A FEASIBILITY STUDY OF AN ADOLESCENT DATING VIOLENCE INTERVENTION

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CHAPTER I
INTRODUCTION

Dating relationships during adolescence initiate a learning process that lays the foundation for future adult romantic relationships. What happens when a teen relationship that is so significant turns violent? Adolescent dating violence (ADV) is a public health problem that has been studied by a multitude of researchers. Dating violence can be defined in several ways and may be physical, psychological, emotional, or sexual. These types of violence can occur alone or in combination with one another. This includes but is not limited to pinching, shoving, kicking, punching, hitting, name calling, bullying, embarrassing, and non-consensual sexual activity (Centers for Disease Control and Prevention [CDC], 2010).

The incidence and prevalence of ADV in the United States has continued to rise. Each year approximately 10% of teenage students in the United States experience physical violence within their dating relationship (CDC, 2010), and 25% of adolescents report experiencing verbal, physical, emotional, or sexual abuse (CDC, 2010). Prevalence reports of adolescent dating relationships that involved some form of violence range from 7% to 60% (Ashley & Foshee, 2005; CDC, 2010; Lichter & McCloskey, 2004; Josephson & Proulx, 2008). Prevalence rates are affected by many things including the type of violence studied, the gender and race of the sample, and whether the teen is a victim or perpetrator or both. Most studies focus on physical violence and the reported prevalence of physical dating violence ranges from 25-30% (Ashley & Foshee, 2005; CDC, 2010). A study of seven multiethnic high schools in the United States determined that approximately 30% of boys and girls were victims of physical aggression by current and recent dating partners.
ADV involving sexual assault or rape has reported prevalence rates from 3% to 17% and 2% to 4% for girls and boys respectively (Ackard & Neumark-Sztainer, 2002; Champion et al., 2004). Malik, Sorenson, and Aneshensel (1997) reported that 39.3% of their high school sample had been perpetrators of violence and 38.2% had been victimized by a dating partner. Similar findings were reported by Kaestle and Halpern (2005) who found that one-third of adolescents (33.3%) experience partner violence either as the perpetrator or the victim.

Researchers have focused on numerous risk factors for adolescent dating violence. Gender, race, socioeconomic status, and exposure to violence as a child have been widely examined as potential risk factors (CDC, 2010; Lichter & McCloskey, 2004). Other factors associated with an increased risk of dating violence among adolescents include poor social skills, inability to manage anger and conflict (CDC, 2010), belief that dating violence is acceptable (CDC, 2010; Lichter & McCloskey, 2004; Wolfe et al., 2003), traditional beliefs about female and male relationship roles (CDC, 2010; Lichter & McCloskey, 2004), high-risk sexual practices (Champion et al., 2004; Kaestle & Halpern, 2005; Whitaker et al., 2006), pregnancy (Champion et al., 2004), violence at home (CDC, 2010; Lichter & McCloskey, 2004; Werkerle & Wolfe, 1999), friends involved in dating violence (Arriaga & Foshee, 2004; CDC, 2010), and community violence (CDC, 2010; Champion et al., 2004; Gorman-Smith, Tolan, Sheidow, & Henry, 2001; Wolfe et al., 2003). Mental health risk factors include: low self esteem, depression, suicidal ideation or attempts (Champion et al., 2004; Whitaker et al., 2006), eating disorders (Champion et al., 2004; Whitaker et al., 2006), dating violence victimization, driving after drinking alcohol, substance use and alcohol use (CDC, 2010; Champion et al., 2004; Nicodemus, Davenport, & McCutcheon, 2009; Wolfe et al., 2003).

Several negative outcomes have been shown to be related to ADV. Among these are poor school achievement, drug and alcohol use, eating disorders, depression, and suicide
(CDC, 2010). One of the long term negative outcomes of ADV is adult intimate partner violence (CDC, 2010).

Individuals who experience adolescent dating violence come to the attention of nurses and other helping professions in a variety of settings including: hospitals, community health settings, physician’s offices, and battered women’s shelters. Strategies for the universal prevention of ADV are aimed at the general population of adolescents. A number of these strategies have been implemented, primarily in school settings; however, there is a lack of known interventions for preventing ADV among adolescents at highest risk (those exposed to violence within the family or group of friends).

Mentoring is a relationship between a young person and an older unrelated person who provides guidance and encouragement aimed at enhancing the development of the younger person (Randolf & Johnson, 2008). Motivational interviewing is a counseling intervention based on the premise that individuals who engage in problematic behaviors are at different levels of readiness to change (Miller & Rollnick, 2002). Mentoring and motivational interviewing have been shown to be effective when intervening with youth who are experiencing any of a number of problems including: substance abuse (D’Amico, Miles, Stern, & Meredith, 2007), homelessness (Baer, Garrett, Beadnell, Wells, & Peterson, 2007), repeat pregnancies (Barnet et al., 2009) and psychiatric issues (Brown et al., 2009). Therefore, mentoring and motivational interviewing are potentially appropriate strategies to prevent adolescent dating violence in high risk groups. However, the use of these strategies has not been examined in the high risk adolescent population.

The purpose of this study was to examine the feasibility of conducting a study of an intervention of mentoring and motivational interviewing with adolescents who are at high risk for ADV. The specific purpose of the study was to examine the reach, implementation fidelity, and acceptability of a mentoring and motivational interviewing technique (Plantadosi, 2005). *Reach* is defined as the ability to access the target population and to
recruit members of this population into the study. *Implementation fidelity* is defined as the extent to which the individuals who enact a given intervention will adhere to the protocol guidelines for the intervention. *Acceptability* is defined as the degree to which recipients of the intervention assess the intervention to be helpful and to address their problem in a meaningful way. Determining the effectiveness or efficacy of an intervention is outside the scope of a feasibility study. Once the feasibility of conducting a study is determined, a pilot study can be conducted to make preliminary determinations of the effectiveness of an intervention in preparation for a randomized control study.

In order to conduct this feasibility study, four senior nursing students were selected from the Psychiatric Nursing course during the fall 2010 semester at Kent State University to serve as mentors to high risk adolescents. The students were selected by Dr. Donna Martsolf and Dr. Claire Draucker to work with at-risk teens living with their mothers in the Battered Women's Shelter (BWS) of Summit and Medina Counties. These four nursing students were involved in a mentoring program using motivational interviewing with teens who were sheltered in the Battered Women's Shelter and who were dating or thinking about dating.

The team collected data about the adolescents' level of dating conflict by administering The Conflict in Adolescent Dating Relationships Inventory (CARDI; Wolfe et al., 2001). Data were also collected about the teens' dating relationship competencies by administering The Adolescent Interpersonal Competence Questionnaire (AICG; Buhrmesrer, 1990). Records were kept to track the number of mentoring sessions attended by participating adolescents. In addition, weekly assessment forms were completed by the adolescents to determine their satisfaction with each mentoring session. The data sources were analyzed to answer the following questions:

1) Can the research team sufficiently access and recruit targeted teens for the intervention (*reach*)?
2) Can the intervention be delivered with fidelity by senior nursing students who have received systematic training in the intervention and on-going supervision with experienced mental health clinicians (*implementation fidelity*)?

3) Do the teens perceive the intervention as meaningful and acceptable (*acceptability*)? (Draucker & Martsolf, 2009)
CHAPTER II
REVIEW OF LITERATURE

Adolescent dating violence (ADV) is a serious and widely prevalent public health problem (Ashley & Foshee, 2005; Foshee et al., 2004; Kaestle & Halpern, 2005; Lichter & McCloskey, 2004; Nicodemus et al., 2009; Wekerle & Wolfe, 1999) that has negative outcomes on physical and mental health of adolescents, especially in the United States (CDC, 2010). To address the problem of ADV and to attempt to prevent its numerous negative effects, several prevention programs have been developed and tested. The purpose of the following review of literature is to examine prevention strategies associated with adolescent dating violence. In addition, this review will demonstrate that the current prevention strategies being utilized are universal (targeted at the general population) and that there is a lack of evidence of prevention techniques that are indicated (targeted at those at highest risk) (Foshee & Reyes, 2009; Gordon, 1983). The literature review will begin with a determination of what makes an adolescent at risk for ADV. Next, prevention strategies currently being used for ADV will be discussed and finally, two key interventions (mentoring and motivational interviewing) that may be successful with preventing ADV for at risk youth will be addressed.

Risk for Adolescent Dating Violence

What exactly makes a teen at risk for dating violence? Researchers have debated this question and there are varied ideas about which groups are most affected. Establishing who is at highest risk is the first essential step in order to establish an indicated intervention. The most common risk characteristics cited in the literature include: race, socioeconomic status, grade level, gender/gender roles, history of family
violence/child abuse, living arrangement, and help-seeking behaviors. Each of these factors will now be examined in more depth.

**Race.** While the majority of studies indicated that African Americans tend to be at risk for involvement in ADV, some studies had opposing findings. Differences in findings were dependent on at least three factors: the racial makeup of the study sample, considerations about victimization versus perpetration, and type and severity of violence. Eaton et al. (2008) determined that dating violence prevalence is highest among African American students, followed by Hispanic students, and lastly, Caucasian students. In a study by Malik and colleagues (1997), Asian Americans reported the lowest prevalence of dating violence when compared to other racial groups.

When consideration is given to perpetration vs. victim status and type of dating violence, findings become more complex. Foshee and colleagues (2005) indicated that African American adolescents report more dating violence perpetration than Caucasian students while other researchers have found that African Americans report the most dating violence, in both victimization and perpetration (Malik et al., 1997). In one study, African American females were shown to be most commonly victims of dating violence (Howard, Wang, & Yan, 2007). Also, Howard & Wang (2003) determined that African American females were nearly twice as likely to report physical dating violence when compared to any other race in their study. In a similar study, physical dating violence of females was lowest for Caucasians (Howard et al., 2007). In addition, Hispanics were at an increased risk for victimization, and Caucasian females were the least likely to report physical dating violence. Foshee et al. (2008) found that minorities, as opposed to non-minorities, were more likely to perpetrate both moderate and severe dating violence.

However, other studies found different results. According to Gover (2004), dating violence victimization was reported less by African Americans and minorities in general. In this study, African Americans were found less likely than other ethnic groups to
become victims of dating violence in schools located in South Carolina. Yet, other studies claim that race and ethnicity do not factor into making a teen at high risk for dating violence (Ackward, Eisenberg, & Neumark-Sztainer, 2007; Schnurr & Lohman, 2008). Overall, researchers have conflicting views on whether race plays a role in putting teens at risk for adolescent dating violence. Some say minorities are more at risk, whereas some say race does not have an effect.

**Socioeconomic status.** Another factor that may put a teen at high risk for dating violence is socioeconomic status. O’Keefe (1998) found that teen males were more likely to experience dating violence when they came from a lower economic background. Foshee, Ennett, Bauman, Benefield, and Suchindran (2005) had similar findings for black adolescents whose socioeconomic status, as measured by their mothers’ education level, was inversely related to their likelihood of experiencing dating violence. Conversely other investigators have found no significant difference in ADV based on socioeconomic status (Ackward et al. 2007; Raiford, Wingood, & DiClemente, 2007).

