young present day culture has reestablished how ritual can serve as a way for society to come together and value creative expression (Silva, 2006).

Programs with rites of passage frameworks were created in various institutional settings. Programs in community organizations focused on the values and morals of the community; therapeutic rites of passage programs were designed for groups of young people in which the program goals aligned with their treatment goals (Warfield-Coppock, 1992). This review of literature will formulate the ideas that led to the development of the Creative Passages Program, which incorporates a rites of passage ritual concept within a dance/movement therapy program. This program focused on supporting the psychosocial growth of adolescent girls by encouraging the exploration of identity, values, and morals.

Adolescent Development

The adolescent stage is a critical period in an individual's development. Defined by the ages of 10 to19, adolescence ultimately begins at the onset of puberty (WHO, 2015). Some sources extend the adolescent years to age 26 (Miller, Wallace, Anglin, & Werner, 2014). The adolescent stage marks transitioning from childhood to adulthood (Pinckney IV, Outley, Blake, & Kelly, 2011). During adolescence the body becomes more sexually defined and reproductive capability is established (World Health Organization, 1994). Individuals begin to attain adult roles and responsibilities in society (Miller, Wallace, Anglin, & Werner, 2014). Adolescence is highlighted by the complex interactions of physical, emotional, and social changes youth undergo at a rapid pace. These include changes in body image, cognitive development, and sexual development. These physical changes are accompanied by the, exploration of self-

identity, acquisition of independence, and establishment of life goals (Miller, Wallace, Anglin, & Werner, 2014). During this period young people increase their capacity to demonstrate empathy for others, establish relationships with peers and adults outside of their family (World Health Organization, 1994).

Adolescent Girls

While adolescence is a time of growth and discovery, it is also a time of considerable risk, during which social contexts can have a tremendous impact on healthy development (WHO, 2015). Defining characteristics of this period vary across time, cultures, and socioeconomic situations (WHO, 2015). Adolescent girls ideas of self can be influenced by societal views of femininity; these include ideas of beauty and sexuality, and gender roles (Impett, Henson, Breines, Schooler, & Tolman, 2011). Body objectification can negatively impact self-esteem and contribute to depressive symptoms (Impett, Henson, Breines, Schooler, & Tolman, 2011). The pressures associated with the commercial objectification of females put adolescent girls at high risk for unsafe behaviors such as drugs and alcohol, distorted eating, and unsafe sex (DoctorNDTV, 2008). There is a need for interventions to help female adolescents to deconstruct the negative influences found in their environment pertaining to body image, which tend to affect self-esteem early in their adolescent life (Amazue, 2014).

Self-Esteem, Identity, and Relation to Self-Worth

Research has suggested that people have an inherent need to feel good about themselves; this feeling is related to self-esteem (Amazue, 2014). Self-esteem refers to the favorable beliefs individuals hold about themselves (Baumeister & Bushman, 2011). High self-esteem is associated with more favorable outcomes in life such as healthy social relationships, academic achievement, and good physical health (Amazue, 2014), while low self-esteem in contrast, which

reflects a more negative self-concept is associated with outcomes such as depression, health problems, and antisocial behaviors (Myers, Willse, & Villalba, 2011).

Self-esteem is particularly critical during adolescent development, because it is likely to decline and not rise again until young adulthood (Trzesniewski,, Donnellan, & Robins , 2003). Self-esteem levels are highly reactive to social evaluation and are thus constantly changing in response to external feedback (Trzesniewski,, Donnellan, & Robins , 2003). During adolescence, self-esteem is affected by a number of factors, including age, race, ethnicity, body weight, puberty, involvement in physical activities, and gender (Powel, 2004).

Erik Erikson is credited with pioneering groundbreaking work on the meaning of identity (Kroger, 2007). Erikson (1963), described identity as involving a subjective feeling of self-sameness and continuity over time (Kroger, 2007). This can be further explained as the sense of self (Powel, 2004). Identity Versus Role Confusion is the psychosocial stage defined by Erickson (1963) that makes up the adolescent years. Erickson (1963) suggests that identity formation is the central psychosocial task of adolescence. He identified four implications for developing a healthy identity: becoming and feeling most like oneself while experiencing a subjective sense of comfort with the self; having a sense of direction in life; perceiving sameness and continuity of the self from the past, present, and anticipated future; and expressing an identity that is affirmed by a community of important individuals (Markstrom & Iborra , 2003).

Identity is influenced greatly by interactions with others in an individual's immediate environment and larger society. These interactions and social their contexts play an important role in the creation and maintenance of identity (Sica, 2009). Literature has suggested that individuals who feel connected to a specific culture have a stronger sense of identity (Dong et al, 2015). Cultural identity is defined as the sense of attachment a person has to a particular group

(Dong et al, 2015). A stronger connection to cultural identity is associated with positive wellbeing and higher self-esteem. Close friendships and social acceptance are some of the most important aspects of developing self-identity; in adolescence, the relational dimension of identity has an important role (Sica, 2009). Researchers have operationalized Erickson's concept of identity formation during adolescence as a process that involves exploration and commitment. Exploration involves the search for identity by investigating options, goals, actions and beliefs. Commitment represents the resolution of identity issues; it is the act of adhering to selected goals or beliefs (Sica, 2009). If adolescents are not given the chance to explore their new roles they may experience the inability to make moves toward identity-defining commitments (Kroger, 2007).

The review thus far has identified similarities in the contributing factors to the building and maintaining of self-esteem and development of identity. Factors such as social acceptance, academic achievement, sense of self, and wellbeing all contribute to the value judgment an individual makes regarding ones self (Crocker & Knight, 2005; Biro et al, 2006). Harter (1985), stated that "global self-worth represents a cognitive-developmental acquisition used to construct a concept of one's worth as a person, describing perception as well as the extent to which one likes oneself as a person, with it being based on the perceived view from significant others" (Sica, 2009). Contingencies are the life experiences that influence how individuals view themselves; they are the values and principles that define them (Crocker & Knight, 2005). Contingencies of self-worth are the domains or categories of outcomes on which a person has developed his or her self-esteem, so that person's view of value or worth depends on perceived successes or failures or adherence to self-standards in that domain (Crocker & Wolfe, 2001). Experiences are felt and interpreted on an individual basis. Because no two people feel the exact

same factors that contribute to whether a person has high or low self-esteem, which influence their ideas of self-worth are dependent on the individual (Crocker & Knight, 2005). For some people, self-esteem may depend on being attractive, loved, or competent. For others, self-esteem may depend on being virtuous, powerful, or self-reliant. In other words, people differ in the contingencies of self-worth that they must satisfy to have high self-esteem (Crocker & Wolfe, 2001).

Research has suggested that people are likely to function better when their self-esteem is based on core, abstract, unique features of self than when self-esteem is based on more superficial aspects of the self or on insecure aspects such as achievements or conditional approval from others. It appears that internal contingencies of self-worth are associated with higher levels of psychological wellbeing (Croker , Luhtanen , Cooper, & Bouvrette , 2003). A study by Myers, Willse, and Villalba (2011) set out to understand the interaction of factors that affect positive development and wellbeing in adolescents. Research has supported that wellness factors are predictive of self-esteem in adolescents. These factors encompass a range of attitudes and behaviors necessary for wellness including: the need for intellectual stimulation and problem solving regularly; the ability to express a range of emotions; belief in one's ability to set and achieve goals; the ability to be light hearted when handling life situations; and feelings of satisfaction in being able to complete tasks and feel valued by others (Myers, Willse, & Villalba, 2011). The process of intervening in the development of positive self-esteem, and self-concept levels may be best served while they are relatively malleable, such as adolescent years when stability is relatively low (Trzesniewski,, Donnellan, & Robins , 2003). According to Myers, Willse, and Villalba (2011), programs should encourage making connections between wellness and self-esteem in all social contexts, and continually explore these connections by establishing

short and long-term goals. Wellness requires emphasis on personal choice and responsibility. Creating a positive cycle of wellness and feelings of self worth are critical during adolescence (Myers, Willse, & Villalba, 2011).

It is important to highlight the emphasis on social interactions and relationships with others as factors that develop self-esteem, identity, and contribute to self-worth. In adolescence, the relational dimension of identity has an important role in the construction of self (Kroger, 2007). Social supports have been identified as one of the strongest predictors of positive mental health over a lifetime (Myers, Willse, & Villalba, 2011). It is important to address relationships both at school and home when addressing issues among adolescents (Myers, Willse, & Villalba, 2011). The process of identity development among young adolescents is more internalized and accepted if social support during this process is available to them (Kroger, 2007). A sense of belonging is important in order for adolescents to develop the ability to separate from their families and become individuals with high self-worth (Powel, 2004). (Warfield-Coppock, 1992)

Rites of Passage

Markstrom and Iborra (2003) illustrate how the ritual aspects of rites of passage are critical to identity formation. Research suggested that Erikson's four aspects of optimal identity are in the ritual process of coming-of-age ceremonies. Ritual is an integral part of the therapeutic process especially when working with specific populations that need consistency and fluidity in their interactions and social settings to feel safe and to establish trust. Family therapists incorporate rites of passage concepts in their work to help families deal with transitional issues (Beels, 2007).

Arnold Van Gennep (1960) is credited with exposing western society to the ritualized ceremonies of indigenous cultures, which he termed rites of passage. He defined rites of passage

as formalized social interactions with a phasing which separates individuals from their previous identity, carries them through a transition to a new identity, and incorporates them into a new role or status (Gennep, 1960). Rites of passage ceremonies celebrate and mark major life events, such as, birth, coming-of-age initiations, marriage, and death. They consist of a series of rituals that transition individuals from one social status or role to another (Markstrom & Iborra , 2003). The three-part pattern of all forms of rites of passage (separation, transition, and incorporation), is formulated in different ways based on practice, type of ceremony, or cultural significance, however the underlying arrangement of the pattern remains consistent. This underlying structure is ritual (Gennep, 1960).

   The Ritual Process Paradigm. Research has elaborated on Van Gennep's classic three-part pattern of rites of passages, however it remains as the primary model of phases of rites of passage (Dunham , Kidwell, & Wilson, 1986). Dunham et al. explained an expanded version called the ritual process paradigm (RPP). This four-phase, model includes notions of separation, transition, and incorporation, but adds useful distinctions between the phases with the incorporation of steps throughout each phase of the process (Markstrom & Iborra , 2003).

   The first phase of the RPP model, preparation, involves the events leading to the actual rites. The steps for this phase include defining old support groups, old identity, and old identity completion. The old support group is made up of those who have played significant roles in the adolescents' development. The old identity, refers to the social roles, personal attributes, and cognitive features that will be transformed through the process. The old identity completion refers the signs that suggest readiness for the rite of passage (Dunham , Kidwell, & Wilson, 1986).

   The second phase of the ritual process paradigm is the separation phase. Separation is a

detachment from an earlier state that transitions an individual into a status of insecurity (Markstrom & Iborra , 2003). Steps of this phase include; new environmental demands, liminality, activation, and agony (Dunham , Kidwell, & Wilson, 1986). New environmental demands encourage the individual to step out of the security of their old identity and into the insecurity of new roles and responsibilities. Liminality represents the uncertain status of letting go of the old identity but not yet incorporating a new one to rely on. Activation refers to the mobilization of an individual's ability to adapt. Anxiety and fear are emotions that arise in this step (Dunham , Kidwell, & Wilson, 1986). This leads to agony, composed of helplessness, depression, and internal crisis. These emotional responses are induced by the separation phase (Markstrom & Iborra , 2003).

Transition represents the third stage of the ritual process paradigm. In this stage uncertainty is replaced by attitudes of respect, awareness and openness to learn. This represents the step numinosity, followed by the steps accommodation and ecstasy (Dunham , Kidwell, & Wilson, 1986). Accommodation refers to the cognitive changes in the individual that signal that the initiate is incorporating the new role. Ecstasy is the relief and joy felt once anxiety and fear from the separation stage has diminished (Dunham , Kidwell, & Wilson, 1986).

The final stage of the ritual process paradigm is the reincorporation stage. The individual has now successfully progressed to a new status; this is referred to as transcendence, the first step of the fourth stage. During this time, the individual and the community recognize that a new identity is emerging (Dunham , Kidwell, & Wilson, 1986). The new identity, the next step, is formed by the new roles, commitments, and responsibilities expected for the self and by the community. New support groups, such as role models and mentors, are required to assist them through exploration and mastery of the new role (Dunham , Kidwell, & Wilson, 1986). Identity

reinforcement, the last step of the RPP, consists of social reinforcers from the new support group, as well intrinsic reinforcers that serve to integrate the new identity into the individuals self-concept (Markstrom & Iborra , 2003).

Cultural Reference. Rites of passage for the purpose of coming-of-age initiation are a cross-cultural phenomenon. They have been practiced throughout human history and are suggested to be a significant factor in the development of a stable adult personality (Delaney, 1995). Adolescents usually begin their rites of passage ceremonies at the onset of puberty. For girls, this occurs at the time of the first menstrual period (Kroger, 2007). Puberty rites are often a hallmark of early adolescence. Such rites of passage provide social recognition, in ceremonial form, of the transition from childhood into adulthood (Kroger, 2007). Puberty rites generally involve a separation of the adolescent from society, preparation or instruction from an elder, a transition in status, and a welcoming back into society with acknowledgment of the adolescent's changed status (Delaney, 1995).

Ceremonies such as Bar Mitzvah in the Jewish culture and Quinceniera in the Latin culture are examples of rites of passage that western societies are more familiar with today (Pinckney IV, Outley, Blake, & Kelly, 2011). In Judaism 13 years of age marks the age in which youth become accountable for their own actions and thus are responsible for their own devotion to Jewish rituals, law, traditions, and ethics. Jewish youth study their spiritual principles and are then given a ceremony to show that they are prepared to participate in all areas of Jewish community life (Pinckney IV, Outley, Blake, & Kelly, 2011). Similarly Quinceniera practiced for girls in the Latin-American community takes place at their 15th birthday. They may now be allowed to partake in adult activities, as well as share in adult responsibilities (Hill & Daniels, 2008). Church services stress that these girls will now be considered adult members of the

congregation. The party serves to introduce the girls into society as adults, and paves the way for dating (Hill & Daniels, 2008). Symbols of transition such as the first time wearing high heels, first time wearing make-up and first waltz with father or male companion symbolize her transition into adulthood (Hill & Daniels, 2008).