**Grade level.** Studies have shown that as grade level increases dating violence prevalence increases as well (Eaton et al., 2006: Marquart, Nannini, Edwards, Stanley, & Wayman, 2007). This is mainly due to the fact that as adolescents grow older they date more often with the peak of dating frequency occurring during a teen’s high school years. A number of dating violence characteristics increase with age, as age increases adolescents experience more verbal abuse, (Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004), more ADV victimization, (Howard et al., 2007; Malik et al., 1997) and perpetration (Malik et al., 1997).

**Gender and gender roles.** Gender and gender roles are other factors closely related to risk for dating violence. Specifically, researchers have associated gender to risk for ADV victimization, perpetration, or both. Several studies have shown that females experience ADV victimization more often than do males (Ackard et al., 2007; Gover,
2004; Lichter & McCloskey, 2004). When type of victimization is considered Marquart and colleagues (2007) indicated that the rate of female victimization by being threatened, hit, or pushed was as much as three and half times more likely than male victimization. Gover, Kaukinen, and Fox (2008) indicated that female victimization is higher than male victimization when psychological abuse is considered. However in a study that did not indicate the type of dating violence, researchers found in their sample that dating violence was more common among males than females (Eaton et al., 2008).

Dating violence perpetration has been shown to be higher for females than males in numerous studies (Lichter & McCloskey, 2004; Malik et al., 1997; O’Leary et al., 2008). Gover et al. (2008) agreed in their findings in regards to both psychological and physical dating abuse. Only sexual violence perpetration was shown to be perpetrated less frequently by females than males (Schnurr & Lohman, 2008).

Findings from several studies have suggested that boys tend to perpetrate more severe forms of abuse (Arriaga & Foshee, 2004; Schnurr & Lohman, 2008). Schnurr and Lohman (2008) stated that female perpetration tended to be less aggressive acts, such as grabbing or shoving. Conversely, Foshee, Bauman, Linder, Rice, and Wilcher (2007) found that women perpetrated more serious acts of violence, including the use of weapons, and Sims, Dodd, and Tejeda (2008) determined women more frequently perpetrated dating violence, regardless of severity.

**History of family violence/child abuse.** Various studies have reported conflicting findings on whether children or adolescents who are exposed to family violence will also experience adolescent dating violence. Some researchers have found that family violence has been a key indicator in whether adolescents experience dating violence in their own relationships (Arriaga & Foshee, 2004; Gover et al., 2008; Malik et al., 1997; Sims et al., 2008); whereas, other investigators have found that exposure to violence within the family is not related to subsequent experience with ADV (Foshee et al., 2005; Lavoie et al., 2002;
Lichter & McCloskey, 2004). Many factors have been considered to have contributed to these opposing findings. Studies in this review of literature mainly focused on the gender of the exposed child and of the perpetrating parent, parental education, and race of the adolescent when assessing the effect of family violence as a risk for ADV.

Female adolescents who have been exposed to family violence have been shown to be at increased risk for dating violence perpetration (Foshee et al., 2007; Schnurr & Lohman, 2008; Wolfe & Foshee, 2003) and victimization (Gover et al., 2008). Males exposed to family violence experienced increased risk for victimization (Gover et al., 2008). Malik et al. (1997) suggested that males were more affected by spousal abuse, regardless of the gender of the abuser (mother or father), than the female study participants. In that same study, Malik and colleagues (1997) showed adolescents were more likely to be involved in dating violence when they had witnessed female to male spousal abuse, as opposed to male to female abuse. Gover et al. (2008) determined that daughters and sons who witnessed maternally-perpetrated violence were more likely to be victims of physical ADV as well as psychological abuse in future relationships.

Foshee et al. (2008) found that when parents had a lower level of education, their children were more likely to be exposed to family violence and to accept abusive relationships. Low maternal education was a significant risk factor for victimization and chronic victimization of sexual dating violence (Foshee et al., 2004) and lower parental education was also correlated with greater degrees of perpetration of moderate physical dating violence (Foshee et al., 2008). However, Malik and colleagues (1997) determined that higher levels of parental education increased one’s odds of dating violence perpetration and increased females’ odds of dating violence victimization.

The relationships between race, exposure to family violence, and the connection to future violent adolescent dating relationships have been debated in the literature. Ackard et al. (2007) found that race and exposure to familial violence did not factor
into differences in rates of future ADV. However, Foshee et al. (2008) determined that minorities who experienced ADV had greater experience with familial violence. In addition, Foshee et al. (2005) found that African-American teens were who were living with one parent and who witnessed parental violence were more likely to perpetrate dating violence. Also, African American teens who have been hit with the intention of harm by an adult and were living in a nuclear family were more likely to perpetrate dating violence in the future (Foshee et al., 2005).

Living arrangement. Whether an adolescent lives in a single-parent or two-parent home has been shown to be related to both victimization and perpetration of any type of interpersonal violence. In one study, adolescents who lived with both parents reported the lowest levels of both perpetration and victimization of interpersonal violence (Malik et al., 1997). ADV victimization has been found to be less frequent in adolescents from two-parent homes when compared to single-parent homes (Foshee et al., 2004; Foshee et al., 2008), and in one study, one's risk of victimization decreased 17% when living in a nuclear family (Gover, 2004). However, some researchers found that boys who lived with a parent and a step parent were more likely to be victimized by dating violence (Malik et al., 1997).

ADV victimization has been found to be less frequent in adolescents from two-parent homes when compared to single-parent homes (Foshee et al., 2004; Foshee et al., 2008), and in one study, one's risk of victimization decreased 17% when living in a nuclear family (Gover, 2004). However, some researchers found that boys who lived with a parent and a step parent were more likely to be victimized by dating violence (Malik et al., 1997).

Some studies have found that living in a two-parent home resulted in differences in ADV perpetration. Findings from studies show that adolescents from single-parent households perpetrated more dangerous physical dating violence than those from two-parent households (Foshee et al., 2008), and residing in “other” family arrangements or
with a single parent predicted the perpetration of dating violence in girls (Malik et al., 1997). Foshee et al. (2008) also found that adolescents living in single-parent households were more likely to have friends who perpetrated dating violence. This is important, as many researchers presume peers have an immense impact on adolescent’s beliefs and actions (Arriaga & Foshee, 2004; CDC, 2010; Foshee et al., 2004, 2008).

Help-seeking patterns. Help-seeking patterns have also been studied as a risk factor for dating violence with teens. Ashley & Foshee (2005) found that most victims and perpetrators (60% of the 225 victims and 79% of the 140 perpetrators) reported they had not asked for help with violence in their relationships. However among the teens who sought help, 93% reported looking for help from informal sources, going to their friends first and family second (Ashley & Foshee, 2005). The impact of this study is that most teens who are at risk for dating violence do not seek help; thus, prevention, early identification, and outreach for targeted youths is very important, but quite difficult.

Current Prevention Strategies with ADV

Due to the prevalence of ADV and its physical health, psychological, and developmental consequences, several prevention programs have been established. Current prevention programs for ADV target the universal population (all teens), whereas few programs to date have focused on groups of individuals who are most likely to experience this issue (e.g., teens who have witnessed family violence).

Wekerle & Wolfe (1999) reviewed six relationship violence prevention programs designed for and delivered to youth. Five programs were school-based and one operated in the community. All six of these programs (Avery-Leaf, Cascardi, O’Leary, & Cano, 1997; Hammond & Yung, 1991; Jaffe, Suderman, Reitzel, & Killip, 1992; Lavoie, Vezina, Piche, & Boivin, 1995; Wolfe et al., 1996; Foshee et al., 1996) were universal (targeted at all students/general population), delivered in a group format, had a program length of between 3-20 hours, and had a session length varying from 1-20 hours. All the programs
involved aspects of the theoretical perspectives of social learning theory and feminist theory either alone or in combination with one another.

Whitaker and colleagues (2006) found research studies related to 11 primary prevention programs for dating violence (Avery-Leaf et al., 1997; Foshee, et al., 1996; Hilton, Harris, Rice, Krans, & Lavine, 1998; Jaffe et al., 1992; Jones, 1991; Krajewski, Rybarik, Dosche, & Gilmore, 1996; Lavoie et al., 1995; MacGowan, 1997; Pacifici, Stoolmiller, & Nelson, 2001; Weisz & Black, 2001; Wolfe et al., 2003), which they summarized and compared. All of these programs were universal (for all teens), brief (less than 5 hours), and delivered in a school setting. All 11 programs used a combination of feminist and social learning theories, which is consistent with the findings of Wekerle & Wolfe (1999). Most of the 11 intervention programs were shown to have at least one positive outcome in either the enhancement of knowledge, attitudes, and/or behavior related to dating violence. However, the authors indicated that the quality of these studies was of a low level.

According to Gordon (1983) there are three types of prevention efforts: universal (aimed at the general population), selective (aimed at groups whose risk is above average) and indicated (aimed at those at highest risk). The prevention programs reviewed by Wekerle and Wolfe (1999) and Whitaker et al. (2006) primarily used universal prevention strategies. While such programs are important for population-level changes, their disadvantage is that often scarce resources are spent on many adolescents unlikely to ever engage in dating violence (Draucker & Martsolf, 2009).

A brief description of two universal interventions and a detailed description of one universal intervention (Safe Dates) will now be presented. The first universal program, Break the Cycle’s Ending Violence, educates high school students about dating violence in three sessions largely focusing on legal issues. In an evaluation of the program’s effect on Latino youth, there were positive changes in attitudes discouraging dating violence,
although violent behaviors six months after the program were unaffected (Jaycox et al., 2006).

A second universal prevention program has been established by the federal government through the Centers for Disease Control and Prevention. This program is called Choose Respect. The aim of Choose Respect is to prevent dating violence by reaching out to children ages 11-14; a group that has not typically formed their first romantic relationships. The Choose Respect program has been disseminated through an interactive website (www.chooserespect.org), an eye-catching media campaign (utilizing posters, television commercials, radio public service announcements), and school outreach campaigns launched in 2006 in 10 United States cities. Choose Respect is estimated to have reached 26 million people through print coverage, 5.8 million people with a national radio media tour, and 325,000 people at Choose Respect events (CDC, 2006). Preliminary results from the 2007-2008 implementation of Choose Respect in Austin, Texas middle schools show a positive change in attitudes and behavioral intentions pertaining to dating violence (Expect Respect, 2008).

The Safe Dates Project

The most well known prevention for ADV is a school-based program called Safe Dates, which is designed to improve problem-solving skills and change social norms (CDC, 2010). The Safe Dates Project is a school-based intervention that is directed at the general population and aims to prevent and reduce dating violence among adolescents (Foshee et al., 2004). A study to evaluate the Safe Dates Project was conducted in a predominately rural county in North Carolina in fourteen public schools. The project focused on eighth and ninth graders because the investigators felt that this topic would be pertinent to these children, the majority of whom are beginning to date (Foshee et al., 1998).

Safe Dates advocates wanted to achieve both primary and secondary prevention
of dating violence among teens. Primary prevention is defined as efforts aimed at ensuring that the first perpetration of dating violence does not occur, whereas secondary prevention is defined as efforts to end victims being victimized or perpetrators carrying out violence (Foshee et al., 1998). In order to achieve this goal, project leaders aimed to prevent adolescent dating violence by changing dating violence norms, decrease gender stereotyping, and increase conflict-management skills, help-seeking, and cognitive factors associated with help-seeking (Foshee, et al., 1996). To install these changes both school and community activities were used. School activities included a theater production performed by students, a 10-session curriculum (45 minute sessions taught by health and physical education teachers), and a poster contest based on curriculum content (Foshee et al., 2004). Community activities included special services for adolescents in violent relationships (a weekly support group) and community service provider training which consisted of twenty workshops that involved: social service, emergency room, health department, mental health, crisis, and health department staff, school counselors, sheriff’s deputies, and officers from the nine police departments in the county (Foshee et al., 1998).

Data were collected in participating schools using self-administered questionnaires. According to Foshee et al. (1996), 81% (n = 1,967) of the eighth- and ninth-graders in the county completed baseline questionnaires, and 91% of those adolescents completed follow-up questionnaires. Baseline data indicated that 25.4% and 8.0% of this sample had been victims of nonsexual and sexual dating violence, respectively, and 14.0% and 2.0% had been perpetrators of nonsexual and sexual dating violence, respectively (Foshee et al., 1996). Consistent with other adolescent dating violence studies, both boys and girls reported being victims and perpetrators of dating violence (Ackard et al., 2007; Arriaga & Foshee, 2004; Eaton et al., 2008; Foshee et al., 2007; Gover, 2004; Gover et al., 2008; Lichter & McCloskey, 2004; Malik et al., 1997; Schnurr & Lohman, 2008; Sims et al., 2008).
Four years after implementing the Safe Dates project, results showed that the program was equally effective for males and females, for Caucasian and minorities, and reported a 56% to 92% reduction in sexual and physical dating violence victimization (Foshee et al., 2004). The Safe Dates investigators concluded that their findings suggest that dating violence is prevalent among adolescents and that prevention programs are warranted.

**Summary Universal Prevention Programs**

Although some programs such as Safe Dates (Foshee et al., 1996) and Choose Respect (CDC, 2006) have shown great strides in development of universal prevention programs, the overall efficacy of primary prevention programs have not been established (Whitaker et al., 2006). Josephson & Proulx (2008) also recognized the use of the social learning theory in dating violence prevention programs. They explained that most of these programs provide adolescents with information on violent behavior and alternatives to it, thus encouraging teens to formulate behavioral strategies other than the use of violence. In addition, these programs seek to build knowledge about ADV in order to change adolescents’ perceptions as well as attitudes about violent behavior, practice decision making skills, and learn non-aggressive conflict resolution.

**Selective Prevention Programs**

Two programs have used selective prevention by basing their referral/selection on risk factors: aggressive behavior with peers (Hammond & Yung, 1991) or childhood history of maltreatment (Wolfe et al., 1996, 2003). One intervention commonly used for adolescent dating violence prevention is the Youth Relationships Project, which targets at-risk teens in the community (Wolfe et al., 2003; Whitaker et al., 2006). In this evaluation study, 158 adolescents ranging from 14-16 years old with histories of childhood maltreatment were divided into a treatment group and control group (Wolfe et al., 2003). The treatment group was involved in eighteen two-hour sessions on healthy and
abusive relationships, relationship communication skills, and social action activities. As compared to the control group, the treatment group reported fewer incidents of physical and psychological dating violence and less related emotional distress at 16-months post intervention (Wolfe et al., 2003). There are currently no studies to date that have implemented the use of an indicated intervention for ADV.

While the Youth Relationships Project has shown some promise in assisting teens who are at high risk for ADV to prevent experiencing it, at least two other prevention/intervention strategies have shown great promise for teens at risk for a number of health-related problems. Mentoring and motivational interviewing have been identified as two possible interventions that may help prevent ADV because of the success of these methods with other adolescent risk behaviors, including substance and alcohol abuse (D’Amico et al., 2008), academic achievement (Dubois, Holloway, Valentine, & Cooper, 2002; Thompson & Kelly-Vance, 2001), rapid subsequent birth in adolescent mothers (Barnet et al., 2009), and violence (Black, Grenard, Sussman, & Rohrbach, 2010; Dubois et al., 2002; Randolf & Johnson, 2008). Mentoring and motivational interviewing strategies will now be discussed in detail.

**Mentoring**

Mentoring is a relationship between a young person and an older unrelated person who provides guidance and encouragement aimed at enhancing the development of the younger person (Randolf & Johnson, 2008). Over the years, mentoring programs have become increasingly popular as a preventive intervention strategy for at-risk youth. Among these programs is the well-known Big Brothers/Big Sisters of America, which includes over 500 agencies nationwide (Dubois et al., 2002). The Big Brothers Big Sisters foundation makes meaningful, monitored matches between adult volunteers (“Bigs”) and children (“Littles”), ages 6 through 18, in communities across the country (Tierney, Grossman, & Resch, 1995). National research has shown that this volunteer mentoring
program has demonstrated that teens involved with mentoring are more confident in their schoolwork performance, able to get along better with their families, 46% less likely to begin using illicit drugs, 27% less likely to begin using alcohol, and 52% less likely to skip school (Tierney et al., 1995).

Randolf & Johnson (2008) determined that many effective interventions for youth may be delivered by non-professional adults who are outside the family and who are properly trained to develop a positive mentoring relationships with teens. These relationships result in at-risk teens having increased resistance to at-risk behaviors, which has allowed mentoring programs to grow drastically over the past decade. These researchers maintain that mentoring programs may be embedded in universal, selective, or indicated prevention frameworks (Randolf & Johnson, 2008).

The effects of mentoring on preventing risk-behaviors in at-risk teens have been studied by a number of researchers. Dubois and colleagues (2002) conducted a meta-analytic review of 55 studies on the effects of mentoring programs on youth. In this review, positive effects were apparent across different types of outcomes (e.g., emotional and behavioral functioning, academic achievement, and employment or career development) in youth who came from various demographic and background characteristics. Program features associated with greater effect sizes included training for the mentors, structured activities for mentors and youth, expectations for frequency of contact, mechanisms for support and involvement of parents, and monitoring of overall program implementation. The greatest effect sizes were noted for youth who were at risk because of economic disadvantage, lack of family support, or family dysfunction.

Mentoring has shown positive effects on at-risk youth in school-based programs (Black et al., 2010; Blum & Jones, 1993; Converse & Lignugaris/Kraft, 1997; Slicker & Palmer, 1993; White-Hood, 1993). Converse and Lignugaris/Kraft (1997) stated that school-based mentoring programs helped at-risk youth as evidenced by reduction in office
referrals and improvement in school attitude.

Beier, Rosenfield, Spitalny, Zansky, and Bontempo (2002) found that adolescents having mentors were less likely to have participated in four out of the five measured risk behaviors, the four included, ever having carried a weapon, having used illicit drugs in the past 30 days, having more than one sexual partner in the last six months, or smoking more than five cigarettes on a daily basis. Also, this study reported that fewer than 1% of adolescents thought of their physician as the person they can usually turn to for help and advice, therefore supporting the notion that teens rather talk to a unrelated mentor or friend for guidance.

Mentoring programs have also been used with youth deemed at-risk for a delinquent or mental health lifestyle (Keating, Tomishima, Foster, & Alessandri, 2002). This study found that overall mentoring was successful in helping to decrease problematic behaviors, suggesting that exposure to caring adults helped youth to feel better about themselves and to engage in less destructive behavior toward themselves and others (Keating et al., 2002).

Although mentoring programs have been used for a number of youth problems, few programs have focused on the issues of interpersonal violence. Salazar and Cook (2006) tested a five-session intimate partner violence prevention program (Violence Prevention Mentoring Program) for adjudicated African American male adolescents. For youth who witnessed high levels of parental male-to-female violence, those in the intervention group had lower patriarchal attitudes compared with adolescents in the control group.

Mentoring has been used for the three types of prevention frameworks in regards to other at-risk teen behaviors and adolescent dating violence has been studied as a universal and selective prevention method but not used as an indicated intervention. Therefore mentoring should be studied to determine if it is effective as an indicated
Motivational Interviewing

Along with mentoring, motivational interviewing has shown promise in preventing and reducing at-risk behaviors in the adolescent population. Motivational interviewing (MI) is a counseling intervention based on the premise that individuals who engage in problematic behaviors are at different levels of readiness to change (Miller & Rollnick, 2002). Motivational interviewing helps people recognize and do something about their present or potential problems. Interviewers use the basic principles of expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy along with the strategies of asking open-ended questions, listening effectively, affirming, summarizing, and eliciting change talk to motivate the interviewee towards positive change, especially when dealing with risky behaviors (Miller & Rollnick, 2002; Musser, Semiain, Taft, & Murphy, 2008). Just like mentoring, motivational interviewing can be carried out by non-professionals if properly trained (Miller & Rollnick, 2002). MI is usually used with other structured interventions (such as mentoring) as a strategy to enhance motivational readiness to change, to increase treatment involvement, and to improve session attendance.

Motivational interviewing has been researched by many and has been demonstrated to be an effective intervention in helping to reduce at-risk adolescent behaviors, including substance use of both alcohol and marijuana (Baer et al., 2007; Brown et al., 2009; D’Amico et al., 2008), reducing stress symptoms, problem behaviors, and improving school performance in adolescents with school and conduct problems (Greenwald, 2002) as well as reducing rapid subsequent birth in adolescent mothers (Barnet et al., 2009). Recent studies have discussed MI in regards to factors that place adolescents at-risk for committing suicide, including obesity (Brennan, Walkley, Fraser, Greenway, & Wilks, 2008; Flattum, Friend, Neumark-Sztainer, & Story, 2009) and
depression (Connell & Dishion, 2008).

One study conducted by D’Amico et al. (2008) examined the effects of using motivational interviewing in a project entitled CHAT. High-risk teens who were likely to participate in drug use and were receiving care in a primary care clinic for underserved populations were entered into a study to evaluate the effectiveness of the CHAT program. A 3-month follow-up with the intervention determined that teens participating in project CHAT reported less marijuana use, lower perceived prevalence of marijuana use, fewer friends who used marijuana, and lower intentions to use marijuana in the next six months, when compared to teens assigned to usual care (D’Amico et al., 2008). Another study by Barnet et al. (2009) also used motivational interviewing with at-risk teens to prevent pregnancy. This research team examined the effects that a computer-assisted motivational intervention (CAMI) had on reducing subsequent birth in adolescents and found that adolescent mothers receiving two or more CAMI sessions had a reduced risk of repeat births.

In addition, motivational interviewing has been used in relation to interpersonal violence. In a study conducted by Musser and Murphy (2009), MI showed promising benefits as a pretreatment intervention for perpetrators of intimate partner violence. Although, the participants in the study were court-mandated to participate in the intervention, MI helped increase receptivity to partner violence interventions (Musser & Murphy, 2009; Kistenmacher & Weiss, 2008). Additionally, other men presenting for treatment at a community domestic violence agency (79% were court mandated, 6% had a court case pending, and 16% had no legal involvement for domestic abuse) showed similar results (Musser et al., 2008).