In various Kenyan cultures circumcision marks rites of passage. Though viewed as a very controversial practice in modern culture, this practice has been a defining point of maturity as an adult in rites of passage ceremonies for centuries. Both boys and girls are circumcised. This means that they are no longer a child and are now respected as adults (Delaney, 1995). Once circumcised initiates are sent to live with their grandparents of their same sex. They spend up to 24 weeks in seclusion. During this time they are taught secret knowledge of their culture from elders, and take part in a series of ritualistic practices (Ginsberg, Kariuki, & Kimamo, 2014). For girls this is in preparation for marriage, and for boys this is in preparation for becoming warriors in their village (Delaney, 1995).

In Brazil, young people of drug and crime filled environments in the favelas—Brazilian shantytowns— have used art in the form of music and dance as a rites of passage process for those choosing to separate themselves from the drug dealer or consumer role and transition to a more positive identity (Silva, 2006). Learning traditional capoeira, hip-hop, and rap these young people speak to the hypocrisy and injustice of their communities (Silva, 2006).

Ritual. As interpreted, these rites of passage ritual practices all focus on establishing a set of cultural values, morals, identity, and responsibilities in adolescents through rituals. The ritual nature of rites of passage is said to be the key component that links to the psychosocial conception of identity formation. It is the performance and repetition of rituals that occur throughout the rite of passage ceremony that advance the outcomes of identity development

(Markstrom & Iborra , 2003).

Many ritual lessons include the teaching of special music and dance. In many cultures dance and music are a way of teaching cultural heritage. Dance and music are showcased in the celebratory ceremonies that take place throughout rites of passage (Silva, 2006). Dance and music are used to tell stories, and play an integral role in socialization, expression, and communication (Monteiro & Wall, 2011). Rituals bring definition and meaning to culturally established values and principles that correspondingly set the young person on a path toward adulthood. The reinforcement of the rituals during the ceremony leaves the adolescent with a strong impression of his or her importance therefore positively impacting their self-esteem and ideas of self-worth. The implications for their new identity may then become clearer to them (Markstrom & Iborra , 2003).

Rites of Passage Programs

Western cultures are less accustomed to ritualized rites of passage ceremonies. Some have suggested that considering the multiple responsibilities adolescents encounter as they transition into adulthood there is a critical need to provide culturally relevant programs to assist them during this stage of life (Pinckney IV, Outley, Blake, & Kelly, 2011). In modern America, high school graduation may be considered a rite of passage into adulthood. Graduation ceremonies contain many elements common to rites of passage, such as traditional robes, ceremonial structure, and speeches congratulating the students and welcoming them into adulthood, however they may lack the in-depth meaning for the students (Delaney, 1995). Delaney (1995) asserted that " 'first times' are often an attempt to initiate one's self or to be initiated by peers." Characterized by a premature attempt to imitate adult behaviors such as

cigarette smoking, social drinking, or sexual activity these initiations lack structure and the support provided by rites of passage ceremonies.

Some communities in the U.S. have adopted rites of passage programs as a means of preparing youth for adulthood modeled on the cultural group of which the community is represented. These rites of passage programs focus on life transitions and mastery of emotional, spiritual, and physical tests and tasks (Pratt-Clarke, 2013). Communities of African-Americans have adapted African concepts of rites of passage into contemporary rites of passage programs designed to prepare African-American youth to thrive in today's society. Programs emphasize African traditions and culture and incorporate principles and values including concepts of interconnectedness, spirituality, collective and spiritual identity, family values, and the connection of mind, body, and spirit (Graham, 1999). Pratt-Clarke (2013) suggested that rites of passage programs grounded in African principles such as Ma'at could potentially serve as a strategy for empowering African American girls during their transitional time into womanhood. Ma'at is a moral and ethical principle that existed throughout ancient Egyptian civilization that Egyptians were expected to practice in their daily actions toward family, community, nation, and environment (Martain, 2008). Ma'at represents balance and order of the universe (Martain, 2008). Rites of passage programs that incorporate Ma'at principles, encourage the exploration of personal power; the energy that can be used to restore balance and promote equity, equality, and justice. These programs aim to empower individuals and promote a healthy self-image and self-esteem (Pratt-Clarke, 2013).

Warfield-Coppock (1992) suggested six models of rites of passage programs that can be constructed in a number of settings. These models include community based programs that serve specific populations; agency or organizational based programs, which target subgroups within an

overall youth development focus; school-based programs that are incorporated into the educational system or added on an as a extracurricular cultural activity; religious-based programs, which incorporate religious teachings; therapeutic or counseling programs that encompass the goals of youth needing counseling and therapy; and family-based programs which provide socializing experiences within the family (p.475). Though different in structure these programs promote positive interactions with adults and peers, knowledge of self and culture, and positive confrontation of challenges (Warfield-Coppock, 1992). Additionally, these programs are intended to: provide youth with alternatives to violence and drugs; support academic achievement; discourage adolescents from engaging in early sexual behavior and teen pregnancy; provide youth from single parent households with additional guidance and counter the effects of low socioeconomic status. (Warfield-Coppock, 1992). In the application of these programs, Warfield-Coppock (1992) found that they improved cultural awareness, promoted more responsible behaviors, improved self-esteem and self-concept, improved socialization with peers, improved behavior in school, and created more responsible job attitudes and behaviors (p.478).

Dance/Movement Therapy (DMT)

Dance/movement therapy (DMT) is defined by the American Dance Therapy Association (2006) as 'the psychotherapeutic use of movement in a process which furthers the emotional, social, cognitive, and physical integration of the individual'. Dance/ movement therapy seeks to combine the expressive and creative aspects of dance with the insights of psychotherapy (Stanton-Jones, 1992). Dance movement therapy uses psychomotor expression as its mode of intervention and change (Levy, 1988). It encourages self-exploration and self-expression while striving to create more honest communication and interaction between the mind and body (Levy,

1988). The premise of dance/movement therapy is that ways in which the body moves reflects what is happening in the body on a subconscious level, and changes in movement behavior can lead to changes in consciousness, thus promoting health and growth (Levy, 1988). Psychological understanding is developed through the process of movement and interpretation within the therapeutic relationship (Stanton-Jones, 1992). Finding a sense of wholeness by experiencing the unification of body, mind, and spirit is one of the goals of dance/movement therapy. DMT uses movement intervention to explore new ways of addressing feelings that are difficult to verbalize (Stanton-Jones, 1992). DMT is used in a variety of settings and can be utilized as an integral part of a group work approach to enhance self-esteem, explore emotions, resolve conflicts and build cooperative skills (Goodgame, 2007).

DMT with adolescent girls. In a research study done by Leseho and Maxwell (2009) the use of creative movement and dance/movement therapy uncovered three themes: empowerment, transformation and healing, and connection to spirit. Women and girls expressed how dancing empowered them to discover strengths and resources within themselves. Participants found that dance/movement therapy encouraged more positive body awareness; they began to respect their bodies more and saw them as a source of wisdom (Lesho & Maxwell, 2010). Dance/ movement therapy can help to develop positive self-image among girls. In Lesho and Maxwell's (2010) study, participants acknowledged that dancing encouraged them to embrace their bodies and femininity. Participants also found that they were less inclined to compare themselves to others. DMT provided a sense of presence and grounding (Lesho & Maxwell, 2010).

Body-based expression serves two developmental processes for adolescents: individuation and connectedness. The process of individuation is partially fueled by a sense of control over one's body. Body-based assertions of autonomy typically also serve to maintain

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connections with others (Springer, 1997). In a study by Mills and Daniluk (2002), dance/movement therapy with women survivors of sexual abuse found that DMT provided a forum for therapeutic work that, while emotionally painful and psychologically challenging, was also infused with pleasure (p.83).

DMT programs and benefits for adolescence. There are many programs that use dance/ movement therapy with adolescence to address a variety of maladaptive beliefs and behaviors. Dance movement therapy may be used to help establish positive family environments and relationships between adolescents and parents. Therapists in Israel use DMT to teach parents how to attend to their child's development and emotional needs (Capello, 2008). Dance /movement therapists work with teens who suffer from eating disorders, depression, or absent parents who are institutionalized (Capello, 2008). It is also used with emotionally disturbed youth who have problems with cognition, interpersonal relationships, and social development. Dance/movement therapy can be approached from a variety of theories and techniques. Some programs address the influence culture has on movement patterns and how it affects interpersonal and social relationships. Others use percussive or rhythmic music, and integrate folk and circle dance. By using music from different regions and countries, youth become more aware of the world and other cultures.

Trauma and DMT. An experimental project by Jenna Goodgame (2007) used therapeutic dance and movement to offer a creative and dynamic form for expression, beyond the boundaries of culture and language, for youth in Estonia residential schools who experience social, emotional and behavioral difficulties. Results found that sessions were overwhelmingly accepted by pupils and staff as activities that showed benefits in building confidence, developing trust and providing a format that had the potential for enhancing self-esteem (Goodgame, 2007).

Therapeutic dance and movement activities with young people experiencing difficulties with expression and communication may provide a dynamic format for them to experiment creatively around a range of issues related to their personal and social development. Some patients experiencing mental illness have a limited capacity for strictly talk therapy (Stanton-Jones, 1992). Dance/movement therapy techniques are shown to be effective in engaging these patients because it uses both verbal and nonverbal modes of communicating (Stanton-Jones, 1992).

For individuals who have experienced significant trauma, direct attention is rarely paid to the relationship with their bodies (Mills & Daniluk, 2002). Human beings both live and relive traumatic exposures at a body level through fight or flight response resulting in such functions as heart rate, respiration, and perspiration, often as a result of thoughts or images that may seem to flood the mind (Harris, 2007). Dance/movement therapy helps victims of trauma modulate emotions and understand bodily sensations that they may be unable to conceptualize as a result of past trauma (Harris, 2007). Dance/movement therapy techniques can focus on issues that arise commonly with victims of trauma such as shame, guilt, dissociation, sexuality, boundaries, intimacy, and personal power (Mills & Daniluk, 2002). DMT provides a physical release for their anxieties and frustrations and help them deal more effectively with emotions they cannot always find explanations for (Goodgame, 2007). In an evaluation of dance/movement therapy with women survivors of sexual abuse (Mills & Daniluk, 2002), findings indicated that the modality of therapeutic dance lead to reconnections in their bodies, permission to play, sense of spontaneity, and sense of freedom. Dance therapy in a group setting created a sense of connection and understanding of individuals' struggle.

Conclusion

In summary, research suggested how important it was for adolescents to develop a healthy sense of self in the formation of identity while transitioning to the next stage of their lives. Positive interactions with the community, support from family, and development of morals and values, are a large part what contributes to the value adolescents place on themselves. In indigenous cultures coming-of-age ceremonies are performed to mark the rites of passage of adolescents who have begun puberty and are transitioning into adult roles. In western societies we are familiar with similar practices of the Jewish and Latin community such as Bar Mitzvah and Quinceniera. Western societies have less formal rites of passage practices, yet we notice similarities in events such as graduations. Rites of Passage programs have been incorporated in to community programs to focus on group morals and values and therapy practices focusing on family transitions and individual growth.

Dance/movement therapy techniques also facilitate positive growth and developmental change. Though there have been a variety of programs created with dance/movement therapy for adolescents there have not been any that address adolescent development with a ritualistic rites of passage framework. This is an opportunity for the creation of an innovative program that serves girls who lack the support and care of their communities. Creative Passages Program for Adolescent Girls was developed to utilize rites of passage informed dance/movement therapy approach to impact the psychosocial development of adolescent girls. Further, interventions and program format was developed to best serve youth in a residential facility that have experienced severe trauma.

Research has suggested the importance of conducting evaluations of these types of programs to assist in establishing the impact of rites of passage on its participants (Pinckney IV,

Outley, Blake, & Kelly, 2011). This evaluation addresses how effective the Creative Passages Program is at achieving its program outcomes and, how effective the implementation of the program is. Evaluating Creative Passages would provide more information on the impact of rites of passage for therapeutic programs. Interweaving the concepts of dance/movement therapy and rites of passage may yield implications for future development of creative therapeutic approaches with residential therapy, youth work, or specified populations.

Chapter Three: Program Development and Implementation

Logic Model

Adaptation of a logic model was used to guide the creation of the Creative Passages Program. A logic model may be interpreted as a programs roadmap, highlighting how it is expected to work, what activities will be involved, and how desired outcomes are achieved. (W.K. Kellog Foundation, 2004). It is a systematic and visual way to present and share understandings of the relationships among the operation resources, activities, and intended results. A logic model provides a structure for clearly understanding the situation that drives the need for an initiative, the desired end state and how investments are linked to activities for targeted people in order to achieve the desired results (University of Wisconsin-Extension, 2003). A logic model represents a project's theory of change (W.K. Kellog Foundation, 2004).

Logic models are utilized in a variety of developmental processes. Organizations in the private, public, non-profit, and international sectors use logic models for program development, program management, and in the evaluation process (W.K. Kellog Foundation, 2004; University of Wisconsin-Extension, 2003). For the purpose of this project, the logic model was used during the development stage. A logic model is constructed around systematical concept to show relationships between parts that make up a whole (University of Wisconsin-Extension, 2003). The three main parts of the model include inputs (investments), outputs (what is done), and outcomes (results) (University of Wisconsin-Extension, 2003). The model also included sections for external factors, assumptions, and to describe the situation. In the following paragraphs I will break down the model as used in constructing Creative Passages.

Impact. Providers of logic model resources suggest that logic models should begin with the end in mind. That is, starting with the outcomes and impacts and working back to your

reasoning. For my conceptualization of the model I began by defining my long-term impact—the last of the three subsections of my outcome section. University of Wisconsin-Extension (2003), describes the outcome section as the direct results or benefits of the program. The third section asks what the ultimate impact of the program is. The impact is the ultimate consequence or effects of the program (University of Wisconsin-Extension, 2003). Creative Passages was conceived with a mission to positively impact the lives of young girls who may not have the support and guidance of family and community. My long-term impact goals included: making healthier decisions while transitioning, becoming more sociable and able to handle challenging enviornments, being self-accepting and empathic for others, and feeling empowered and driven.

Situation/Priorities. The first phase of the logic model highlights research and findings that support the need for the program. The situations section is provided to discuss the problem the program is trying to address (University of Wisconsin-Extension, 2003), it is the combination of sociopolitical, environmental, and economic conditions that created this need. My review of the research and literature in this subject matter was the basis of the development of the situation phase of my logic model. The situation proposed by my model is that involving adolescent girls whose life experiences have resulted in the development of maladaptive behaviors, who have had little to no support during this phase of their adolescent development and are living in a residential setting in a rites of passage based dance/movement therapy program would positively impact their transition into the next stage of their lives. For most of these girls this transiton is the transition out of the residential facility to less restrictive living enviornments.

Priorities are the factors that influence one's focus (University of Wisconsin-Extension, 2003). They include mission and vision, specific resources, and restrictions and guidlines of the program. For this project my priorities were to develop a dance/movement therapy program that

used a rites of passage format to achieve its goals. I knew that the program would be eight weeks long and consist of only ten meetings. I would also include a closing presentation that would develop over the progress of the sessions.

Inputs. The inputs are the resources and contributions that are provided to support the program (University of Wisconsin-Extension, 2003). Inputs may include staff, time, money, materials, and a variety of other factors. Because the program would run at my internship site I had the benefit of a large input. For the implementation, the on site dance/movement therapist would be a resource as a second clinician in the group to meet ratio standards, and as a movement analyst for the evaluation of the program. Another input would be facility staff and my supervisor. For this project it was important to have the support of staff who work directly with the participants. I have found that in the residential setting communicating with all parties helps eliminate scheduling issues such as unit outings or visits that interfere with the program meeting time. Along with the materials for special projects that I would provide, I would also have the use of the dance/movement therapy room and any of the resources in the room.

Outputs. According to the model explained by University of Wisconsin–Extension (2003), outputs describe what is being done and to whom. This model breaks outputs into two subsections; activities and participants. Activities for the program would include dance/movement therapy interventions, dance and creative arts, journal writing, ritual creation, closing presentation, and verbal processing. Activities would be designed for six adolescent girls ages 11-16 from the residential facility.

Outcomes. Outcomes are the specific changes in program participants' behavior, knowledge, skills, status and level of functioning (W.K. Kellog Foundation, 2004). In this model outcomes are divided into three sections, short-term, mid-term, and long-term. Short-term

outcomes are the initial changes experienced by the participants. I used short-term outcomes to determine my objectives; what the participants would learn and experience through the program's activities. My objectives were the substance of the program, they are what is received and achieved by the participants throughout the program. My objectives included understanding and establishing rituals; communicating more effectively with peers; engaging in interpersonal relationships; experiencing embodying others feelings; and expanding movement potential. Mid-term was described as what would be obtainable in a longer period of time (W.K. Kellog Foundation, 2004). I narrowed my ideas of what the objectives and activities provided into five overall outcomes which included: improved awareness and expression of thoughts and feelings; strengthened leadership and independence skills; strengthened body awareness and improved self-image and self-confidence; strengthened participant's self-identity; and strengthened ideas of self-worth. The third and final section, the long-term outcomes or impact, was described first as its own section following the idea of preparing the logic model with the end in mind.

Assumptions and external factors. Once the program outline was constructed there were some other considerations to make in regard to how the program would run. Assumptions were described as the preconceived beliefs about the program and the people involved; the idea of how it would work (University of Wisconsin-Extension, 2003). Initially I assumed that I would have staff support. I knew that would be important based on the environment of the program. I was aware there would be age difference among participants, but I assumed because most of the participants had been in environments together they would be able to function on the same conceptual level. I knew it was important to scale the reading complexity of the materials to an elementary level and make materials easy to understand. I assumed that all participants could read and write at a 4th grade level. I knew there would be challenges with the personalities

and level of trauma that the individuals each had. I also knew that there would be times where participants did not all get along, but I made the overall assumption that the group would learn to function as a whole. Based on my knowledge of how the facility functions and the culture of the environment, I assumed that there was a chance that some participants would not finish the program based on a number of factors out of my control.

External factors are the outside situations or circumstances that may impact the program; these factors are out of the facilitator's control. As described in the assumptions, there were a number of external factors that I had to take into consideration based on the nature of the environment. The first external factor was the overall nature of a residential facility. Circumstances with staff, residents and policies change regularly. Another external factor was the likelihood of behavior and crisis issues that may happen outside of the program that lead to missing session, crisis in the session, or disregulation. There was also likelihood that participants would have other visits at the time of sessions, or not be on campus for various reasons.

All of the factors of my logic model were incorporated into the Creative Passages program's description and curriculum. An overall program model and curriculum would establish consistency and the basic concept of ritual from the beginning of the program. These documents can be found in appendices C through F.

Creative Passages Program Overview

The Creative Passages program for adolescent girls was the outcome of my work experience in youth programs, personal development as a teen and experience as a dance/movement therapist working with young people. Creative Passages is a rites of passage informed dance/movement therapy program that incorporates rituals in the form of movement, art, and therapeutic interventions to increase girls beliefs of self worth, enhance self-expression, and cultivate their cultural identity. Movement interventions explore body movement as it relates to individual body awareness. Movement is used to address feelings, communicate emotions and affect. The construction of group norms and rituals created by the group were to be developed to establish trust and safety, providing a space to feel comfortable to learn and explore as a group. The outcomes of the program were: to improve awareness and expression of thoughts and feelings, strengthen leadership and independence skills, support and strengthen body awareness and improve self-image and self-confidence, support and strengthen participant's self-identity, and strengthen and support ideas of self-worth.

The program was executed in four stages similar to the ritual process paradigm presented by Carol Markstrom and Alejandro Iborra (2003) in an article entitled *Adolescent Identity Formation and Rites of Passage: The Navajo Kinaalda Ceremony for Girls.* The Creative Passages program interpretation of this paradigm can be found in Appendix D. Themes were created for each session based on the phase of the rites of passage paradigm and objectives for the session. The preparation phase prepares participants for what is to come. Participants were chosen based on readiness and informed of their coming experience. A referral process and interest meeting were a part of the preparation stage. Participants met together for the first time and I explained why they were selected and what they would be participating in. Sessions one

through three represented the separation phase. The separation phase explores self-identity and encourages participants to step beyond their comfort. Participants are challenged to discover who they are in relation to the rest of the group. Sessions four through six made up the transition phase. This phase encourages change. New experiences and ideas of self become more accepted and incorporated into their being. The reincorporation phase included session seven and eight and the culminating presentation. The emergence of new self-concepts and ideas are illuminated. Participants accept new roles and are more equipped to handle new demands. Individuals who support participants in their lives assist participants with their growth and new understandings.

Implementation Procedure

The program included a total of ten meetings; an interest meeting, a closing ceremony and eight core sessions. Sessions met for one hour one day per week. The resident dance/movement therapist served as an assistant to the group and participated in the sessions. Based on scheduling in the facility the start of implementation session time was changed by session three when the facility began its summer program schedule. With exception of session one, all meetings were held in the dance/movement therapy room. Session one was held in the library for the convenience of the participants in order for them to use tables and chairs to complete their surveys.

Session Overview

Each session was guided by a specific theme that correlated to the phase of the rites of passage paradigm. Interventions and activities we based on a set of objectives that encompassed the outcomes of the program. The following is a brief description of each session, including the objectives for the session and overview of what was done. (Curriculum overview may be found in appendix E).

Interest meeting: What is Creative Passages and why am I here? Objectives for the interest meeting included explaining the Creative Passages Program, the selection process, anticipated benefits, and reviewing sessions and benefits. Participants were informed about the intent of the program, what would be included in the process and their responsibilities. Participants created a calendar that highlighted session dates, and themes. They had the opportunity to ask questions regarding the program.

Session 1: I am my sisters' keeper. Together we are stronger than we are alone. The objectives for this session included creating group rules and agreements as well as engaging in therapeutic movement interventions focusing on interpersonal relationships. Participants completed psychometric surveys (Ethnic identity subscale, Rosenberg self-esteem subscale, and Global self-worth subscale). Group rules and procedures were created as a group. Each participant contributed one rule they felt was important in order for the group to function. These were discussed and incorporated into the group rules. This document would remain displayed for each session. Participants designed their personal program journals. Participants explored the topic of sisterhood reflecting on what it meant to them and how the group may develop as a sisterhood. Therapeutic movement intervention was not included in this session due to a lack of time and a change in focus during the session. One participant was not present because she was hospitalized.

Session 2: Who am I and what do my peers see in me? The objectives for this session included introducing the concept of ritual, encouraging positive self-expression and self-talk, embodying peers emotions, and experiencing being witnessed by peers. Participants were encouraged to think about and share something that they do with their friends or family regularly, such as a handshake, a statement, or a dance. Participants read the poem, Phenomenal

Woman by Maya Angelou and were asked to respond to it using movement reflection.

Participants were then asked to create a poem about themselves and share it with group. Each

member responded to their peer's poems by using a movement reflection. Participants were

encouraged to verbally share the experience of being witnessed by others and sharing something

personal. Three participants participated in this session; one participant remained in the hospital,

one was detained as a result of a crisis outside of the session, and one refused to participate. The

dance/movement therapist completed movement assessments for the participants present in this

session.

Session 3: How do I experience my being and how do I express myself to others?

Objectives included exploring personal movement potential and engaging in interpersonal

movement relationship. Participants engaged in a group movement activity that encouraged

relationship, by the use of space and time elements. Participants then were encouraged to

participate in a movement activity that involved following choreographic dance sequences they

chose from a series of Zumba videos on the online video site YouTube. Participants were asked

to journal reflecting on how they feel when they move, how they feel when they are being

witnessed, and what they want others to see in them. They were asked to share their responses.

The session began late as a result of multiple participants having trouble participating with the

group. These participants were removed from the session. The hospitalized participant remained

in the hospital.

As a result of missing three sessions the hospitalized participant was removed from the

group due to absence. Two participants asked to be removed from the group. Another participant

was removed because she had missed three sessions as a result of detainment for two sessions

and being removed from a previous session because of behavior. The following sessions

occurred with only two participants. Remaining participants were occupants on the same unit and similar in age. They struggled to get along with one another in session and on their unit. The session objectives were adjusted to best serve the participants in their process. For the purpose of identifying them individually these participants will go by the pseudonyms Joanna and Brittany.

  Session 4: How does my heritage relate to who I am today? Objectives for this session included introducing diversity through music and movement to explore individuality and difference, and encouraging individuality through art making. Participants were asked to journal about their unique attributes and how their background influenced who they are today. Participants were asked to share a movement that reflects their individuality. Participants created a bracelet that used colors to represent specific characteristics. Each participant was given a color chart that described the characteristics of each color. Participants shared their bracelets and the color meaning behind their design. Participants were encouraged to notice the similarities between each other's bracelets and reflect on those characteristics in each other.

  Session 5: What is my story? How do I want to be represented? Objectives for the session included expressing a life experience using story telling and movement, exploring similarities and differences between peers, and creating a group story. Based on issues between the participants the objective of encouraging group cohesion was added to the session. Participants engaged in a body part warm-up to music that included isolating movement in parts of the body. They participated in a movement activity that encouraged interpersonal relationship and teamwork. They created a group dance using one movement from each participant. They were then asked to think of a story that related to their life experience and create a story. Participants were encouraged to tell the story using movement. Only one participant was present

for the first half of session, the second participant joined late and had difficulty connecting with the group.

Session 6: My decisions impact my future. I have the power to create my own destiny. Objectives for this session were adjusted to best serve the needs of the participants and help to establish direction for the approaching end of the program. Objectives included exploring personal goals and needs, identifying supporters presently in their lives, and encouraging group cohesion. Using a ball toss movement intervention the participants discussed their plans for their future, their goals, and how they would achieve their goals. Participants identified individuals in their lives who offer support and guidance for them. Participants were encouraged to ask a supportive staff members about their personal journey and how they have gotten to this point in their lives. The staff members chosen by the participants would be invited to the closing ceremony. The participants discussed how the group would terminate in upcoming weeks and brainstormed about the closing ceremony. The session closed by writing a letter of encouragement to their younger self. One participant was unwilling to stay for the entire group and left early. Following the session, invitations for the closing ceremony were given to participant's staff member of choice. (See appendix H).

Session 7: I will follow through on my commitments to others and myself and do my best. Following an assessment of the previous sessions, participants continued to struggle to work together and were less willing to engage and share as a group. A decision was made to hold individual sessions with the participants. This would allow participants to have individual attention and validation. This would also allow for the session to be tailored to the individual participant. Each participant received a 40-minute session. Objectives remained consistent; they included gaining ownership and responsibility for personal art-expression, encouraging hard

work and task completion, encouraging inclusion and connection to the process. The site dance/movement therapist did not participate in the individual sessions because the session did not require assistance in maintaining the environment.

Participant one, Brittany (a pseudonym), had struggled throughout the program to stay connected and engaged. She had not experienced dance/movement therapy prior to her group experience and had difficulty getting along with other participants. Brittany and I engaged in a basketball game. She engaged in conversation on basketball and her love for the game. She reflected on the goals she discussed in the previous session. Brittany was asked to reflect on her contribution to the group and what the experience meant for her. She was asked to reflect on the experience of working with someone that she's had difficulty relating with. She was then asked to make a decision on what she would contribute to the closing ceremony from her journal or if she interested in creating something else. She chose to share a poem she had written in session two. In closing she was asked to write a note of encouragement to her group peer that they would exchange in the closing ceremony.

Participant two, Joanna (a pseudonym) was a client of mine in a dance/movement therapy group prior to the program. She had also spent a year in individual sessions with the site's dance/movement therapist. Joanna was the most consistent group member and had not missed any sessions thus far. She struggled to communicate with Brittany. Her session began with a walk outdoors around the campus. Joanna enjoyed walking and usually struggled to begin sessions so I thought beginning with a walk to check-in would help to engage her in the session. Stopping at a picnic table, Joanna was asked to reflect on her future, how she had grown, and what she was looking forward to as she began the process of transitioning from the residential treatment facility. Joanna shared what she would present at the closing ceremony. She chose to

create a poem and wanted assistance on what to write about. I was asked to write the first line. The poem focused on her individuality and acceptance. Lastly she was asked to write a positive note of encouragement for her peer that would be exchanged at the closing ceremony.