**Importance of Current Study**

There are several factors that place a teen at risk for dating violence including race, socioeconomic status, grade level, gender/gender roles, history of family violence/child
abuse, living arrangement, and help-seeking behavior. Interventions like mentoring and motivational interviewing are known to be effective in preventing or reducing certain at-risk adolescent behaviors including substance use, teen pregnancy, school conduct problems, and suicide risk related to obesity and depression. Although studies have used the interventions of mentoring and motivational interviewing in regards to interpersonal violence, no published studies to date were found that used the interventions of mentoring and motivational interviewing in combination with adolescents or adolescent dating violence.

Therefore, this feasibility study aimed at assessing the reach, implementation fidelity, and acceptability of an intervention combining mentoring and motivational interviewing to prevent adolescent dating violence among at-risk teens (those who have witnessed domestic violence in their homes). The research questions are:

1) Can the research team sufficiently access and recruit targeted teens for the intervention (*reach*)?

2) Can the intervention be delivered with fidelity by senior nursing students who have received systematic training in the intervention and on-going supervision with experienced mental health clinicians (*implementation fidelity*)?

3) Do the teens perceive the intervention as meaningful and acceptable (*acceptability*)? (Draucker & Martsolf, 2009)
An early development feasibility study was conducted to determine the reach, implementation fidelity, and acceptability of an innovative intervention combining motivational interviewing and mentoring for adolescents at high risk for dating violence because of a family history of domestic violence. The following research questions were addressed:

1) Can the research team sufficiently access and recruit targeted teens for the intervention (reach)?

2) Can the intervention be delivered with fidelity by senior nursing students who have received systematic training in the intervention and on-going supervision with experienced mental health clinicians (implementation fidelity)?

3) Do the teens perceive the intervention as meaningful and acceptable (acceptability)? (Draucker & Martsolf, 2009)

Protection of Human Subjects

This study was approved by the Kent State University Institutional Review Board (see appendix A).

Research Team

The research team was a collaborative team of faulty members, students, and community partners. Faulty members were Dr. Donna Martoslf, Dr. Claire Draucker, and Dr. Christine Cook. Senior nursing students included four students who provided the intervention (Ceara Bozikis, Alex Meiser, Danielle Pizzoferrato, and Markie Weber)
and the author of this thesis who conducted the research study. Community members included Terri Hackman, Executive Director and Kate Sass, Development Supervisor, both of the Battered Women’s Shelters of Summit and Medina Counties.

**Setting**

This research was conducted at Battered Women's Shelters (BWS) of Summit and Medina counties. The purpose of BWS is to deliver protection and shelter services to women and children who are experiencing domestic violence. BWS provides services in four locations, all of which were used in the research study. The first setting is the Crisis Center where women and their dependent children can live temporarily (several weeks to one month) in a safe environment with around-the-clock staff services. Once families are stabilized they are moved to an apartment complex owned by BWS (called Step II). In this program, further social services are provided in a safe environment and attempts are made to assist the family with work and housing requirements for the future. The third setting, the Community Outreach Center houses two programs. The first program in this setting is called Step III. As families who have lived in the Crisis Center and Step II apartments become more stable and safe lodging and employment have been obtained, the families may move into their own living arrangements and can continue to receive case management services at the Community Outreach Center. In the Step III program families receive ongoing social services, counseling, and groups that provide support for family members as they reintegrate into the community. The second program offered at the Community Outreach Center is the Family Stability Program. This is a community-based program for women who have never lived at either the Crisis Center or Step II because their abusive partner has left the home under a court order. Battered Women's Shelter staff in the Family Stability Program visit these families in their homes and help them stabilize after the offender has been ordered to leave the family home. The first three locations (Crisis Center, Step II, and the Community Outreach Center) are in Akron, OH.
and the fourth location is a Crisis Center in Medina, OH.

**Subjects**

Adolescent males and females, aged 13 to 17, were recruited in four different settings (five programs) of the BWS program described above. Ms. Kate Sass, Development Supervisor at the Battered Women’s Shelter and Rape Crisis Center of Medina and Summit Counties, was responsible for participant recruitment. In order to promote participant recruitment, fliers for Phase I and Phase II (see appendix B and C) of the study were hung at the various settings of the BWS program.

**Intervention**

The intervention for this early development feasibility study utilized peer mentors (described below) who employed the principles of motivational interviewing. The peer mentors met with teens in one of the four settings where the teen was either residing or actively receiving support services. The mentors meet with each teen a total of four times. These sessions usually occurred as two sessions in each of two consecutive weeks. The teens were told that the purpose of these sessions was to discuss their dating relationships and any questions or concerns they had about them. They were also told that if something else was on their mind, they were free to discuss that with their mentor. These sessions were based on the principles of motivational interviewing as described in Chapter II. The sessions were designed to last one half hour and to an hour and were audio-recorded to determine implementation fidelity and so the mentors could be supervised.

**Mentors**

Mentors were senior nursing students at the Kent State University College of Nursing of traditional age, under age 25, so the age between the mentor and teen would not be too great. Nursing faculty teaching junior level courses were asked to nominate students who would be seniors in the Fall 2010 semester and who had evidenced exemplary clinical practice in their junior year. These nominees received an email from
the director of the undergraduate program and were asked to contact either Dr. Donna Martsolf or Dr. Claire Draucker if they were interested in the project as described in the email (see appendix D). Students who were interested in participating in the study as mentors contacted one of the researchers and were interviewed by Dr. Martsolf, Dr. Draucker, and Ms. Terri Heckman, Executive Director of the Battered Women’s Shelter. In the interviews, the project was described in more detail and the students were asked to respond to a series of questions regarding their understanding of issues related to at-risk teens and their relationships. Seven potential mentors were interviewed and four were selected based on their continued interest in the project, their availability during the Fall 2010 term, and evidence in their interviews that they would be excellent mentors.

Mentors were trained at a 15-hour training session in late August, 2010. Eight hours were devoted to information about domestic violence and the services provided by the Battered Women’s Shelter. The additional seven hours of training covered the principles of motivational interviewing along with role-playing of interactions with teens in a variety of hypothetical situations presented by Drs. Martsolf and Draucker.

**Procedures**

The research occurred in two phases. In Phase I, Ms. Sass examined BWS records to create a list of all teens, aged 13-17, who were receiving services in any of the four locations described previously. Ms. Sass approached the mothers of these teens, explained the project, and asked permission to approach the teens regarding possible participation in Phase I of the project. Mothers who agreed, signed informed consent forms giving permission for their teens to participate (see appendix E). Ms. Sass then approached the teen and asked if he or she wanted to participate in the project. Teens who agreed, signed an informed consent form (see appendix F). In Phase I subjects were asked to complete the Conflict in Adolescent Dating Relationships Inventory for males and females respectively (CADRI; Wolfe et al., 2001) (see appendix G and H). Teens completed the
CARDI and returned it into an envelope to Ms. Sass. Each teen received five dollars as a subject incentive.

In order to determine the reach of the intervention (whether subjects could be recruited into the study), Ms. Sass recorded the names of teens in the four Battered Women's Programs, their gender, and whether or not they agreed to participate in Phase I. If a teen declined to participate the reason for refusal was also recorded (see appendix I).

After completion of the CADRI, Ms. Sass used a script when asking the mothers and teens if they would like to participate in Phase II of the study (see appendix J). Ms. Sass asked mothers of teens, who were dating or interested in dating, if they were willing to allow their teen to participate in Phase II. Mothers signed consent for Phase II (see appendix K) and consent to audiotape (see appendix L). Teens who received parental permission were then asked whether they would be willing to participate in the next phase of the study. Those who were willing to participate in Phase II, signed informed consent (see appendix M) and consent to being audio-taped (see appendix N). Ms. Sass recorded this information on the participation log, including: meeting study criteria for Phase II, enrolled in mentoring for Phase II, and if the teen declined to participate in Phase II the reason for refusal was also recorded (see appendix I). Ms. Sass then assigned the teen to a same gender mentor and arranged a mutually convenient time for the first session.

Mentors kept a record of where the adolescent was living during the sessions, attendance at each session, and the reasons for not attending or dropping out (see appendix O). Mentors met with each teen for four sessions to discuss dating concerns using the motivational interviewing technique developed as the intervention for the study. At the first session, the mentor reviewed the consent forms with the teen and asked if there were any concerns regarding the study. Before beginning session one and at the completion of session four, participants completed the Adolescent Interpersonal Competence Questionnaire (AICQ; Buhrmesrer, 1990) (see appendix P). At the end of
each of the four sessions, participants completed a satisfaction form and returned it to their mentor in a sealed envelope (see appendix Q). Participants received twenty dollars for their time to attend each session and an additional five dollars if they needed to travel to the site.

Each session was audio-taped and uploaded to a secure website so that the supervising faculty members could listen to the tapes and provide feedback to the mentors. Mentors returned all data (AICQ, satisfaction forms) to the research team for data analysis.

**Supervision of the Mentors**

Dr. Martsolf and Dr. Draucker (both are licensed advanced practiced mental health nurses) reviewed the recorded audiotapes of each mentoring session and met for one hour biweekly with the mentors to provide feedback about the sessions and how to enhance their motivational interviewing skills.

**Measures**

Two instruments, a survey, and a rating scale were used in this study. The CARDI (Wolfe et al., 2001) was used to describe the dating relationships and level of dating conflict reported by participants in Phase I of the study. The CARDI is a 70-item self-report that investigates a number of abusive behaviors, including physical abuse, threats, sexual, verbal, or emotional abuse that occurs between teen dating partners. Test-retest reliability of the agreement between partners and in correlation with observers’ rating of the how the dating partners interact with one another, have been reported as acceptable (Wolfe et al., 2001).

The second instrument, the Adolescent Interpersonal Competence Questionnaire (AICQ; Buhrmesrer, 1990) was used to describe the teens’ competence in carrying out dating relationships. This questionnaire consists of 40 items that are to be answered on a five-point scale. AICQ total scores can range from a possible 40-200. There are four
domains of competence that are assessed: self disclosure, providing emotional support to friends, management of conflicts, and assertion. Construct validity and internal reliability have been reported at acceptable levels by Buhrmesrer (1990).

A satisfaction survey developed for this study asked teens to rate each session in four areas: (a) satisfaction with the session (rated on a five point scale from very satisfied to very unsatisfied), (b) portion of the session spent talking about dating (rated on a five point scale from much of the session spent on dating to none of the session spent on dating), (c) how easy it was to talk to the mentor (rated on a five point scale from very easy to not at all easy), (d) how supportive they felt by the mentor (rated on a five point scale from very supported to not at all supported).