       Session 8: I see the results of my hard work. I am supported and I am proud. Based on a scheduling conflict with the visitation schedule. Joanna was not present for scheduled session eight. After speaking with Brittany, arrangements were made to make up the session the following week the hour before the closing ceremony. Unfortunately due to a crisis on the unit Brittany was unable to participate in session eight. Session eight included Joanna, the site dance/movement therapist and myself. Objectives for this session included reflecting on experience and growth, encouraging independent rehearsal, and encouraging pride for accomplishments. As a termination session Joanna was asked to engage in a movement warm-up, which she was familiar with. Following the movement warm-up she was asked to express her feelings about moving forward, the group experience and ending the program, using picture cards. Instead of following my directive, she used the picture cards to create a story and challenged us to replicate the story. The dance/movement therapist and I reflected Joanna's story back to her through movement and encouraged her to create her own movement response.

       Closing Ceremony: Hard work pays off. I am worthy of celebration. The closing ceremony included Joanna, focus group participants and Joanna's chosen staff member. Brittany was unable to participate in the closing due to a crisis that occurred on the unit. Objectives for the closing ceremony included executing the ceremony and celebrating accomplishment with peers and supporters. The ceremony began with a brief overview of the program and it's purpose. Next, Joanna was introduced. She shared her poem and movement. Joanna explained that she chose her staff member because she felt most comfortable talking with her and asking

her questions. She shared that they had a lot of fun together. Next she shared one thing she

learned from the program and her staff member. Individuals invited to the ceremony were asked

to share positive words of support and guidance with her. She was then presented with a gift that

included the card written by Brittany. The ceremony closed with everyone dancing a line dance

chosen by Joanna and ice cream sundaes, the chosen treat by the Joanna and Brittany. It was

important to me that Brittany who struggled, yet almost completed the program, still be included

in the closing. During the ceremony she was honored with a moment of silence. After the

ceremony I shared with her what took place and how she was recognized. She was given her gift

and read her card from Joanna. I shared my words of guidance and support with her before

parting ways.

Chapter Four: Program Evaluation

Evaluation Methods.

Evaluations determine the merit, worth, or value of a program (Cruz & Berrol 2012).

Mertens (2005) traced the origins of evaluation to the 1800s, when the government first asked

external inspectors to evaluate public programs (p.51). This program evaluation would utilize

both summative evaluation methods and formative evaluation methods. Formative evaluations

are mostly conducted for the purpose of improvement (Mertens, 2005). They are usually done

during the development and implementation of a program. Summative evaluations are used to

make decisions about the continuation, revision, elimination, or merger of a program (Mertens,

2005).

Setting.

The evaluation took place at the residential treatment facility where the program was

implemented. The evaluations took place in the dance/movement therapy room where the youth

participants took part in the program. Focus group meetings were also held in the

dance/movement therapy room.

Participants

Formative evaluation. Participants for the formative evaluation included members of the

clinical department who provide therapeutic treatment to residents of the facility. They were

selected based on their participation in developing treatment plans for the residents. Invitations

were extended to a dance/movement therapist, art therapist, and the primary clinicians of the two

girls units in the facility. Participants were asked in a private meeting for their consent to

participate in the program evaluation and signed a consent form. Information on who would be

participating in the formative evaluation was made available to the administration for the

purpose of identifying their additional responsibilities. Participants were cleared by administration to participate in the evaluation as a part of their work because the program served as a part of the youths treatment plan.

Summative evaluation. The summative evaluation was included in my original thesis proposal, but due to circumstances was not fully executed. Six adolescent girl residents from the residential treatment facility between the ages of eleven and sixteen were asked to participate in the Creative Passages Program. These six girls were also asked to participate in the summative evaluation of the program. All participants are under state guardianship. Recruitment of youth resident participants needed to follow standard protocol of the treatment facility and Illinois Department of Child and Family Services. Individuals are referred to dance/movement therapy by their primary clinician. Therapeutic recommendations are also a part of each resident's individual treatment plan. The primary clinician assesses the resident's therapeutic goals and chooses services that support her treatment. Creative Passages would serve as the participant's dance/movement therapy session. Further confidentiality and safety protocol was taken to address the summative evaluation of this program.

Detailed procedures were followed to inform youth participants and their guardians of the program and the evaluation requirements in order to obtain consent. Participant's guardians were notified of their involvement in the Creative Passages Program and informed of the program's goals and components. Guardians were informed of the evaluation process and its risks and benefits, and then asked via informed consent whether their resident could be a part of the evaluation. Guardian's consent did not require that participant must agree to participate in the evaluation, it was the final decision of youth participants. Participants of the program attended an introductory meeting describing the program and its components. All surveys and movement

assessments were explained and participants had the opportunity to ask any questions they may have. At the point where this step of the consent process would take place, summative evaluation methods were ended due to a decrease in sample size. Once I received the consent of participants' guardians, individual meetings with each program participant would be held to explain the evaluation process and answer any questions they may have to insure the confidentiality of participants. Assent forms would be read and signed if they would be willing to participate in the summative evaluation of the program. Data of those participants who did not receive consent from their guardians or did not consent themselves was not to be used in the evaluation.

Participants were not required to participate in the evaluation to be in the program. Program participants always had the opportunity to stop the program and receive their dance/movement therapy service in a different format. Based on my proposal evaluation participants would be asked to consistently participate in order to use their data in the evaluation. If consents were not obtained by at least four out of the six participants, then the summative evaluation of the program would be eliminated due to the small sample size.

Evaluation Methods

Formative evaluation methods. The formative evaluation would be used to strengthen and enhance the programs implementation in its early stages of development (Cruz & Berrol 2012). It would provide feedback on performance throughout the programs application and examine whether program structure and implementation were addressing the programs outcomes. Two forms of data would be collected for the formative evaluation process; these include notes from focus groups, and journal writing of the process.

Focus Group Plan. The focus group would use the ORID focus group method; this stands for objective, reflect, interpret, decisional (Hogan, 2003). This focus group method would work best with the evaluation because of its structure allowing for a large amount of information to be explained and interpreted by the group in a small amount of time. As the principle investigator for this evaluation I would serve as the facilitator for the ORID focus groups. Participants would meet with me and respond to a question related to the evaluation question that reflected feedback on the program's implementation (Hogan, 2003). Participants would be asked an objective question which is the main question in focus. Information would be recorded on easel paper. Participants would then be asked a question that encouraged reflection on the information gathered. Next, participants would be asked a question to interpret the information gathered regarding the implementation. Finally, a collective decision would be made on how to approach implementation based on the information received.

Focus groups would take place prior to the programs implementation, following the fourth program session and after the program commenced. Focus group participants would refer to program participants as "participant" in order to keep individuals anonymous. Information obtained from focus groups throughout the implementation process would be used to provide feedback and insight concerning the effectiveness of the program. Understanding its strengths and weakness benefits the program's facilitation throughout its implementation allowing adjustments to be made to enhance its performance.

Journal. As the facilitator of the program and principle investigator, I would keep a journal as a data collection method. The journal would take the form of session notes, which focus on the strengths and weaknesses of implementation and each session's agenda. It would include anecdotes and testimonials that were informally offered by participants and others. My

journal would also include feedback from session debriefings with the site dance/movement therapist.

Summative evaluation methods. The intended summative evaluation would assess the extent to which the program achieved the outcomes described by the program goals (Cruz & Berrol 2012). It would provide measurable data on whether the outcomes were achieved by the program. The summative evaluation would use movement observations, and surveys to evaluate the programs ability to meet its outcomes. The surveys chosen for the evaluation focused on the outcomes of the program, these would help to identify whether outcomes of the program were being met. The movement assessment coding sheet would help to identify change in the body related to image, body awareness, and expressiveness.

Movement observations. A movement assessment-coding sheet was created to specifically address movement qualities related to the programs outcomes such as body awareness, increased expressiveness, and self-image. The assessment included three sections. The body section addressed active and held body parts. Held parts indicate held tension and lack of breath. Identifying held and active body parts helps to assess individual's movement potential and the amount of tension held in the body (Moore, 2010). With the implementation of body action and rhythmic group activity change may be recognized over time, expanding movement potential. Marian Chase stated that "muscular activity expresses emotion and is the substratum of all dance" (Levy, 2005). According to Chacian theory body action facilitates awareness of the body and tension and encourages the exploration of emotional expression (Levy, 2005). Identification of change in active and held parts over time helps identify whether there was a change in self-expression because participants are more integrated and access more use of their body to express themselves.

The effort category identified action drives used by the individuals. The action drives are made up of three effort qualities. Effort describes the dynamics of movement and in combination can identify an individual's movement style (Levy, 2005). Movement characteristics are often discussed in relation to personality attributes (Levy, 2005). Irmgard Bartenieff believed that movement characteristics depict how individuals express themselves (Levy, 2005). Action drives are about getting tasks done and are seen in work situations (Moore, 2010). Assessing action drives would also assess the individual's personal desire to complete and participate in a task (Moore, 2010).

The final section of the movement assessment was the shape section. The shape section included the observation of shape flow support and shaping qualities used. Shape flow support is the breath used to change body shape. Shape flow support helps to identify the intention behind a movement (Hackney, 1998). Shaping qualities help depict the movers intention and proprioceptive experience (Hackney, 1998). They capture the expressive process of shape change (Moore, 2010). Dance/movement therapy pioneer Trudi Schoop stresses the importance of posture attitude and physical alignment in her movement approach; she believed the way one uses their posture was reflective of ones mental state (Levy, 2005). Schoop used movement exploration to explore personalized material and help organize new experiences (Levy, 2005). Illuminating new shaping qualities through movement exploration increases body awareness and can impact mental state. Identifying shaping qualities and changes in these qualities may reflect change in self-worth, self-expression, and show an impact on their self-identity.

 The dance/movement therapist who is also a certified movement analyst would be in charge of recording the movement observations. The movement analyst would observe

participants during the session and complete assessments based on her observations. Movement observation would be conducted during the first and last sessions of the program.

Surveys. Participants would complete three surveys in a pre-test/post-test format. The surveys were chosen based on their outcome indicators. All surveys chosen related to outcomes of the program. Surveys would be completed in the first session of the program and following the last session. Surveys included the Rosenberg Self-Esteem Scale, Global Self Worth subscale, and the Ethnic Identity subscale.

The Global Self Worth subscale is derived from the Self Perception Profile for Young Children (Harter, 1985). It is an overall measure of how well children like themselves and whether or not they are happy with themselves and the way they are living their lives (Anderson & Sabatelli, 2005). The survey includes six items. Participants choose one response out of four to the statement addressed in that item.

The Rosenberg's Self Esteem Assessment Scale measures self-esteem, self worth, self-respect, and ability (Rosenberg, 1965). The survey includes 10 items. Participants are asked to read the statement and choose a response that most accurately describes them.

The Ethnic Identity subscale is a part of the Teen Conflict Survey created by Bosworth and Espelage (1995). This scale measures participants respect for ethnic and cultural diversity and differences (Anderson & Sabatelli, 2005). Unlike traditional rites of passage participants vary in background and age. This survey addresses the participants' ability to work with people who they may portray as different from them. The survey includes four statements to which individuals choose a response that most accurately describes them.

Analysis Methods

Formative evaluation. The data accumulated in the formative evaluation would be analyzed on an ongoing basis. Transcriptions of focus groups and journal writings would be analyzed using Thematic Analysis. In depth review would illuminate themes in the data, these themes would be organized specifying feedback in regards to the programs implementation.

Summative evaluation. The summative evaluation was included in my original proposal, but was not fully executed. Rosenberg's Self-Esteem Scale and the Ethnic Identity subscale both use a Likert scale. Each response receives a point score. Score for the total survey is based on the sum of responses. The Global Self Worth subscale is also scored on a point scale and summed to establish an overall score. Once pre and post-tests were completed and scored each test would be analyzed using the Wilcoxon Matched Pairs Signed-Ranks Test. This analysis method is used with two related samples of data in which normality cannot be met due to a small sample size (Mertens, 2005).

Movement assessment coding sheets (MACS) were to be compared from the beginning and end of the program. I would identify changes and differences in movement qualities between the two MACS. Changes in movement qualities between the movement assessment coding sheets were to be recorded and compared as change that may reflect change in body.

Ethical Considerations

Considerations were made in order to uphold the confidentiality of all participants and minimize risk. The evaluation followed all confidentially requirements as indicated by Illinois Department of Child and Family Services (IDCFS) confidentiality agreement. Prior to the implementation of this evaluation study the evaluation proposal was approved by Columbia College Chicago's institutional review board, the residential facility administration, and the

IDCFS institutional review board. All participants in the formative evaluation were required to sign a consent form to participate in the evaluation study. All participants involved in the summative evaluation were required to sign an assent form. IDCFS guardians of the summative evaluation participants were also required to sign a consent form in order for the resident to participate.

None of the data gathered and used in the written evaluation report from the focus groups included any participant identifying information. Focus group participants would not be aware of which program participants were involved in the summative evaluation in order to eliminate the possibility of any differential treatment based on their participation and also to uphold confidentiality.

Program participants were not required to participate in the summative evaluation of the program. If less than four participants consented to the evaluation the summative evaluation would be removed from the evaluation process because the sample size would not reflect enough data to give an accurate generalization of the evaluations findings.

The dance/movement therapist on site served as a program assistant and attended all program sessions. The residential protocol required a three to one ratio, and for that reason the dance/movement therapist assisted in the implementation. The dance/movement therapist also served as the certified movement analyst who recorded movement observations on the movement assessment coding sheets. Movement assessments are a standard practice of the dance/movement therapist in creating movement goals and assessing progression over time. The dance/movement therapist's role in the program was discussed with the participants prior to the implementation of Creative Passages.

Regarding the evaluation, the dance/movement therapist also served as a member of the focus group and consented to participate in the evaluation. Along with the other focus group participants, her confidentiality was upheld and she followed the confidentiality agreement maintained by the evaluation. Because the dance/movement therapist would also be a part of the Creative Passages Program she was instructed to uphold the confidentiality of the program participants and generalize her feedback on situations from the group when participating in the focus groups.

For the purpose of evaluation, data collection tools were reviewed so that they would not be overwhelming or stress provoking for the participants. Each survey chosen did not exceed an elementary grade level in order to be understood by all levels represented in the group. As the evaluator, I was available to assist participants with questions. All of the data collected was kept confidential and secured in locked files and stored. Data was discarded once the evaluation is complete and data is analyzed. By protecting the identity of the participants, providing informed consent documents explicitly outlining my research process and intentions, and taking into consideration any potential vulnerabilities amongst the research population, I ensured that I am abiding by the core ethical principles of respecting persons.

Focus Group Implementation

The purpose of the formative evaluation was to strengthen and enhance the program during its execution, and to provide feedback concerning its implementation (Cruz & Berrol 2012). The evaluation methods provided feedback in the form of focus group with clinicians and unstructured journals. Data was then analyzed using Thematic Analysis.

Focus group implementation procedure.

The focus groups included the resident dance/movement therapist and art therapist, as well as the primary clinician for the older girls unit. The focus group was to include the primary clinician for the younger girls unit from which three program participants were chosen. Unfortunately the unit was in the process of hiring a new clinician and there was no primary clinician to represent these girls. The art and dance/movement therapists had both worked with participants from the younger girls unit. Three focus group sessions were held throughout the execution of the program. Each meeting lasted one hour. The meetings were held in the dance/movement therapy room. Each group included an overview of the sessions that had taken place, and then focused on specific focus questions. The ORID (observation, reflection, insight, decision) focus group model sections were each written on a large piece of easel paper. Each member began by contributing one observation based on what they know of the program and the participants. The following ORID section used the observations given as a guide to inform the rest of the model. The last section, decisions, assisted with the execution of the program moving forward and contributed to the overall results of the evaluation.

Focus groups were consistently analyzed throughout the implementation of the program to provide feedback and assistance to the structure and organization of the implementation

process. ORID focus groups were analyzed using thematic analysis to identify changes and improvements that should be made to support the program moving forward.

      Focus group I. The first meeting took place following the interest meeting, prior to the implementation of session one. Two members of the group were present in person. One member who was not physically present, used a video calling application to take part in the meeting. During this session I explained the structure of the ORID focus group model. Participants were given a copy of the program format, the program overview, and session objectives in advance. I briefly went over these items with them and gave an overview of what took place in the interest meeting. The meeting ran over time by twenty minutes.

      The question that guided this meeting was: what challenges may be faced in the implementation of the program? The theme that arose throughout the meeting was how the culture and climate of residential treatment may prove challenging to the program implementation. Three points emerged, concerning participants missing sessions, group safety, and readiness to transition. In a residential facility there are a number of situations that may lead to a participant missing a session including family visits, hospitalizations, crisis situations, and refusals. Based on this knowledge, it was decided that a limit of missing sessions should be identified to insure that participants did not fall behind the progress of other participants. The focus group determined that three absences should be the limit. It would also be important for me to stay in communication with milieu staff to remind them of the program and stay informed about participants.

      As expressed by the clinicians in the group, participants all exhibit underdeveloped social skills and are challenged in interpersonal relationships. Creating cohesion and control with six participants with different ages and developmental challenges may be difficult based on

participants' ability to work together, and communicate positively. Some participants face issues with bullying and have issues dealing with control. This may challenge their ability to be vulnerable and connected to the group. It would be important to have a clear structure that is continued each session to create consistency, and to determine my rules for handling issues that may arise in advance. The group should provide space for each participant to be comfortable and feel validated at all levels.

Participants in the program have all faced traumatic experiences that have challenged their ability to make sound judgments about themselves and process their life experiences in a healthy way. This difficulty may limit participants' readiness to explore transition and discussion around image, and cultural identity. Participants background and relationships to their past may make it difficult for them to experience and process certain interventions and activities in the program. I was encouraged to approach the program without expectation around the outcomes and tailor the sessions to the abilities of the participants. Empathic relationship between the participants and myself is important and participants should constantly receive validation for their level of participation. In lieu of this feedback I made an effort to simplify my activities to meet the abilities of all participants, and planned for intervention to change and adjust if the session was not working. Objectives and outcomes remained consistent.

Focus group II. The second focus group meeting took place following session four. All members were present for the meeting. By session four there had been a number of changes and adjustments made to the format of the sessions and the number of participants. By this session only two participants remained in the program. Session agendas were given to participants in advance. An overview of the sessions and important information regarding the reason for changes was shared.

The guiding questions for this session focused on the Creative Passages Program's ability to meet the participants' therapeutic treatment goals and accomplish the programs projected outcomes. The theme that emerged through analysis of the session was the programs implementation style and structure being challenging by the demands of this demographic. Two main points emerged from the data: participant's difficulty with social skills, and the challenges to the curriculum. Interpersonal relationship skills are a part of the therapeutic treatment in the residential environment. As stated by a focus group participant, "challenges to social interactions in their home environment are a significant part of the reason they come to residential treatment". The program appears to be displaying the challenges this demographic has in group settings and identifying their deficits in social interactions. Clinicians pointed out that program participants showed a need to have control in the session. Many of the program participants are used to having sessions individually where they have more control over what happens and more attention given to them. Most therapeutic groups have only three clients. This group of six was both my and the site dance/movement therapists first time attempting to work with a therapeutic group of that size. The focus group decided it was better that the group would now be smaller so both participants can have more attention given to their needs and can work more on their ability to relate with one another.

The programs curriculum and expectations appeared to be too challenging for the program participants. Focus group participants agreed that too much was being asked of participants in one session, and the level of processing was proving to be too intense for most of the participants. Decisions were made to adjust the curriculum to better meet the needs of the participants. Objectives and session themes would still guide sessions but interventions and expectations would be simplified. Program implementation objectives could be adjusted to still

leave participants feeling accomplished by the end of the program. As a result of this focus group discussion, extra program sessions intended for ceremony preparation were removed from the curriculum. Strengthening interpersonal relationship skills became an objective of the sessions, and session six was changed to individual sessions with the two participants to provide them with more personal attention and control.

Focus group III. The final focus group meeting was held the day after the closing ceremony. All focus group members were present for this meeting. Session agendas were given to participants prior to meeting. An overview of the previous session and the closing ceremony was presented. Guiding questions for the session included: what aspects of the program appear to have met programs goals, what aspects should be revised to better meet programs goals, and how has the program met challenges discussed in first group meeting? Four themes emerged from the session, these included factors that challenged program implementation, ways in which the program showed the ability to address outcomes and treatment goals, the importance of movement interventions in the program, and suggestions for future implementation.

Clinicians agreed that aspects of the program did appear to effectively address treatment goals and program outcomes. Impact in self-worth and interpersonal relationship skills appeared to be the highlighted treatment goals of the program. The closing ceremony showed moments of increased self-worth for Joanna, who participated in the closing. She showed her creative expressivity and appeared validated by her staff and clinicians. Her primary clinician added that the program might have also encouraged her to question her cultural identity, speaking to a conversation with Joanna regarding her curiosities about the ethnic diversity of her upcoming residence. For Brittany who was unable to attend the last session and the closing ceremony, her primary clinician expressed noticing positive shifts in her affect and communication when

talking with me following the closing. Regarding interpersonal relationship skills, there were a number of positive moments noted that appeared to show growth in the participants' ability to relate to one another. These included their ability to complete the entire program together, and their ability to communicate indirectly through movement intervention and writing.

Movement interventions appeared to have the greatest impact on participants. It appeared that interventions that incorporated non-verbal communication encouraged participants to share and be involved. The group suggested that immediate exposure to movement interventions may have set the standard for movement throughout the program when participants less familiar with dance/movement therapy interventions struggled to connect to more detailed and expressive movement intervention. Highlights of the positive moments that arose through movement interventions were reflected on, especially participants' exchange of support for one another during a ball toss activity.

Chapter Five: Evaluation Results

Summative Evaluation.

Part of the requirements for the summative evaluation was to have a sample size whose data could be interpreted as a meaningful result. Because the sample size for the program was so small my evaluation required that at least four of my participants would have to agree to participate in the evaluation and be actively present in order for the summative evaluation to be used in the report. By session three there were a number of changes to the programs participants. By session four there were only two participants in the group, therefore the summative evaluation was not included in the programs evaluation.

Formative Evaluation.

The purpose of this formative evaluation was to assess the implementation of the Creative Passages Pilot Program. Developed to address the changes in identity and responsibility that come with getting older, it was also creatively formatted to address the maladaptive behaviors and challenges of adolescent girls transitioning while experiencing mental illness and underdeveloped social and behavioral skills. The evaluation of the program was done using focus groups and unstructured journal writing. Feedback regarding the program focused on the effectiveness of the program, its ability to address the outcomes of the program and treatment goals of the participants, and the structure of program. Journal notes and focus groups were analyzed using thematic analysis at the completion of the program to make judgments and assessments of the implementation of Creative Passages.

Thematic analysis is described as a method for identifying, analyzing, and reporting patterns within data (Braun & Clarke, 2006). The purpose of thematic analysis is to condense textual data into brief summary format, establishing clear links between data (Braun & Clarke,

2006). To begin this process, I first collected all focus group and journal notes then rewrote the information onto one document. I read and reread data and began noting themes that emerged. Next, I grouped data based on themes and reviewed each several times to refine each theme. I searched for subthemes, and generated clear definitions and names for each theme. It was these themes that I used to formulate a response about the implementation of Creative Passages.

The information gathered from my analysis of the data provided feedback about the strengths and challenges of the programs process and structure within this demographic. The general themes that emerged were:

- Participants' ability to connect with the programs activities and areas of disconnection

- Program flexibility and responsiveness to change

- Program structure

- Participants' safety and programs ability to manage aggression and conflict

- Participants' emotional challenges

- Participants' attention challenges

The following is a discussion of themes found from my thematic analysis. Examination into the themes led to adjustments made throughout the programs implementation and decisions on how to implement the program in the future.

Participant's ability to connect to the program activities, and factors that lead to disconnection. From my thematic analysis of the program, areas of connection and disconnection to the program emerged. These were developed into two subthemes. These subthemes include participant's efforts towards engagement in the program and challenges with connection to the program. Creative Passages interventions and activities engaged participants

artistically, verbally, and with movement. Participants who completed the program showed the ability to complete a number of tasks. Analysis showed that movement interventions appeared to engage participants, and facilitate moments of growth. Participants were better able to communicate positively using non-verbal communication. One of the highlighted moments that took place during the program happened during an activity with a koosh-ball, when the two participants who also lived on the same milieu and had difficulty relating to one another exchanged ideas about positive resources they would give to one another. One participant answered "a friend", the other "focus". It is suggested through analysis that more movement intervention and experientials at the beginning of the program may keep participants actively engaged.

Many of the participants had difficulty with the skills and themes that the program addressed. Analysis showed that participants who had prior experience with dance/movement therapy were more prepared and ready for the program. Based on my initial procedures for recruitment, participants needed to have had dance/movement therapy prior to the group and show some readiness for the program. They also needed recommendations from their primary clinician. Participants from the younger girls milieu had been without a therapist for a number of months. Of the six final participants only three were initially chosen, meeting all of my requirements. Three other chosen participants had transitioned out of the facility before the program began, therefore the staff and I chose three available participants based on our subjective evaluation that they might be receptive to the program. The participant who had dance/movement therapy for the longest amount of time and was preparing to transition out of the facility showed the most consistent engagement in the program and completed the entire program.

Thematic analysis showed a number of factors that challenged participants' connection to the program. Participants' ability to relate positively and safely with one another made it challenging for some participants to remain present and engaged during the sessions. The intermix of age groups with participants ranging in age from 11 to 16 years old appeared to make it difficult to accurately meet the needs of all participants. Participants struggled to listen and work together, and had difficulty engaging in the sessions. One participant who struggled with the younger participants in the group wore headphones during the first three sessions. She explained it as a way to mange her frustration with the younger participants in the program. Another struggled to be comfortable in session because of prior tensions with other group participants, which may have lead her to leave the program later on. Participant's ability to function in a group proved challenging for some participants to stay engaged in the program.

Another issue that challenged participant engagement to the program was my lack of presence at the facility on a regular basis. Because the program began after the completion of my internship, I was only present on campus one day a week for the program. Because of my lack of presence participants and staff were less likely to invest time towards the program and remain updated and aware of what was taking place. It also made it difficult for me to be aware of what was happening with the participants on a daily basis in order to better address their needs. The program also began prior to the summer schedule at the residential facility, which led to a change in the schedule.

Program flexibility and responsiveness to change. It was realized early in the programs implementation that the program would have to change and adjust in order to adapt to the clients needs and abilities. One adjustment made was the skill level of the interventions and activities. It was discussed in the focus groups that not all participants were ready to address and relate to the

information given in the interventions. It was decided to vary the interventions to allow for different levels of understandings and responses in order for all participants to achieve a sense of accomplishment. Participants displayed much resistance to the program because they lacked control over the sessions. Participants who are used to being in therapeutic groups with no more than three participants were asked to work with six. In normal dance/movement therapy sessions most of the interventions are formulated from what takes place in the sessions. Session agendas and notes showed multiple changes to anticipated interventions in effort to attune to the needs of the participants. In an attempt to adapt to the needs of participants, session seven was restructured into two individual sessions for the participants. The individual sessions addressed the same theme and objectives but interventions were based on the needs of the participant.

There were a number of occurrences that took place that were beyond the control of the program. These circumstances appeared be issues that could not be avoided due to the environment. The program was initially created to function with six participants. After a prolonged period of missing sessions for participants due to hospitalizations, and refusals to session, resulted in four participants leaving the program. At the start of the program it was addressed that the program should create a time limit the amount of missing session participants could have because of the progression of the program. After participants missed three sessions participants could not return to the program. On another instance a visitation during the program time resulted in the day of the program being changed. It was necessary for me to shorten the session for that day and decide what would need to take place within the session.