The First Pass Ratings Scale for Motivational Interviewing (Miller & Rollnick, 2002) (see appendix R) was used to determine the ability of the senior nursing students to carry out the motivational interviewing intervention technique with fidelity to the principles of this intervention. There are three parts to the First Pass Rating Scale for Motivational Interviewing: Global Therapist Rating Scales, Global Client Rating Scales, and Global Interaction Rating Scales. For this study, only the Global Therapist Ratings Scales were reported. The Global Therapist Ratings Scales includes six aspects of the mentors’ behaviors: acceptance, egalitarianism, empathy, genuineness, warmth, and spirit (the degree to which the mentors demonstrate understandings of the fundamental principles of motivational interviewing). These ratings are based on the overall interview not just a section of the session. Each of the six aspects of the mentors’ behavior are rated on a 7-point Likert scale with one representing low levels of the desired mentor behavior and 7 representing high levels of the desired mentor behavior. The ratings of the six desired behaviors are averaged to obtain the Global Therapist Rating. According to Miller & Rollnick (2002), the ideal (expert level) of the Global Therapist Ratings Scale is achieved if the average is greater than six and the threshold proficiency is greater than five.
Data Management

Data were entered into Statistical Package for Social Sciences (SPSS). Data included the number of teens in the Battered Women’s Shelter programs available for participation of Phase I, the number of the teens who refused to participate in this phase, scores on the CARDI, scores of the AICQ, answers from the survey evaluating the sessions, and the attendance by the teens.

Data Analysis

Data were analyzed according to the three research questions. Research question number one examined the reach of the study. Enrollment rates were calculated for Phase I by dividing the number of adolescents who completed the CARDI by the number of eligible adolescents. In Phase II of the study, the number of adolescents who enrolled in Phase II was divided by the number of adolescents in Phase I who were invited to participate in Phase II. Drop out rates were calculated for Phase II by dividing the number of participants who agreed to participate in Phase II by the number of the participants who completed one session, two sessions, three sessions, and four sessions respectively. Reasons for refusal to enroll in Phase I and in Phase II and reasons in dropout in Phase II were tabulated.

Research question two examined the implementation fidelity, whether or not the senior nursing students could implement the intervention after training and with ongoing supervision. Dr. Christine Cook rated the audio-taped interviews by using the First Pass Ratings Scale for Motivational Interviewing (Miller & Rollnick, 2002). The First Pass Ratings Scale for Motivational Interviewing was completed by Dr. Cook for each interview without interruption, notes were taken, and at the end of listening to the interview the scale was completed. Each of the six aspects of the mentors’ behavior were rated on a 7-point Likert scale with one representing low levels of the desired mentor behavior and seven representing high levels of the desired mentor behavior. The ratings of the six
desired behaviors were averaged to obtain the Global Therapist Rating.

Research question three, the *acceptability* of the intervention was determined using the adolescent’s evaluation of each session using the evaluation form developed for the study. For each of the four items on the form, the item was scored from one to five, with one being that the item is very false to five being item is very true. The satisfaction item scores were averaged for each subject at each of the four sessions. The individual average scores were then averaged to determine the overall satisfaction score for the subjects in the study. Using the same procedure, levels of time spent talking about dating, ease of talking with the mentor, and perceived support by the mentor were calculated. Open-ended comments written by adolescents were grouped into comments that were similar.

In order to describe the sample the level of violence in interpersonal relationships experienced by the subjects was determined using the 70 items on the CARDI. These items were analyzed using determined frequencies. The number of positive responses to questions about engaging in violence were calculated for each subject.

Since this is a feasibility study, the effectiveness of the intervention was not determined. However, nonparametric statistics were used to compare the pre- and post-tests scores of the AICQ using the Wilcoxon Signed Ranks Test.
CHAPTER IV
FINDINGS

There were three main purposes of this study. The first purpose of the study was to determine if teens at a Battered Women's Shelter could be recruited to participate in a feasibility study of an adolescent dating violence intervention. The second purpose of the study was to determine if the senior nursing students who were trained and had ongoing supervision were able to implement the mentoring and motivational interviewing intervention intended to prevent adolescent dating violence. The third purpose of the study was to determine if the teens were satisfied with the intervention.

Research Question One

Can the research team sufficiently access and recruit targeted teens for the intervention (reach)? From September 23rd, 2010 to November 12th, 2010 (seven weeks), 24 eligible teens were contacted by Ms. Kate Sass, Development Supervisor at Battered Women's Shelter and Rape Crisis Center of Medina and Summit Counties. Methods of contact included phone calls, letters, or visits from Ms. Sass. Of the 24 eligible teens, 14 of their mothers responded. Of those 14, ten agreed to have their teen entered into the Phase I of the study. Of the ten who agreed to enter into Phase I, nine teens completed the CARDI. Five teens cancelled or missed their scheduled meetings to complete the CARDI. Of the nine teens who completed the CARDI, all of them agreed to the mentoring. Of the teens who agreed to the mentoring, eight of the nine attended the first mentoring session. All eight teens who began the mentoring sessions successfully completed all four sessions with their mentor.

Enrollment and dropout rates were calculated (see Table 1). The enrollment rates
for teens who were eligible and entered into Phase I was 58.3%; of the teens who entered Phase I, 64.3% completed the CADRI; of the teens who completed the CARDI, 100% agreed to enter Phase II. Of teens agreeing to enter Phase II, 88.9% actually entered Phase II. Of teens entering Phase II, 100% of the teens completed all four mentoring sessions.

Table 1. Teen Enrollment and Dropout Rates in the Mentoring Intervention

<table>
<thead>
<tr>
<th>Teen Category</th>
<th>Comparison Teen Category</th>
<th># of Teens in Category</th>
<th># of Teens in Comparison Category</th>
<th>Enrollment Rate</th>
<th>Dropout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens eligible for Phase I</td>
<td>Teens entered into Phase I</td>
<td>24</td>
<td>14</td>
<td>58.3%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Teens entered into Phase I</td>
<td>Teens who completed the CARDI</td>
<td>14</td>
<td>9</td>
<td>64.3%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Teens who completed the CARDI</td>
<td>Teens agreeing to entering Phase II</td>
<td>9</td>
<td>9</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Teens agreeing to entering Phase II</td>
<td>Teens actually entered into Phase II</td>
<td>9</td>
<td>8</td>
<td>88.9%</td>
<td>0.11%</td>
</tr>
<tr>
<td>Teens entering Phase II</td>
<td>Teens completing 4 sessions of Phase II</td>
<td>8</td>
<td>8</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Reasons for dropout were determined (see Table 2). In Phase I, the primary reason for not entering the study was the fact that the teen's mother did not respond to the initial phone call or letter. Other reasons included: exiting the shelter, no follow-up appointment was scheduled, or they missed or cancelled the follow-up appointment.
Table 2. Reasons for Dropout of Teen by Phase

<table>
<thead>
<tr>
<th>Phase</th>
<th>Reasons for Dropout</th>
<th># of teens</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>No response to call or letter</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Exited Shelter</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>No follow-up appointment</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Missed</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Cancelled</td>
<td>4</td>
</tr>
<tr>
<td>II</td>
<td>None</td>
<td>0</td>
</tr>
</tbody>
</table>

Demographics of the teens eligible for phase I included: 12 males, 12 females, ages ranged from 13-17. The breakdown of ages was: 13 (n=7), 14 (n=5), 15 (n=3), 16 (n=6), and 17 (n=3). The teens were located in one of five programs associated with Battered Women's Shelter: Crisis Center location 1 (n=2), Crisis Center location 2 (n=2), Step II (n=3), Step III (n=6), Family Services Program (n=11). Of those who agreed to enter Phase II, five were male and four were female, ages ranged from 13-17. One male failed to schedule the first mentoring appointment.

The range of number of items on the CARDI to which the teens indicated they had engaged in some type of violence with their dating partner within the last year, was 4-17. This range indicated that the adolescents did not endorse high levels of interpersonal violence within their dating relationships. The most frequently endorsed items were: “My partner said things to my friends about me to turn them against me,” “I accused my partner of flirting with another girl/boy,” and “I/my partner brought up something bad that I/my partner has done in the past.”

Of the teens who agreed to enter Phase II and participated in all four mentoring sessions, four were male and four were female. The breakdown of ages was: 13 (n=3), 14 (n=2), 15 (n=1), and 16 (n=2). The teens were interviewed at four locations: Crisis Center location 1 (n=2), Crisis Center location 2 (n=2), Step II (n=2), and Community Outreach
Research Question Two

Can the intervention be delivered with fidelity by senior nursing students who have received systematic training in the intervention and on-going supervision with experienced mental health clinicians (implementation fidelity)? Thirty-two sessions were conducted by the four mentors with eight teens who each attended four sessions. Two tapes were inaudible and were not rated. However based on the thirty rated interviews, implementation fidelity was achieved by the mentors in this study after systematic training and ongoing supervision. The average Global Therapist Rating was 6.71, which achieves the expert level of greater than 6.0 according to Miller & Rollnick (2002).

Research Question Three

Do the teens perceive the intervention as meaningful and acceptable (acceptability)? On question number one on the evaluation forms, which states “I was satisfied with this session,” (with one being “very false” and five being “very true”) for all participants across all four sessions the average score on the satisfaction with the session item was 4.94. On question number two on the evaluation form, “We spent much of the session talking about dating”, the average score on the time talking about dating item for all participants across all four sessions was 4.81. On question three on the evaluation form, “It was easy to talk to my mentor,” for all participants across all four sessions the average score on the ease of talking item was 4.83. The final question on the evaluation form was “I felt supported by my mentor.” For all participants across all four sessions the average score on the support session was 4.91.

On the evaluation forms, teens were able to provide additional comments regarding their mentor or the session. Some of these included: “He was very nice, he agreed on something,” “She was really great,” “I wish it were longer than four sessions, any advice?” and “Sad it has to end, but all good things must come to an end.”
Additional Analysis

The Wilcoxon Signed Ranks Test was used to determine whether or not a
difference existed between the pre- and post-test scores on the AICQ completed by the
eight teens who entered Phase II and completed four mentoring sessions. AICQ total pre-
scores ranged from 96-176 (x = 141.0, s = 22.63). AICQ post-scores ranged from 129-189
(x = 156.75, s = 17.77). The null hypothesis was rejected at p = 0.012.
CHAPTER V
DISCUSSION

Purposes of Study

This feasibility study of an adolescent dating violence intervention was designed to achieve three main purposes. The first purpose was to determine if teens at a Battered Women’s Shelter could be recruited to participate in the study. The second purpose of this study was to determine if the senior nursing students who were trained and had ongoing supervision were able to implement the mentoring and motivational interviewing intervention on adolescent dating violence. The third purpose of the study was to determine if the teens were satisfied with the intervention.

Conclusions

The first research question was posed to determine whether the research team could sufficiently access and recruit targeted teens for the intervention (reach). Teens were recruited over a seven week time period. After reviewing the data from the study, the research team concluded that approximately one teen a week could be successfully recruited for the intervention. Of the 14 teens who agreed to enter into Phase I of the intervention, eight teens were successfully entered into Phase II, and all of those eight teens completed all four mentoring sessions. Therefore, once a teen has agreed to enter into Phase II of the intervention one can conclude that there is a high probability that the teen will complete all four mentoring sessions.