Structure of the program. Analysis of the program data showed that the program could use structured implementation of rules and provided lessons for each level of participant. Pre-implementation feedback addressed the need for a structured set rules and plans to handle

challenges. The programs initial activities included creating group rules and connecting with the idea of sisterhood. Though participants appeared to comprehend these ideas they had difficulty implementing them. Implementing opening and closing rituals may be a solution to creating a group standard of safety and connection to one another.

It was clear going into the program that not all participants function socially and developmentally at the same level. Though the initial interventions were thought to be able to meet the needs of all the participants implementation showed that many participants struggled to follow and connect to the interventions and activities. It was necessary to change the static structure of the curriculum in order for participants to actively engage and still feel a sense of accomplishment.

Analysis supports the idea that the structure of the program should be adaptable to the culture of the facility in which it is being implemented. It should be more inclusive of staff and work in conjunction with other programs functions. The structure must support client's needs and not the programs expectation. Though this sample relied on convenience, it was determined that participation should be voluntary and participants should all be of similar developmental and age level.

Programs ability to handle safety and manage aggression and conflict. The program seemed to face a lack of depth in processing for participants. Analysis suggests this may have related to the lack of safety in the group created from conflict and aggression. Participants in the program had difficulty sharing and expressing their needs to one another in session. There were instances of bullying that took place outside of session that showed up in session. Participants who experienced this negative treatment appeared less engaged and were less likely to process thoughts and emotions that may have arose during the session. Lessening the number of

participants appeared to assist in creating a safer environment for group members. It also provided more space for participants to work out issues between each other, with more support and intention placed around interpersonal skill development.

Emotional challenges. The mental health and abilities of the adolescent girls played a large role in the participant's ability to function in the program. All participants exhibit maladaptive ways of handling emotional responses. It is suggested through analysis that participants may have showed resistance to the program and behaved disruptively as a way to avoid connecting to the interventions and facing difficult thoughts and emotions that may arise.

It appears that the program illuminated the need for social skill development for the participants. It was reflected in focus group that interpersonal skills seem to be the focus of the work being done within the group. It was also suggested that the program showed the ability to address self-worth and positively change affect. Focus group members who were also present at the closing ceremony, suggested that the affirming words expressed to the participant from staff members, and the platform given to express creatively and be witnessed, appeared to increase the self-worth of the participant. Expressions of inclusion that were given to the participant who did not make the closing ceremony still appeared to positively effect this participant. It's also noted that participant's emotional challenges make it difficult for them to express their feelings toward the group.

Participants' attention challenges. Another common challenge to this demographic of participants was their ability to remain focused and attentive. Participants suffered with a number of challenges including attention deficit hyperactivity disorder and impulsivity. Younger participants had difficulty staying on task and required a large amount of redirecting and assisting to stay on task. Participants lost focus when process became more verbal than active

and required a large amount of detail. It was important for the program to creatively keep participants engaged and limit the amount of unstructured time during the session.

In conclusion, through formative evaluation and thematic analysis Creative Passages, has demonstrated the ability to be an effective program for adolescent girls with a few adjustments and considerations made to its implementation style and the skill level of the participants. The implementation illuminated a number of considerations for how to implement a program such as this with a similar population in the future.

Chapter Six: Discussion

Developing and executing Creative Passages was an informing experience for me as I begin my clinical practice in dance/movement therapy. Through the evaluation of the program it was clear that this approach to providing a dance/movement therapy program with elements of rites of passage to adolescent girls with social deficiencies and psychological challenges would require a number of structural and formatting changes as well as experimental time to determine the best approach to implementing Creative Passages in a similar setting. By the completion of the program it was evident that time constraints, participant selection, and limited access to staff input and involvement challenged the programs ability to proceed in the way it was intended. The program demonstrated potential ability to engage and address the needs of higher functioning participants. The success of the programs implementation was largely due to the programs ability to adjust and adapt to the needs of the participants. The results showed evidence that treatment goals and program outcomes were explored and there was growth in participants who completed the program.

A number of observations were made that should guide the implementation of future programs. As discussed in the literature review, community support has a great influence on social development and the development of self-identity. In rites of passage the community supports the self-exploration process and aids in the solidification of the new self-concept. Not having a regular presence at the residential facility made it difficult to involve the staff and other support systems of the participants in the program. Being present on campus regularly and including the individuals who work directly with the participants may help to establish a sense of inclusion, support, and accountability. It may also benefit the programs implementation to scale down the outcomes in order to spend more time focusing on specific issues.

Results indicated that managing the group as a whole became difficult due to their inability to communicate with each other, the lack of structure, difference in age and level of abilities. These outcomes were considered in the design of the program, however results showed the further considerations should be made. Improvements can be made to the program to increase the likelihood for all participants to be successful in the program. Smaller group size would allow for participants to have more choice and control in the sessions. As noticed once the sample size changed, participants also had more time to process intervention and work on activities. It is also important that participants are closer in age and developmental level. This way, interventions are tailored to the needs of all participants in the group and participants can feel validated and successful.

The program may also be reformatted to focus on one stage of the ritual process paradigm at a time. Each stage—preparation, separation, transition, and reincorporation—would incorporate a series of sessions focused around the goals of the stage. Participants would be placed in a stage of the program based on their level of readiness for transition. At the residential facility where the program was implemented, residents go through a 2-phase process, their initial entry and treatment, followed by preparation for transition out of residential treatment. By phase two participants are focused more on goals that will prepare them to enter back into the community or less restrictive living. The one participant that successfully completed the program was the only participant actively approaching a milestone transition, preparing to leave the residential facility. Correlating the program with the preparation of discharge or transition from phase one to phase two is similar to the traditional timing of rites of passage paractices. In a revised Creative Passages Program phase one residents may begin in the initial and secondary stage of the ritual process paradigm, phase two residents may be more prepared for the third and

fourth stage of the paradigm, preparing them for transition from residential treatment.

Program sessions appeared most successful when incorporating dance/movement therapy interventions. Group movement interventions began by the second session of the program. It was suggested the movement intervention should be started earlier in the program, even incorporated into the initial meeting. Incorporating movement earlier in the program may inform the participant's expectation of what is to come. As a ritual informed program, dance and movement incorporated in the beginning and throughout may establish the norms of the group and become more of a ritual. Participants showed more ability to communicate with each other when working non-verbally. Incorporating more dance/movement therapy interventions may also assist with group cohesion and relational skills.

Future evaluations of the program should be conducted. A formative evaluation similar to that which was done, would serve to provide feedback on the implementation of a newly formatted Creative Passages program. Formative evaluation may also include interviews with staff that support the participants. Summative evaluation methods similar to those initially developed should also be used. The pre-evaluation surveys appeared challenging for lower functioning participants. Documents appeared to indicate that some participants checked any box or rushed through them. It would be beneficial to use one survey that represents multiple topics and meets the intellectual level of all participants. Movement assessment coding sheets may also be reformatted to better assess the movement implications of participants. The residential facilitys' dance/movement therapist who served as the movement analyst for the evaluation used the coding sheet created for the program. However, she noted difficulty addressing effort qualities of participants and found action drives to not be a beneficial depicter of the information intended on being gained.

This program was created with the intentions of positively supporting the experience of adolescent transition for girls from settings where support systems may be lacking and the influence of positive developmental growth may not be present. It was further constructed to support girls who suffer with severe maladaptive behaviors and emotional issues due to traumatic life experience. After completing the formative evaluation and analysis I believe this programs strength was in its ability to encourage self-understanding and discovery, which may have contributed to the resistance from participants who were not prepared to engage in the depth of this process. I also noticed the impact of social interaction and interpersonal relationship the program that the program encouraged and how important that was to the outcome. Future evaluations may focus on the impact of the social skill development and impact on self-image.

I am aware of limitations to the evaluation of the program. One limitation is the possibility of evaluator bias. This may have occurred because I developed, facilitated, and conducted all the analysis on Creative Passages. In order to insure credibility I used triangulation methods. Triangulation involves checking information that has been collected from different sources or methods for consistency of evidence across sources of data (Mertens, 2005). It is suggested to incorporate multiple data collection methods as well as having data read and interpreted from a disinterested party. By incorporating these methods into my evaluation design I have a greater chance of not incorporating bias.

Another limitation to the project was that participants did not choose to be a part of the program. Participants did have the opportunity to leave the program and not participate. In the end a number of them did that. However, feedback from the focus group and from my personal findings indicated that the program participants should volunteer to be a part of it. Lastly, in regard to the amount of time dedicated to the project, results showed that there was not enough

communication between the participants, staff, and clinicians about the program, which lead to some challenges. Because I was no longer present on the campus regularly and spent limited time with the staff and participants it was challenging for them to fully invest in the program. One major component of rites of passage is community support for the process. Rites of passage in its traditional form, is not a one-day per week process, but a continuous process that shapes an entire life. I believe that Creative Passages would have achieved more if the entire environment, and the people involved in the participants lives were more supportive. In this case, the presence of the facilitator regularly working with the staff and functioning as an active member of the participant's environment may benefit the outcome of the program.

This project evaluated the Creative Passages pilot program to assess its ability to meet its outcomes and assess the programs implementation as a whole. Using formative evaluation methods the program showed it has the ability to meet its program outcomes and also showed room for the improvement of the execution factor and the format of the curriculum. It is my hope that after multiple trial and errors a rites of passage based dance/movement therapy program will be created that best addresses the needs of adolescent girls in numerous demographics. I believe that such a program would inspire dance/movement therapists to incorporate a variety of creative approaches to the therapeutic process. I also hope to encourage more traditional and ethnic practices into the dance/movement therapy approach. I hope to encourage the implementation of ritual and communal practices in environments such as residential facilities. Because many of these young people do not have the support of family and community in their developmental process I believe it would be a tremendous addition to residential treatment to encourage their youth and create an atmosphere of community and progress.

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Appendix

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Appendix A: Consent Forms

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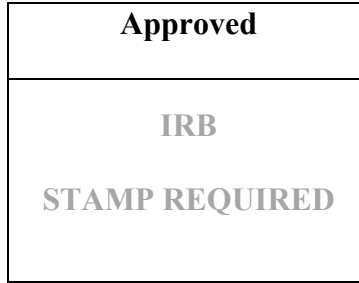
Informed Consent Form

Consent Form for Participation in a Formative Program Evaluation

</div>

Title of Research Project: The Evaluation of Creative Passages: A Dance/Movement Therapy and Rites of Passage Pilot Program for Adolescent Girls.

Principal Investigator: Monimia Macbeth, Dance/movement therapy masters candidate, Monimia.macbeth@loop.colum.edu

Faculty Advisor: Andrea Brown, MA, BC-DMT, NCC, LCPC, Abrown@colum.edu 312.369.7697

Chair of Thesis Committee: Laura Downey, MA, BC-DMT, LPC, GL-CMA Ldowney@colum.edu 312.369.8617

INTRODUCTION

You are invited to participate in the evaluation of Creative Passages, a dance/movement therapy program for adolescent girls that incorporates rite of passage practices and rituals. The program will be implemented at your site. This consent form will give you the information you will need to understand why this evaluation study is being done and why you are being invited to participate. It

will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to think this over. You are also encouraged to ask questions now and at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called 'informed consent.' You will receive a copy of this form for your records.

You are being asked to participate because you are associated to the clients in some way. You either serve as their primary therapist or have a background in some aspect of the program being implemented, such as dance/movement therapy or art therapy.

PURPOSE OF THE STUDY

The purpose of this evaluation is to assess the performance of the Creative Passages Program and it's ability to meet its outcomes.

PROCEDURES

If you agree to participate in this study, you will be asked to do the following:

- Participate in three focus groups that will be conducted throughout the entirety of the program implementation. Focus groups should last no longer than one hour each and will take place a scheduled time that is conducive with all participants' schedules.
- Attend the program ending ceremony.
- Focus groups will be audio recorded.

POSSIBLE RISKS OR DISCOMFORTS

The risks in this study are:

- Because participants are being chosen only from the girls units and unit therapists are a being asked to participate in the evaluation there is some risk to confidentiality associated with your participation. The evaluation report will describe what individuals were chosen to

participate in the evaluation however, no identifying information will be used that will pinpoint any specific information you shared.

- Because there is only one dance/movement therapist and art therapist present on campus and both individuals are asked to participate in the evaluation there is some risk in keeping your confidentiality for the same reason as listed above. However, no identifying information will be used to pinpoint any information you specifically shared.

- As a participant you will be asked to participate in focus group meetings that last one-hour each. There will be three focus group meetings. Approval from administration was gained for your participation during the workday. The evaluator will do their best to find a time that is most convenient for all participants.

- You will be asked to review session agendas prior to focus group meetings in order to have an understanding of how the program is functioning. The evaluator will ensure to the best of her ability to keep these notes brief as to not take up more than five minutes of your time per agenda.

- You will be asked to attend the programs completion ceremony however; program participants will not know that you are participating in the evaluation process. You will be seen as a guest to the ceremony invited by me and will likely be invited by participants as well.

POSSIBLE BENEFITS

The possible benefits of being in this study include:

- Advancing the success of the program participants, your clients; providing knowledge and guidance for them to move forward and be successful outside of residential treatment care.

CONFIDENTIALITY

Confidentiality means that the investigator will keep the names and other identifying information of the research participants private. The investigator will change the names and identifying information of research participants when writing about them or when talking about them with others, such as the investigator's supervisors.

- All data collected will be stored securely in a locked file. Record will only be kept for the duration of the evaluation. I will be the only one to have access to this information. All audio data will only be heard and transcribed by me. All personal notes will be stripped of any identifying information. All information will be password protected in a file.

- All data collected during the evaluation will be destroyed at the completion of this thesis or no longer than within two years.

- Program participants will not be aware of your participation in the formative evaluation process during the programs implementation.

- Any direct excerpts from data used in study will be addressed individually and will only be used with your consent without identifying information.

The following procedures will be used to protect the confidentiality of your information:

1. Participants will not be identified to other staff or residents.

2. The evaluator will keep all study records locked in a secure location.

3. Any audio and videotapes will be destroyed after 2 years

4. All electronic files containing personal information will be password protected.

5. Information about you that will be shared with others will be unnamed to help protect your identity.

6. No one else besides the investigator will have access to the original data.

7. At the end of this study, the investigator may publish the findings. You will not be identified in any publications or presentations.

RIGHTS

Being an evaluation participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty. Thoughtfully consider your decision to participate in this research study. We will be happy to answer any question(s) you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator, Monimia Macbeth: 954.732.4411 or the faculty advisor, Andrea Brown; 312.369.7697. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board (IRB) staff at 312-369-6994 or IRB@colum.edu.

COST OR COMMITMENT

- There is no cost to you to participate.
- The time commitment in its entirety will not be more than five hours over a two-month period.

COMPENSATION FOR ILLNESS AND INJURY

If you agree to participate in this study, your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Columbia College Chicago nor the researchers are able to give you money, insurance, coverage, free medical care or any other compensation injury that occurs as a result of the study. For this reason, please consider the stated risks of the study carefully.

PARTICIPANT STATEMENT

This study has been explained to me. I volunteer to take part in this research. I have had opportunity to ask questions. If I have questions later about the research or my rights as a research participant, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

_____ _____ _____

Signature of Person   Print Name: Date:

Obtaining Consent

_____ _____ _____

Principal Investigator's   Print Name: Date

Signature

Columbia
C O L L E G E   C H I C A G O

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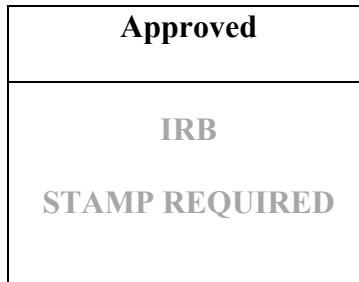
Informed Assent Form

Consent Form for Participation in a Summative Program Evaluation

Title of Research Project: The Evaluation of Creative Passages: A Dance/Movement Therapy

and Rites of Passage Pilot Program for Adolescent Girls

Principal Investigator: Monimia Macbeth, Dance/movement therapy masters candidate,

Monimia.macbeth@loop.colum.edu

Faculty Advisor Andrea Brown, MA, BC-DMT, NCC LCPCAbrown@colum.edu 312.369.7697

Chair of Thesis Committee: Laura Downey, MA, BC-DMT, LPC, GL-CMA

Ldowney@colum.edu 312.369.8617

 INTRODUCTION

You are invited to participate in the evaluation of Creative Passages, a dance/movement therapy

program for girls your age. It is a program that was created by me, Monimia, that I'm doing here at

you site. This form will help you understand why the evaluation is being done and why you are

being asked to be a part of it. It will also tell you things that may make you feel safer. Think it over

and ask any questions you may have.

You are being asked to evaluate the dance/movement therapy program that you have with Monimia.

WHAT IS AN EVALUATION?

An evaluation is a way to make a decision about the value of something. In this case the value of

Creative Passages.

PURPOSE OF THE EVALUATION

To see if Creative Passages Program can meet it's goals

PROCEDURES

If you agree to participate in this evaluation, you will be asked to:

- Come to all 8 weeks of the sessions

- Fill out 6 surveys that ask question about things related to the goals of the program.

    o 3 surveys at the beginning of the program

    o The same 3 surveys again at the end of the program.

POSSIBLE RISKS OR THINGS THAT MAY MAKE YOU FEEL UNSAFE

- If the question is too hard I will help explain it to you.

- If a question brings up a feeling that triggers you I will be available to talk with you about it.

- Movement observations may feel funny. We will have practiced doing this ahead of time.

- No one but you and me will now you are a pat of the evaluation. It is up to you to keep it

   secret, this will help make sure no one treats you differently.

- I will do my best to keep you as safe as possible.

- You will get a week-to-week breakdown of what will take place in each session.

POSSIBLE BENEFITS

- You will show how you have made progress towards your treatment goals.

CONFIDENTIALITY: KEEPING YOU SECRET

I will keep your other personal information private. I will be the only person who knows that you are participating.

- None of your information will be used in the report.

- All papers will only list you as a number

- No one else will be able to see the information. It will be locked away and then thrown out when it's all done.

This is how your information will be kept private:

1. I will keep all information locked away.

2. No information that is shared with others will include any of your information

3. No one else besides me will be able to see any of the information you give.

4. I will not use anything that will identify you in any of the final reports.

RIGHTS

Being an evaluation participant is up to you. You may choose to leave the evaluation at any time.

You may also refuse to participate at any time. Nothing will be held against you.

Take time to figure out if you want to participate. If you have further questions about this project you may speak with me and I will explain more to you.

If you have any questions concerning your rights as a research subject, you may speak with me and ask any question or your guardian can contact my school.

COST OR DUTIES

- There is no cost for you to participate

- The program will take place for two months for 1.25 hours per week.

- If you are going to be a part of the evaluation you need to be at all sessions.

IF YOU WERE TO GET SICK OR HURT

If something that had to do with the evaluation made you sick or hurt neither Columbia College

Chicago or I can help. Please make sure you think about the risks carefully.

PARTICIPANT STATEMENT

I volunteer to take part in the evaluation. I have been able to ask questions. Everything was

explained to me. If I have questions later about the evaluation or my safety, I can ask one of the

contacts listed above. I know that I can leave the evaluation or refuse to be a part of it at any time

and it won't be held against me. I will receive a copy of this form

_____   _____   _____

Assent of Minor Signature: Print Name: Date:

_____   _____   _____

Principal Investigator's   Print Name: Date

Signature

Columbia
C O L L E G E   C H I C A G O

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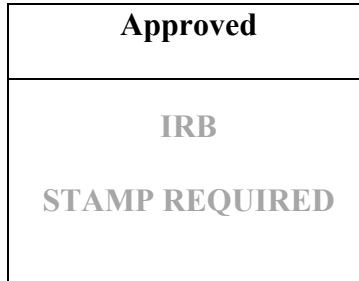
Guardian Informed Consent Form

Gaurdian Consent Form for Youth Participation in a Summative Program Evaluation

Title of Research Project: The Evaluation of Creative Passages Program: A Dance/Movement

Therapy and Rites of Passage Pilot Program for Adolescent Girls.

Principal Investigator: Monimia Macbeth, Dance/movement therapy masters candidate,

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312.369.7697

Chair of Thesis Committee: Laura Downey, MA, BC-DMT, LPC, GL-CMA

Ldowney@colum.edu 312.369.8617

INTRODUCTION

A minor under your guardianship has been invited to participate in the evaluation of their

dance/movement therapy group. The treatment, which is a part of their individual treatment plan,

has been formatted to incorporate a program called Creative Passages, which is a dance/movement

therapy program for adolescent girls that incorporates a rites of passage format and concepts such as

rituals. The evaluation will be implemented in the beginning, middle and end of the programs

implementation. It will take place at the residential treatment facility during the dance/movement therapy sessions. This consent form will give you the information you will need to understand why the evaluation is being done and why this minor is being invited to participate. It will also describe what they will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to think this over. You are also encouraged to ask questions now and at any time. If you decide for them to participate, you will be asked to sign this form and it will be a record of your agreement for them to participate. This process is called 'informed consent.' You will receive a copy of this form for their records.

The minor under your guardianship is being asked to participate in this evaluation because they have been referred by their primary clinician to participate in a dance/movement therapy group that is implementing the Creative Passages Program; a program that serves as the dance/movement therapy component of their individual treatment plan. You are not being asked to consent for the individual's participation in the program. The program is a component of the individual's dance/movement therapy treatment.

PURPOSE OF THE STUDY

The purpose of this evaluation is to assess the performance of the Creative Passages Program and it's ability to meet its outcomes

PROCEDURES

If you agree to allow this minor to participate in this evaluation, they will be asked to do the following:

- Complete 6 surveys; 3 at the beginning of the program and 3 at the end that will ask them to respond to statements that will address the programs goals.

- Maintain attendance for all dance/movement therapy sessions and program components.

POSSIBLE RISKS OR DISCOMFORTS

The risks in this evaluation are:

- If there are any problems reading or understanding the survey question. I will be present to assist and answer any questions they may have.

- If a question triggers an emotional response I am available to process with them.

- Movement observation may create discomfort, however, assessments are a part of the treatment at the residential treatment facility. Movement observation will be utilized in regular dance/movement therapy sessions prior to program as a practice.

- The evaluation does risk participants being identified in the event that the participant shares that they are participating. Participants must keep themselves and others participating in the evaluation confidential.

- I will exhaust every available option to minimize any and all risk associated with the minors participation.

- We will hold an information session with all participants to help them better understand the program. Following that meeting I will meet with individuals privately to explain the evaluation, go over assent form, and ask for assent.

- I will answer any questions that youth participants have about the evaluation in the private meeting.

- They will also be given a week-to-week breakdown of what will take place in each session.

POSSIBLE BENEFITS

The possible benefits of being in this evaluation include:

- Advancements made toward treatment goals on behalf of the program.

CONFIDENTIALITY

Confidentiality means that the investigator will keep the names and other identifying information of the evaluation participants private. The investigator will change the names and identifying information of evaluation participants when writing about them or when talking about them with others, such as the investigator's supervisors.

- The evaluator will only know individuals participating in the evaluation.

- No personal Identifying information will be published in this evaluation.

- All record taken by me will only include a participant number.

- I am the only person with knowledge of the participant number of individuals participating in the evaluation.

- All data collected will be stored securely in a locked file. I will be the only one to have access to this information.

- Assistant facilitator follows DCFS and the residential treatment facility protocol to confidentiality as a treatment facility employee.

The following procedures will be used to protect the confidentiality of your participants information:

5. The evaluator will keep all study records locked in a secure location.

6. Any audio and videotapes will be destroyed after 2 years.

7. All electronic files containing personal information will be password protected.

8. Information about participants that will be shared with others will be unnamed to help protect their identity.

9. No one else besides the evaluator will have access to the original data.

10. They will not be identified in any publications or presentations.

RIGHTS

Being a participant in this evaluation is voluntary. Participant will make the final decision of whether they will participate in the evaluation once consent is received from the guardian. Participant may choose to withdraw from the evaluation at any time without penalty and continue with the program, which is mandatory component of their treatment plan as referred by the primary clinician.

Thoughtfully consider your decision to allow this minor under your guardianship to participate in this evaluation. We will be happy to answer any question(s) you have. If you have further questions about this project or if you have a evaluation-related problem, you may contact the principal investigator, Monimia Macbeth: 954.732.4411 or the faculty advisor, Andrea Brown; 312.369.7697. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board (IRB) staff at 312-369-6994 or IRB@colum.edu.

COST OR COMMITMENT

- There is no cost to the participant to participate and they will not miss any other opportunities to be a part of this evaluation.

- The program will take place for two months for 1.25-2 hours per week depending on progression in the timeline. They are required to participate in each session to take part in all evaluation segments.

COMPENSATION FOR ILLNESS AND INJURY

If you agree to allow this minor to participate in this evaluation, your consent in this document does not waive any of her legal rights. However, in the event of harm arising from this evaluation, neither Columbia College Chicago nor the evaluators are able to give money, insurance, coverage, free

medical care or any other compensation injury that occurs as a result of the study. For this reason, please consider the stated risks of the evaluation carefully.

PARTICIPANT STATEMENT

This evaluation has been explained to me. I agree to allow this minor whom is under my guardianship to take part in this evaluation. I have had opportunity to ask questions. If I have questions later about the evaluation or the rights of this minor as an evaluation participant, I can ask one of the contacts listed above. I understand that the minor in which I guardian may withdraw from the evaluation or refuse to participate in the evaluation at any time without penalty. I will receive a copy of this consent form.

_____   _____   _____

Participant/Parent/   Print Name: Date:

Guardian Signature:

Relationship (only if not participant): _____

_____   _____   _____

Signature of Person   Print Name: Date:

Obtaining Consent

_____   _____   _____

Principal Investigator's   Print Name: Date

Signature

Appendix B. Focus Group

<u>**Focus Group Questions & Outline**</u>

Facilitator: Monimia Macbeth

Time: 3 meetings, 1 hour each: Prior to program implementation, following week 4, and post program implementation.

Location: Lutherbrook family room.

Background: Focus group participants will receive a calendar with session goals and a copy of session's overview document prior to the programs implementation. Weekly, participants will receive the final session agenda that lists session objectives, activity implemented, check-in question, and journal reflection question. No program participant responses will be included in the session agenda.

Focus Group Structure: ORID (observation, reflection, insight, decision) focus group.

Evaluation Question: How is the implementation of Creative Passages Program?

Monitoring Questions:

- **Session #1:** What challenges may be faced in implementing Creative Passages program?

- **Session #2:** What aspects of the program appear to be meeting the Creative Passages programs outcomes? How well is the Creative Passages Program meeting the youth participant's individual treatment goals?

- **Session #3:** What aspects of the program appear to have met programs goals? What aspects should be revised to better meet programs goals? How has program met challenges discussed in first group meeting?

Appendix C. Creative Passages Program

Creative Passages: Dance/Movement Therapy and Rites of Passage Pilot Program for

Adolescent Girls

<u>Leadership:</u> Monimia Macbeth DMT masters candidate and intern. (954) 732-4411

<u>Time:</u> 8 weeks, 1.25 hours per week

    1 interest meeting 1 hour

     2 rehearsal/prep sessions 1 hour each

    1 Culminating ceremony 1 hour

<u>Location:</u> Dance/movement therapy studio

<u>Size:</u> Maximum of 6 participants

<u>Purpose:</u> To enhance the self-identity of adolescent girls by encouraging healthy transition into a positive state of being and encourage personal growth using dance/movement therapy interventions, and rituals in the form of movement, art, and cultural activities that increase girls ideas of self-worth and foster the development of cultural identity and self-expression skills.

<u>Methods:</u> Movement interventions will explore body movement as it relates to individual body awareness. Movement will be used to address feelings, communicate emotions and affect. Movement interventions will focus on the outcomes of the program. The construction of group norms and rituals created by the facilitator and the participants will establish trust and safety providing a space to feel comfortable to learn and explore as a group. Artistic rituals of different cultures will be explored and rituals for the group will be created. The process will follow a rites of passage framework that breaks the process into 4 sections: the preparation phase introduces the process; the separation phase explores cultural and self identity and proposes the final project; the transition phase teaches problem solving and working together; and the

reincorporation phase presents the participants to the community through a culminating event.