A closer examination of the enrollment rates indicates that at various points throughout the enrollment process, rates varied between 58.3 and 100 percent. Enrollment rates tended to increase through the steps of Phase I. Phase II enrollment rates were
essentially 100% with no dropouts after teens attended the first mentoring session. Thus, it can be concluded that the point at which most dropouts occurred was when attempts were made to contact the mothers about allowing their children to enter Phase I of the study. Feedback given to the research team and an examination of the records kept by Ms. Sass show that as she became more skilled at finding out when and how to approach mothers, enrollment increased. Five of the Phase II subjects were entered into the study in weeks six and seven of data collection. Thus, the conclusion that the team could successfully recruit one participant per week into Phase II of the study is a conservative one. Therefore, it can be concluded that the research team can successfully access and recruit teens for the intervention at the Battered Women’s Shelter of Summit and Medina Counties.

The second research question was posed to determine whether the intervention could be delivered with fidelity by senior nursing students who have received systematic training in the intervention and on-going supervision with experienced mental health clinicians (implementation fidelity). These nursing students received systematic training before the intervention took place. The systematic training occurred in a 15-hour session held over the course of two days. The first day consisted of eight hours of information regarding domestic violence and services provided by the Battered Women’s Shelter. The second day consisted of seven hours of training on motivational interviewing along with role-playing of interactions with teens. The senior nursing students also had two hours a week (one hour on each of two days) of ongoing supervision by advanced-practice mental health nurses who had listened to the audio-tapes of their mentoring sessions and provided specific feedback about their use of motivational interviewing techniques. The average Global Therapist Rating of the 30 audible taped sessions was 6.71. This rating places the senior nursing students at the expert level in conducting motivational interviewing with the teens. Thus, it can be concluded that senior nursing students can implement the mentoring/motivational interviewing intervention with a high level of
fidelity after 15 hours of systematic training and biweekly supervision by experienced mental health clinicians. It is also possible to conclude that the systematic training sessions as they were presented were of sufficient length and depth of content to adequately prepare senior nursing students to carry out the intervention. Biweekly, one-hour meetings with an experienced advanced practice mental health nurse who gave specific feedback about the mentoring sessions were sufficient to monitor the fidelity of the intervention by the nursing students.

The third research question was posed to determine whether the teens perceive the intervention as meaningful and acceptable (acceptability). The teens evaluated their satisfaction with the mentoring session by completing an evaluation form at the end of each session. The questions asked on the evaluation form were: a) “I was satisfied with this session,” b) “We spent much of the session talking about dating,” c) “It was easy to talk to my mentor,” and d) “I felt supported by my mentor.” Each of these questions was rated on a five-point scale (one being “very false” and five being “very true”). Based on the answers provided by the teens to these questions, all the teens were very satisfied with the intervention with the average scores on each question ranging from (4.81-4.91). The form also provided the teens a place to write additional comments. Some of these included: “He was very nice, he agreed on something,” “She was really great,” “I wish it were longer than four sessions, any advice?” and “Sad it has to end, but all good things must come to an end.” Overall, the teens appeared to be very satisfied with the intervention and enjoyed having a mentor with whom to talk. Thus, it can be concluded that the intervention is meaningful and acceptable to teens.

While determining the effectiveness or efficacy of the intervention was not the purpose of this study, the Wilcoxon Signed Ranks Test was used to compare the pre- and post-intervention scores on the AICQ. The AICQ is a measure of the adolescents’ ability to engage in interpersonal relationships. The hypothesis that there was no significant
difference between pre- and post-intervention test scores was rejected (p=0.012). Thus, it is likely that the intervention has a strong effect. When calculating the sample size for a future pilot study, using a predicted moderate effect size for the intervention will be a conservative estimate of the effect.

**Findings and Review of Literature Comparison**

There are several risk factors that place a teen at risk for adolescent dating violence, including witnessing violence at home (Arriaga & Foshee, 2004; Gover et al., 2008; Malik et al., 1997; Sims et al., 2008). All of the teens in this study experienced family violence at home and their mothers sought help by going to the Battered Women's Shelters of Summit and Medina counties. The findings of the CARDI indicated that these subjects did not engage in a high level of violence in their interpersonal relationships. This finding may be due to the fact that while the teens witnessed violence in their homes, their mothers had chosen to leave this environment. Thus, the teens may have realized that violence is not an appropriate way to handle conflicts in dating relationships. Another explanation for this finding may be that five of eight teens who participated in the mentoring sessions were ages 13 or 14. Findings in other studies indicate that rates of dating violence increase with age (Eaton et al., 2006; Marquart et al., 2007). The relative young age of this sample may have affected the rate of reported dating violence. However, other investigators have found that exposure to violence within the family is not related to subsequent experience with ADV (Foshee et al., 2005; Lavoie et al., 2002; Lichter & McCloskey, 2004). Thus, the findings of the CARDI may indicate that findings from these teens were supportive of those of these latter researchers.

Mentoring and motivational interviewing have been shown to be effective with other adolescent risk behaviors, such as drug and illicit drug use (Baer et al., 2007; Beier et al., 2002; Brown et al., 2009; D'Amico et al., 2008; Tierney et al., 1995). Furthermore, research indicated that both males and females are at risk for ADV perpetration and victimization.
(Lichter & McCloskley, 2004; O’leary et al., 2008). Since mentoring and motivational interviewing was successful with other at-risk behaviors and teens of both genders are at risk for ADV, the intervention was used with at-risk male and female teens to prevent dating violence. Both male and female teens in this study indicated in their evaluations of the interviews with their mentors that they satisfied with their sessions focused on their dating and they felt supported by their mentors.

Limitations

The major limitation to this study is that it is a feasibility study. Therefore, one cannot draw major conclusions nor say it was effective. However, feasibility studies lay the foundation for future studies that can make these conclusions.

Suggestions for Future Research

This feasibility study is the stepping stone for many other adolescent dating violence intervention studies. The motivational interviewing and mentoring techniques utilized in this feasibility study seemed to be satisfactory and accepted by both male and female teens. Thus, a larger study is needed to determine the effectiveness of mentoring and motivational interviewing with male and female teens at high risk for dating violence. The sample size of only eight teens yielded a significant difference in pre and post intervention AICQ scores. Therefore, it can be concluded that the intervention has a potential for at least a moderate effect size. This estimation of a moderate effect size will be helpful in determining the sample size of a larger study to determine the effectiveness of this intervention.

This study was limited to the Battered Women’s Shelter’s of Summit and Medina counties. Future studies, should include samples from other locations where this intervention may be helpful.

Once the effectiveness of this targeted intervention has been established, it could be compared to other intervention programs. For example, it could be compared to universal prevention programs, such as the Safe Dates Project (CDC, 2010; Whitaker et al., 2006) and
Youth Relationship Project (Whitaker et al., 2006; Wolfe et al., 2003) on its effectiveness for at-risk teens.

Summary

The purpose of this early feasibility study was to determine the reach, implementation fidelity, and acceptability of a mentoring and motivational interviewing intervention with teens who are at-risk for dating violence. Findings of this study suggest that adolescents who are involved with their mothers in programs at a battered women's shelter could be enrolled in the study. Furthermore, senior nursing students were found to be able to implement an intervention based on the principles of motivational interviewing with fidelity when they were systematically trained and had supervision by experienced mental health clinicians. Adolescents indicated that they were highly satisfied with the intervention. This study will provide the basis for the development of a pilot study to investigate the effectiveness of this intervention.
REFERENCES


reports of physical dating violence among U.S. adolescent females. *Adolescence, 42*(166), 311-324.


APPENDIX A

Kent State University Institutional Review Board Letter of Approval
May 7, 2010

Claire Draucker
Nursing

Re: # 10-164: “A Feasibility Study of an Adolescent Dating Violence Intervention”

I am pleased to inform you that the Kent State University Institutional Review Board reviewed and approved your Application for Approval to Use Human Research Participants at the convened IRB meeting on May 5, 2010. Approval is effective for a twelve-month period: May 5, 2010 through May 4, 2011.

Federal regulations and Kent State University IRB policy require that research be reviewed at intervals appropriate to the degree of risk, but not less than once per year. The IRB has determined that this protocol requires an annual review and progress report. The IRB will forward an annual review reminder notice to you by email as a courtesy. Please note that it is the responsibility of the principal investigator to be aware of the study expiration date and submit the required materials. Please submit review materials (annual review form and copy of current consent form) one month prior to the expiration date.

HHS regulations and Kent State University Institutional Review Board guidelines require that any changes in research methodology, protocol design, or principal investigator have the prior approval of the IRB before implementation and continuation of the protocol. The IRB must also be informed of any adverse events associated with the study. The IRB further requests a final report at the conclusion of the study.

Kent State University has a Federal Wide Assurance on file with the Office for Human Research Protections (OHRP), FWA Number 00001853.

If you have any questions or concerns, please contact me at 330-672-2704 or pwashko@kent.edu.

Sincerely,

[Signature]

Paulette Washko
Manager, Research Compliance, Communications and Initiatives
cc: Donna Martsoff
APPENDIX B

Phase I Flier
STUDY: CONFLICT IN ADOLESCENT DATING RELATIONSHIPS
PHASE 1

Researchers at Kent State University College of Nursing and the Battered Women’s Shelter of Summit and Medina counties are conducting a research project to better understand how teens handle conflicts in their dating relationships.

Teens between the ages of 13 and 17 who are receiving services at the Battered Women’s Shelter of Summit and Medina Counties are needed for the study.

Participation includes completing an instrument on conflict in dating relationships.

- Need not be dating to participate
- Participation will take 15-20 minutes
- Will be reimbursed $5.00 for participation

If you are interested, contact Ms. Terri Heckman, Executive Director of the Battered Women’s Shelter at 330-777-4717.
APPENDIX C

Phase 2 Flier
STUDY: CONFLICT IN ADOLESCENT DATING RELATIONSHIPS
PHASE 2: MENTORING PROJECT

Researchers at Kent State University College of Nursing and the Battered Women's Shelter of Summit and Medina counties are conducting a research project to better understand how teens handle conflicts in their dating relationships.

Teens between the ages of 13 and 17 who are receiving services at the Battered Women's Shelter of Summit and Medina Counties are needed for the study.

Adolescents are eligible if they have begun dating - although the dating can be casual or serious and can occur in pairs or in groups - or they think they might be dating soon.

Participation will involve 4 sessions with a mentor who is a senior nursing student in which you discuss your dating experiences or concerns. The sessions will last ½ to 1 hour and will be held at the Crisis Center (shelter) or the Community Outreach Center.

You will be reimbursed $20 for each session. You will be paid an additional $5 if you travel to the Community Outreach Center for a session.

If you are interested, talk to Ms. Terri Heckman, Executive Director of BWS at 330-777-4717.
APPENDIX D

Email Sent to Junior Nursing Students Nominees
Dear Junior KSU student Nurse,

I am writing to tell you that you have been nominated by one of your Junior Level Clinical Nursing Faculty members to be interviewed for a very exciting combined clinical and research project. The aim of the project is to determine whether adolescents living with their mothers in a battered women’s shelter can be mentored to develop healthier adolescent dating relationships. The researchers on this project are Drs. Claire Draucker and Donna Martsolf and their Senior Level faculty partners are Dr. Chris Cook (N40872 Introduction to Nursing Research), Sheila Webster (N40030 Psychiatric Nursing & Mental Health Nursing Care) and Nancy Jones (N40020 Nursing in the Community).