<u>Outcomes:</u>

- Improve awareness and expression of thoughts and feelings

- Strengthen leadership and independence skills

- Support and strengthen body awareness and improve self-image and self-confidence

- Support and strengthen participant's self-identity.

- Strengthen and support ideas of self-worth

<u>Indicator for Referral:</u> Participants are referred by their primary clinician based on their individual treatment goals as they align with the goals of the program.

<u>Documentation</u>: Session notes will be taken after each meeting. Survey and movement observations will be administered to participants.

Appendix D. Rites of Passage Paradigm

This table has been adapted from a table presented in an article by Carol Markstrom and

Alejandro Iboraa (2003) entitled *Adolescent Identity Formation and Rites of Passage: The*

Navajo Kinaalda Ceremony for Girls. It follows a common rites of passage ritual process

paradigm that breaks the process into four phases.

Ritual Process Paradigm	*Psychosocial Conception*	*Creative Passages Application*
Preparation		
1. Old support group: Significant others have prepared her for this ceremony.	Socialization by principle figures. Introjection and identification.	***Interest Meeting:** *What is Creative Passages and why am I here ?*
2. Old identity: Previously acquired social roles, personal traits, and affective and cognitive qualities that will be transformed.	Negotiate psychosocial stages. Ethnic group awareness and identification.	
3. Old identity completion: Cues that the initiate is ready for the ceremony.	Cognitive advancement (formal operations.) Affective and social maturation.	
Separation		
4. New environmental demands: The initiate is pushed into the insecurity of new roles, requirements, and expectations.	Identity formation: crisis or exploration. Role confusion.	*** Session #1:** *I am my sister's keeper. Together we are stronger than we are alone.* **Session #2: Who am I and what do my peers see in me?*
5. Liminality: Marginal, « between and in between » status.	Disequilibrium, dissonance, confusion, and uncertainty lead to: Motivation for active involvement in identity formation.	**Session #3: How do I experience my being and how do I express myself with others.*
6. Activation: Emotional responses of anxiety and fear due to new demands.		
7. Agony: Feelings of	Continuation of the	

helplessness, depression, and inner crisis.	preceding.	
Transition		
1. Luminosity: Respect and awe and openness to learn and to be guided.	Developing comfort with new self.	***Session #4:** *How does my past relate to who I am?*
2. Accommodation: Cognitive change as initiate begins to incorporate new roles.	Developing connection to new identity.	*** Session #5 :** *What is my story ? How do i want to be represented?*
3. Ecstasy: Relief and joy as the state of liminality diminishes.	Assigned or ascribed identity.	*** Session #6:** *My decisions impact my future. I have the power to choose my destiny.*
Reincorporation		
4. Transcendence: The initiate and the community recognize that the old identity has been abandoned and the new identity is emerging.	Affirmation from social group. Comfort with oneself.	*** Session #7:** *I will follow through on my commitments to myself and others and do my best.*
5. New identity: New roles, commitments, and responsibilities expected for oneself and demanded by the community.	Role enactment. Direction and focus in life. Perceived sameness and continuity of self.	*** Session #8:** *I see the benefits of my work. I am supported and I am proud.* *** Culminating Ceremony:** *Hard work pays off. I am worthy of celebration.*
6. New support group: Mentors assist the initiate's understanding of and mastery of new roles.	Affirmation of new identity by significant others.	
7. Identity reinforcement: Social reinforcers from new support group, as well as intrinsic reinforcers.	Continuation of preceding.	

Appendix E. Program Format

Program Overview

Each session will be formatted the same way in order to be consistent and establish group norms and ritual. Sessions will be focused on objectives that help to meet program outcomes using a variety of activities. Activities listed in the session outline are examples of activities that may be done to meet each week's objectives. Determination of what activity will be done depends on the group's progression and level. Along with the eight sessions there will be a meeting with all participants prior to the start of the program to inform participants and establish the intent of the program; and two preparation sessions, which will focus on designing their attire and rehearsing for their ceremony. Participants will choose staff members whom they admire and feel supported by to bare witness to the ceremony. They will participate in a brief interview with participants with questions created by the group that relate to life purpose, and motivation in order to inspire the youth. Then they will be a part of the closing ceremony.

I. **Meeting-Preparation-** *What is Creative Passages and why am I here?*

⇒ <u>Objectives</u>:

- Explain the Creative Passages Program

- Explain to participants the selection process

- Review sessions and benefits

⇒ <u>Activity Examples</u>:

- Create calendars

II. **Session #1- Separation-** *I am my sisters keeper. Together we are stronger than we are alone.*

⇒ <u>Objectives</u>:

- Create group rules and agreements.

- Engage in therapeutic movement intervention focusing on interpersonal relationships.

⇒ Activity Examples:

- Little Sally Walker movement game

- Pen and Journal designing

- Collaborative music playlist

- Journal Writing

- Sisterhood code

III. Session #2- Separation-*Who am I and what do my peers see in me?*

⇒ Objectives:

- Introduce ritual

- Encourage positive self-expression and self-talk

- Explore embodiment of others

- Experience being witnessed by peers.

⇒ Activity Examples:

- Movement warm-up

- Poem reading: Phenomenal Woman by Maya Angelou

- Bio-Poem writing

- Statues

IV. Session #3-Separation- *How do I experience my being and how do I express myself to others?*

⇒ Objectives:

- Explore personal movement potential and movement qualities.

- Engage in therapeutic movement intervention focusing on interpersonal relationships.

  ⇒ Activity Examples:

- Scarf dance

- Pedestrian movement game

V. Session #4- Transition- *How does my heritage relate to who I am today?*

  ⇒ Objectives:

- Introduce diversity through music and movement.

- Encourage individuality through art making.

- Explore individuality and acceptance.

  ⇒ Activity Examples:

- Cultural dance party

- Beading

VI. Session #5-Transition- *What is my story? How do I want to be represented?*

  ⇒ Objectives:

- Express a life experience through movement.

- Explore story telling through movement.

- Explore similarities and differences between the group.

- Create a group story.

  ⇒ Activity Examples:

- Story mapping

- Movement story telling

- The shared experience

VII. <u>Session #6- Transition-</u> *My decisions impact my future. I have the power to create my own destiny.*

⇒ <u>Objectives:</u>

- Establish individual roles for ceremony.

- Decide on group representation for ceremony.

- Determine invitee's for ceremony.

- Explore interests of people whom individuals consider role models.

⇒ <u>Activity Examples:</u>

- Interesting adults interview and invitation creation

VIII. <u>Preparation Meeting:</u>

⇒ <u>Objective:</u> Create costume

IX. <u>Session #7- Reincorporation-</u> *I will follow through on my commitments to others and myself and do my best.*

⇒ <u>Objectives:</u>

- Perform in front of peers

- Gain ownership and responsibility for personal art expression

- Encourage hard work and task completion.

⇒ <u>Activity Examples:</u>

- Rehearsal

X. <u>Preparation Meeting:</u>

⇒ <u>Objective:</u> Presentation rehearsal

XI. <u>Session # 8- Reincorporation-</u> *I see the results of my hard work. I am supported and I am*

proud.

⇒ <u>Objectives:</u>

- Reflect on experience and growth.

- Encourage independence practice

- Encourage pride for accomplishments.

⇒ <u>Activity Examples:</u>

- Rehearsal

- Round table discussion

XII. **<u>Culminating Ceremony- Reincorporation-</u>** *Hard work pays off. I am worthy of*

celebration.

⇒ <u>Objectives:</u>

- Execute ceremony and presentation.

- Celebrate accomplishment with peers and supporters.

Appendix F. Session Outline

<u>**Session Agenda Outline**</u>

Each session will be conducted in the following order. **Preparation meetings, interest meeting, and culminating ceremony are excluded from this format.**

5 minutes: Transition to group.

- Participants will be picked up for group and brought to DMT room.

5 minutes: Check-in

-Participants will briefly share a current event and/or respond to a question based on session objectives.

5 minutes: Warm-up

-Participants will engage in a movement warm-up. Warm-up will be repeated weekly. Once memorized, participants will take turns leading the warm-up.

45 minutes: Session Activity

-Participants will take part in an activity whose objectives are created to meet program outcomes. Activities include movement, art, and writing.

10 minutes: Journaling

-Participants will reflect on the session in their personal journals with art, poetry, or writing.

5 minutes: Transition back to unit.

-Participants will be escorted back to their units.

Appendix G. Interest Meeting

<u>**Interest Meeting Outline and Script**</u>

Why am I here? You have been selected to be a part of Creative Passages program. This

program will include you six participants who have all been a part of dance/movement therapy

groups with myself this year. This will now serve as your dance movement therapy session.

What is Creative Passages? Creative Passages is a dance/movement therapy program that I

created. I have chosen you all to be a part of it because the program is tailored to help you meet

some of your therapeutic goals. I also chose you all because you are coming into a very special

age that will require you to have a higher level of responsibility and understanding and this

program is suppose to help you achieve those things. This program is important to me because it

is a part of my final project for school.

What is in it for me? The intention of the program is to support you in your growth and

progression to fulfilling your goals. It is also fun. Activities will include dancing, art, movement,

and journaling. You will also create a special performance and ceremony to commemorate your

participation in the program. While participating in the program you may create artwork,

jewelry, and accessories, and receive a journal and a special gift for your participation.

Do I have to participate? Dance/movement therapy is a part of your treatment plan for that

reason you are expected to attend your sessions as you would any other therapy and activities

that are prescribed for you. However if the idea of a program with these expectations is

overwhelming for you, to refuse and your dance/movement therapy can be moved to a different

session.

What work will the program require? You will be asked to complete 3 simple surveys. You

will complete these surveys before you start the program and after you have completed the

program. You will also participate in a movement observation similar to the observations we

have done on each other during previous dance/movement therapy sessions. The movement

analyst, whom you know as the dance/movement therapist, will collect these observations.

Observation will just be a representation of how you move. None of the information you provide

will be used against you. None of the forms will have names on them only a number known by

me only.

Concerns. Through out all of this process none of your personal information will be shared with

anyone outside of the group. No personal information will be used in the thesis itself.

Appendix H. Ceremony Invitation

<u>**Invitation Script**</u>

The following manuscript will be inserted into invitation created by program participants for the

programs closing ceremony.

You have been invited by _____Name_____ to be a part of Creative Passages closing

ceremony. You have been asked to attend because ___Name____ see's you as an influential

person in their life. Along with your accepting this invitation you are asked to participate in a

brief interview conducted by ____Name____. The interview will ask no more than 3 basic

questions related to your background and your goals in life. Questions will not require you to

share any personal information and personal information is not to be shared with them.

The ceremony will take place at _____Location_____, on

_____Date/Time_____. As a part of this ceremony you will be asked to present

_____Name_____ with a gift that will be provided for you. You are also asked to share

brief words of wisdom with them.

By RSVP to this invitation you are accepting the responsibilities as outlined. If you require

further information please contact Monimia Macbeth DMT intern at the facility.

RSVP:

Yes, I will participate   _____   _____   _____
                                            Name   Signature   Date

No, I will not participate   _____   _____   _____
                                            Name   Signature   Date

Appendix I. Movement Observation

Movement Assessment Coding Sheet

Date: _____   Participant #: _____

Session Number: _____

Body
Active/Held Parts *(Circle active, cross out held)*

Head	Arms	Scapula	Pelvis

Legs	Feet	Hands

Notes: _____

_____

Shape
Shape Flow Support

Not visible   Visible
1   2   3   4   5

Shaping Qualities (*Circle qualities used)*

Rising	Sinking
Spreading	Enclosing
Growing	Shrinking
Advancing	Retreating

Notes**:** _____

_____

Effort
Action Drives *(Use tic marks)*

Float	Glide	Dab	Flick
Punch	Slash	Wring	Press

Notes: _____

_____

Appendix J : Survey's

Participant # : _____   Date : _____

Global Self Worth Subscale

Check only ONE box for each question. For each question, decide first which statement is most like you. Then put an X in one of the answer boxes next to that statement. It should look like the sample item below.

	Really True for Me	Sort of True for Me	**Only choose _one_ answer for each question**			Sort of True for Me	Really True for Me
			Sample Item				
S A M P L E	☐	☐	Some kids would rather play outdoors in their spare time.	BUT	Other kids would rather watch T.V.	**X**	☐
Now continue…….							
1.	☐	☐	Some kids are often unhappy with themselves.	BUT	Other kids are pretty pleased with themselves.	☐	☐
2.	☐	☐	Some kids don't like the way they are leading their life.	BUT	Other kids do like the way they are leading their life.	☐	☐
3.	☐	☐	Some kids are happy with themselves as a person.	BUT	Other kids are often not happy with themselves.	☐	☐
4.	☐	☐	Some kids like the kind of person they are.	BUT	Other kids often wish they were someone else.	☐	☐
5.	☐	☐	Some kids are very happy being the way they are.	BUT	Other kids wish they were different.	☐	☐
6.	☐	☐	Some kids are not very happy with they way they do a lot of things.	BUT	Other kids think the way they do things is fine.	☐	☐

Participants #: _____   Date : _____

Rosenberg Self Esteem Scale

Circle the answer that shows how much you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. At times I think I am no good at all.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I feel that I have a number of good qualities.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I am able to do things as well as most other people.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. I feel I do not have much to be proud of.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. I certainly feel useless at time.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I feel that I am a person of worth, at least on equal plane with others.	Strongly Agree	Agree	Disagree	Strongly Disagree
8. I wish I could have more respect for myself.	Strongly Agree	Agree	Disagree	Strongly Disagree
9. All in all, I am inclined to feel like I am a failure.	Strongly Agree	Agree	Disagree	Strongly Disagree
10. I take a positive attitude toward myself.	Strongly Agree	Agree	Disagree	Strongly Disagree

Participants # : _____   Date : _____

Ethnic Identity Subscale

Circle the answer that shows how much of the time the statement applies to you.

1. I am proud to be a member of my racial/cultural group.	Never	Seldom	Sometimes	Often	Always
2. I am accepting of others regardless of their race, culture, or religion.	Never	Seldom	Sometimes	Often	Always
3. I would help someone regardless of their race.	Never	Seldom	Sometimes	Often	Always
4. I can get along well with most people.	Never	Seldom	Sometimes	Often	Always