Here’s what participation in this project would mean for you:

While I cannot promise that participation in this research project would guarantee that you get your ideal job when you graduate, I can tell you that in my experience in nursing the best hospitals often give preference to new nursing graduates who have had unique research experiences like the one for which you have been nominated.

In order to be considered for this project you would be interviewed by Drs. Draucker and Martsolf and Ms. Terri Heckman (Executive Director of the Battered Women’s Shelter of Summit and Medina Counties). Four students (3 women and 1 man) will be selected from those who have been nominated to have this experience.

If selected, you will be registered for Professor Webster’s section of N40030 and Professor Jone’s section of N40020 for the Fall term, 2010.

You would spend at least the first 6 weeks of your clinical in both N40030 and N40020 at the Battered Women’s Shelter in Akron.

During your clinical you would be able to complete the assigned activities for both of your clinical courses. Part of your nursing care would be directed toward using a
mentoring and motivational interviewing technique to assist four teens in the shelter to develop healthier dating relationships. Drs. Draucker and Martsolf would teach you how to do the mentoring and motivational interviewing technique and you would meet with them each week of the experience for about 1 hour so that they can give you guidance on using the intervention. At the end of each mentoring session you would fill out a very brief evaluation form related to the session.

You would attend 15 hours of training to learn how to correctly conduct the intervention. The training will occur in August, 2010 and you would be paid $300 for attending the training session.

If you are also registered for N40872 in the Fall term, your project for that Introduction to Nursing Research course would be related to your clinical work with the teens at the Battered Women's Shelter and would be directed by Dr. Cook.

Congratulations on being nominated for this opportunity. I hope that you will want to be interviewed. If you do, please contact Dr. Donna Martsolf at dmartsol@kent.edu.

Tracey Carlson MSN, RN
Senior Undergraduate Program Director
Kent State University College of Nursing
330-672-8784
APPENDIX E

Phase I: Parent Consent Form
We are conducting a research project to better understand the conflicts teens experience in their dating relationships and how they handle these conflicts. We hope that the findings of this research project will help professionals who work with teens better understand their dating experiences. We would like to invite your teen to take part in the study.

If you decide to do let your teen do this, he/she will be asked to complete a survey about conflicts in teen dating relationships. The survey will take about 10-15 minutes. Your teen may answer only those questions he or she wishes to answer and may stop at anytime. Your teen may participate whether he or she is dating or not. Your teen will be paid $5.00 for completing the survey.

The benefit to your teen would be the opportunity to share his or her experiences in order to help professionals who work with teens. Some of the questions might be upsetting if your teen has had problems with a dating partner. If this is the case, we suggest he/she discusses his/her concerns with a staff member at Battered Women’s Shelter. Taking part in this project is entirely up to your teen and he/she may stop at any time. Information he/she provides will be anonymous as the survey will be returned in a sealed envelope without your teen’s name to researchers at Kent State University. Results will be reported for a group of teens.
If you have any questions about this research, please call Ms. Terri Heckman at Battered Women’s Shelter. Taking part in this project is entirely up to your teen and he/she may stop at any time. Information he/she provides will be anonymous as the survey will be returned in a sealed envelope without your teen’s name to researchers at Kent State University. Results will be reported for a group of teens.

If you have any questions about this research, please call Ms. Terri Heckman at Battered Women’s Shelter, 330-777-4717, or call Dr. Claire Draucker at 330-672-8805 or Dr. Donna Martsolf at 330-672-8822. The project has been approved by Kent State University. If you have questions about Kent State University’s rules for research, please call Dr. Sonia Alemagno, Interim Vice President for Research, telephone 1-330-672-0700.

Consent

I agree to let my child take part in this project. I know what he/she will be asked to do and that he/she can stop at any time.

________________________________________  _____________________
Parent Signature                                 Date
APPENDIX F

Phase I: Adolescent Consent Form
We are conducting a research project to better understand the conflicts teens experience in their dating relationships and how they handle those conflicts. We hope that the findings of this research project will help professionals who work with teens better understand their dating experiences. We would like to invite you to take part in the study.

If you decide to do this, you will be asked to complete a survey about conflicts in teen dating relationships. The survey will take about 10-15 minutes. You may answer only those questions you wish to answer and may stop at anytime.

The benefit to you would be the opportunity to share your experiences in order to help professionals who work with teens. Some of the questions might be upsetting if you have had problems with a dating partner. If this is the case, please discuss your concerns with a staff member at Battered Women’s Shelter. Taking part in this project is entirely up to you and you may stop at any time you wish. No one will know what answers you put down as you will not put your name on the survey and it will be returned to the researchers at Kent State University in a sealed envelope. Results will be reported for a whole group of teens.

If you have any questions about this research, please contact Ms. Terri Heckman, Executive Director of the Battered Women’s Shelter at 330-777-4717, or call Dr. Claire Draucker at 330-672-8805 or Dr. Donna Martsolf at 330-672-8822. The project has been approved by
Kent State University. If you have questions about Kent State University’s rules for research, please call Dr. Sonia Alemagno, Interim Vice President for Research, telephone 1-330-672-0700.

Consent

I agree to take part in this project. I know what I will be asked to do and that I can stop at any time.

__________________________       _____________________
Participant’s Signature                       Date
APPENDIX G

Phase I: Conflict in Adolescent Dating Relationships Inventory (Male)
THE CONFLICT IN ADOLESCENT DATING RELATIONSHIPS INVENTORY
(MALE)

Introductory dating questions

Please check the statement that best applies to you.

☐ I have not yet begun dating.
☐ I have begun dating and/or had a girlfriend.

Please check all the boxes below that describe the kinds of dating relationships you are currently experiencing and those you have experienced in the past:

☐ going out in male/female groups
☐ dating different people
☐ dating one person without any definite commitment
☐ dating one person exclusively
☐ engaged

If you have ever been in a dating relationship or been going out with someone, please answer the following questions:

At what age did you start going out/having girlfriends? ______________________

How many girlfriends have you had (not including childhood crushes)? ________

How many girlfriends did you have/have you had in

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number of girlfriends</th>
<th># of weeks/months</th>
<th>Longest relationship</th>
<th># of weeks/months</th>
<th>Shortest relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 9</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Grade 10</td>
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<tr>
<td>Grade 11</td>
<td></td>
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<tr>
<td>Grade 12/13</td>
<td></td>
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<td></td>
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</tbody>
</table>

The next few pages ask you to answer questions thinking about your current or recent ex-girlfriend. Please check which person you will be Thinking of when you answer these questions:
Participant #

☐ I am thinking of somebody that is my girlfriend right now. (Go to A, next page)
☐ I am thinking of a recent ex-girlfriend (within the past 3 months). (Go to B, next page)
☐ I am thinking of an ex-girlfriend from within the past year. (Go to B, next page)

A. If this is your current girlfriend:

How long have you been dating-going out? 

How often do you see each other? Circle the best response.

Every day at school  Every day at school and every day out of school
2-3 times per week  Once per week or less

How much time do you spend alone together?

_____ hours per day  OR  _____ hours per week

What kinds of things do you do together? 

How often do you argue or disagree? _____ x per day  OR  _____ x per week

What kind of things do you argue or disagree about?

How old is she? 

How important is this relationship to you? (Circle one of the responses below).

Not very important  Somewhat important  Important  Very important

Please check one of the following five categories that best describes the dating partner you are thinking of when completing this questionnaire:

☐ going out in male/female groups
☐ dating different people
☐ dating one person without any definite commitment
☐ dating one person exclusively
☐ engaged

B. If this is your ex-girlfriend:

How long did you go out together? 

How often did you see each other? Circle the best response below.

Every day at school  Every day at school and every day out of school
2-3 times per week  Once per week or less

How much time did you spend alone together? _____ hours/ day  _____ hours/week

What kinds of things did you do together? 

When did you stop going together/seeing each other? 

Why did you stop going out with her? 

How often do you argue or disagree? _____ x per day OR _____ x per week
What kinds of things did you argue or disagree about? ________________________________
How old was she? ________________________________
How important was this relationship to you? (Circle one of the responses below).
Not very important Somewhat important Important Very important
Please check one of the following five categories that best describes the dating partner you are thinking of when completing this questionnaire:
☐ going out in male/female groups
☐ dating different people
☐ dating one person without any definite commitment
☐ dating one person exclusively
☐ engaged

The following questions ask you about things that may have happened to you with your girlfriend while you were having an argument. Please check YES or NO. Please remember that all answers are confidential.

### During a conflict or argument with my girlfriend in the past year:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I gave reasons for my side of the argument.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She gave reasons for her side of the argument.</td>
<td></td>
<td></td>
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<tr>
<td>2. I touched her sexually when she didn't want me to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She touched me sexually when I didn't want her to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I tried to turn her friends against her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She tried to turn my friends against me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I did something to make her feel jealous.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She did something to make me feel jealous.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I destroyed or threatened to destroy something she valued.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She destroyed or threatened to destroy something I valued.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### During a conflict or argument with my girlfriend in the past year:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. I told her that I was partly to blame.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She told me that she was partly to blame.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I brought up something bad that she had done in the past.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She brought up something bad that I had done in the past.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I threw something at her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She threw something at me.</td>
<td></td>
<td></td>
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<tr>
<td>9. I said things just to make her angry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She said things just to make me angry.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10.</td>
<td>I gave reasons why I thought she was wrong.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She gave reasons why she thought I was wrong.</td>
<td></td>
</tr>
</tbody>
</table>

**During a conflict or argument with my girlfriend in the past year:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>I agreed that she was partly right.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She agreed that I was partly right.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I spoke to her in a hostile or mean tone of voice.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She spoke to me in a hostile or mean tone of voice.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I forced her to have sex when she didn't want to.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She forced me to have sex when I didn't want to.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I offered a solution that I thought would make us both happy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She offered a solution that she thought would make us both happy.</td>
<td></td>
</tr>
</tbody>
</table>

**During a conflict or argument with my girlfriend in the past year:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>I threatened her in an attempt to have sex with her.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She threatened me in an attempt to have sex with me.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I put off talking until we calmed down.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She put off talking until we calmed down.</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I insulted her with put-downs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She insulted me with put-downs.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I discussed the issue calmly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She discussed the issue calmly.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>I kissed her when she didn't want me to.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She kissed me when I didn't want her to.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I said things to her friends about her to turn them against her.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She said things to my friends about me to turn them against me.</td>
<td></td>
</tr>
</tbody>
</table>

**During a conflict or argument with my girlfriend in the past year:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>I ridiculed or made fun of her in front of others.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She ridiculed or made fun of me in front of others.</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>I told her how upset I was.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She told me how upset she was.</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>I kept track of who she was with and where she was.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She kept track of who I was with and where I was.</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>I blamed her for the problem.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She blamed me for the problem.</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>I kicked, hit or punched her.</td>
<td></td>
</tr>
<tr>
<td><strong>During a conflict or argument with my girlfriend in the past year:</strong></td>
<td><strong>YES</strong></td>
<td><strong>NO</strong></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>26. I left the room to cool down.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She left the room to cool down.</td>
<td></td>
<td></td>
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<td>27. I gave in, just to avoid conflict.</td>
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</tr>
<tr>
<td>She gave in, just to avoid conflict.</td>
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<td>28. I accused her of flirting with another guy.</td>
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<td></td>
</tr>
<tr>
<td>She accused me of flirting with another girl.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. I deliberately tried to frighten her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She deliberately tried to frighten me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. I slapped her or pulled her hair.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She slapped me or pulled my hair.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>During a conflict or argument with my girlfriend in the past year:</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>31. I threatened to hurt her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She threatened to hurt me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. I threatened to end the relationship.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She threatened to end the relationship.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. I threatened to hit her or throw something at her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She threatened to hit me or throw something at me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. I pushed, shoved, or shook her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She pushed, shoved, or shook me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. I spread rumors about her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>She spread rumors about me.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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APPENDIX H

Phase I: Conflict in Adolescent Dating Relationships Inventory (Female)
THE CONFLICT IN ADOLESCENT DATING RELATIONSHIPS INVENTORY (FEMALE)

Introductory dating questions

Please check the statement that best applies to you.

☐ I have not yet begun dating.
☐ I have begun dating and/or had a boyfriend.

Please check all the boxes below that describe the kinds of dating relationships you are currently experiencing and those you have experienced in the past:

☐ going out in male/female groups
☐ dating different people
☐ dating one person without any definite commitment
☐ dating one person exclusively
☐ engaged

If you have ever been in a dating relationship or been going out with someone, please answer the following questions:

At what age did you start going out/having boyfriends? ________________________

How many boyfriends have you had (not including childhood crushes)? _______

How many boyfriends did you have/have you had in

Grade 9  Number of boyfriends ___  # of weeks/months ___  # of weeks/months ___
Grade 10  Number of boyfriends ___  Longest relationship ___  Shortest relationship ___
Grade 11  Number of boyfriends ___  Longest relationship ___  Shortest relationship ___
Grade 12/13 Number of boyfriends ___  Longest relationship ___  Shortest relationship ___

The next few pages ask you to answer questions thinking about your current or recent ex-boyfriend. Please check which person you will be thinking of when you answer these questions:
Participant # _____

☐ I am thinking of somebody that is my boyfriend right now. (Go to A, next page)

☐ I am thinking of a recent ex-boyfriend (within the past 3 months). (Go to B, next page)

☐ I am thinking of an ex-boyfriend from within the past year. (Go to B, next page).

A. If this is your current boyfriend:

How long have you been dating/going out? ____________________________

How often do you see each other? Circle the best response.

Every day at school        Every day at school and every day out of school
2-3 times per week         Once per week or less

How much time do you spend alone together?

_____ hours per day OR _____ hours per week

What kinds of things do you do together? ____________________________

How often do you argue or disagree? _____ x per day OR _____ x per week

What kind of things do you argue or disagree about? ________________

How old is he? ____________________________

How important is this relationship to you? (Circle one of the responses below).

Not very important  Somewhat important  Important  Very important

Please check one of the following five categories that best describes the dating partner you are thinking of when completing this questionnaire:

☐ going out in male/female groups
☐ dating different people
☐ dating one person without any definite commitment
☐ dating one person exclusively
☐ engaged

B. If this is your ex-boyfriend:

How long did you go out together? ____________________________

How often did you see each other? Circle the best response below.

Every day at school        Every day at school and every day out of school
2-3 times per week         Once per week or less

How much time did you spend alone together? _____ hours/day _____ hours/week

What kinds of things did you do together? ____________________________

When did you stop going together/seeing each other? ____________________________
Why did you stop going out with him? 

How often do you argue or disagree? _____ x per day OR _____ x per week

What kinds of things did you argue or disagree about?

How old was he? 

How important was this relationship to you? (Circle one of the responses below).
Not very important Somewhat important Important Very important

Please check one of the following five categories that best describes the dating partner you are thinking of when completing this questionnaire:
☐ going out in male/female groups
☐ dating different people
☐ dating one person without any definite commitment
☐ dating one person exclusively
☐ engaged

The following questions ask you about things that may have happened to you with your boyfriend while you were having an argument. Please Check YES or NO. Please remember that all answers are confidential.

### During a conflict or argument with my boyfriend in the past year:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I gave reasons for my side of the argument.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>He gave reasons for his side of the argument.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I touched him sexually when he didn’t want me to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>He touched me sexually when I didn’t want him to.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I tried to turn his friends against him.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>He tried to turn my friends against me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I did something to make him feel jealous.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>He did something to make me feel jealous.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I destroyed or threatened to destroy something he valued.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>He destroyed or threatened to destroy something I valued.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### During a conflict or argument with my boyfriend in the past year:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. I told him that I was partly to blame.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>He told me that he was partly to blame.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I brought up something bad that he had done in the past.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>He brought up something bad that I had done in the past.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I threw something at him.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>He threw something at me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I said things just to make him angry.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>10.</td>
<td>I gave reasons why I thought he was wrong.</td>
<td>He gave reasons why he thought I was wrong.</td>
</tr>
</tbody>
</table>

**During a conflict or argument with my boyfriend in the past year:**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>I agreed that he was partly right.</td>
<td>He agreed that I was partly right.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I spoke to him in a hostile or mean tone of voice.</td>
<td>He spoke to me in a hostile or mean tone of voice.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I forced him to have sex when he didn’t want to.</td>
<td>He forced me to have sex when I didn’t want to.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I offered a solution that I thought would make us both happy.</td>
<td>He offered a solution that he thought would make us both happy.</td>
<td></td>
</tr>
</tbody>
</table>

**During a conflict or argument with my boyfriend in the past year:**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>I threatened him in an attempt to have sex with him.</td>
<td>He threatened me in an attempt to have sex with me.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I put off talking until we calmed down.</td>
<td>He put off talking until we calmed down.</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I insulted him with put-downs.</td>
<td>He insulted me with put-downs.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I discussed the issue calmly.</td>
<td>He discussed the issue calmly.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>I kissed him when he didn’t want me to.</td>
<td>He kissed me when I didn’t want him to.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>I said things to his friends about him to turn them against him.</td>
<td>He said things to my friends about me to turn them against me.</td>
<td></td>
</tr>
</tbody>
</table>

**During a conflict or argument with my boyfriend in the past year:**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>I ridiculed or made fun of him in front of others.</td>
<td>He ridiculed or made fun of me in front of others.</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>I told him how upset I was.</td>
<td>He told me how upset he was.</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>I kept track of who he was with and where he was.</td>
<td>He kept track of who I was with and where I was.</td>
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<td>24.</td>
<td>I blamed him for the problem.</td>
<td>He blamed me for the problem.</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>I kicked, hit or punched him.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

He kicked, hit or punched me.

### During a conflict or argument with my boyfriend in the past year:

<table>
<thead>
<tr>
<th></th>
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</tr>
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<td>26.</td>
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<td></td>
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<tr>
<td>34.</td>
<td>I pushed, shoved, or shook him.</td>
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<td>I spread rumors about him.</td>
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</table>

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APPENDIX I

Participation Log Phase I and Phase II
## PARTICIPATION LOG: PHASE 1 AND 2

### PARTICIPATION DATA LOG

<table>
<thead>
<tr>
<th>September</th>
<th>New teens in program</th>
<th>MF</th>
<th>Complete CADRI (Phase 1)</th>
<th>Reason for refusal</th>
<th>Meet study criteria for Phase 2</th>
<th>Enroll in mentoring (Phase 2)</th>
<th>Reason for refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AW</td>
<td>F</td>
<td>yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>JC</td>
<td>M</td>
<td>no</td>
<td>“Just not interested”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TL</td>
<td>F</td>
<td>yes</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MN</td>
<td>M</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>“too much time”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>October</th>
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<th>November</th>
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<table>
<thead>
<tr>
<th>December</th>
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</table>

*Fabricated examples*
APPENDIX J

Phase II Script
TO PARENT: Researchers at Kent State University and the Battered Women’s Shelter are conducting a research project to better understand the conflicts teens experience in their dating relationships and how they handle these conflicts. For this phase of the study, we would like to see if teens find it helpful to meet and discuss their dating relationships with a mentor who is a senior nursing student at Kent State University. The dating relationships may be serious or casual and may occur in groups or pairs. Teens who are thinking about dating soon may also participate. Teens would be asked to meet with a mentor for four sessions – either at the Crisis Center (shelter) or at the Community Outreach Center. The mentor will be the same sex as your teen. Your teen would be paid $20 for each session. If s/he travels to the Community Outreach Center for a session, s/he will be paid an additional $5 for travel. Your teen would also be asked to fill out a questionnaire about relationships on two occasions. After each session your teen will be asked to fill out a brief evaluation form about the session. Would you agree to let your teen participate?

TO TEEN: Researchers at Kent State University and the Battered Women’s Shelter are conducting a research project to better understand the conflicts teens experience in their dating relationships and how they handle these conflicts. For this phase of the study, we would like to see if teens find it helpful to meet and discuss their dating relationships - or other relationships of importance to them - with a mentor who is a senior nursing student at Kent State University. The dating relationships may be serious or casual and may occur in groups or pairs. Teens who are thinking about dating soon may also participate. If you
are interested in the study, you would be asked to meet with a mentor for four sessions – either at the Crisis Center (shelter) or at the Community Outreach Center. The mentor would be the same sex as you are. You would be paid $20 for each session. If you travel to the Community Outreach Center for a session, you will be paid an additional $5 for travel.

You would also be asked to fill out a questionnaire about relationships on two occasions and after each session you would be asked to fill out a brief evaluation form about the session. Would you be interested in participating?

Participants’ initials: __________
Agreed to participate: ___
Consents signed: ____
Contact Claire/Donna to assign a mentor: _____
Declined to participate: ___
Reasons given
__________________________________________________

*If yes, have parent and teen complete consent forms and contact Claire/Donna to assign mentor.*
APPENDIX K

Phase II: Parent Consent Form
Conflict in Teen Dating Relationships: Phase 2

CONSENT FORM (PARENT)

Nurse researchers and the staff at the Battered Women's Shelter are conducting a research project to better understand the conflicts teens experience in their dating relationships and how they handle those conflicts. We hope that the findings of this research project will help professionals who work with teens better understand their dating experiences. For this phase of the study, we would like to see if teens find it helpful to meet and discuss their dating relationships with a senior nursing student – who will be referred to as a mentor. We would like to invite your teen to take part in the study. To be eligible, your teen must have begun to date – although the dating may be casual or serious and may occur in pairs or in groups. Teens who think they may begin dating soon are also eligible to participate.

If you decide to do this, your teen will be asked to meet on four occasions with his/her mentor – the senior nursing student from Kent State University. The mentor will be the same sex as your teen. If your teen is at a Crisis Center (shelter), the meeting will take place there. If s/he is not at a shelter, s/he will meet with the mentor at the Community Outreach Center of the Battered Women's Shelter. The mentor will use a counseling approach called motivational interviewing, which means that s/he will ask your teen to pick a dating issue that s/he would like to discuss. The mentor will encourage your teen to share his/her thoughts and feelings about the issue and to think about any changes s/he would like to make. The mentor will not give advice or tell your teen what to do. The sessions will be audiotaped and reviewed by the researchers who are experienced mental
health clinicians. Each session should take between one-half and one hour.

In addition, at the beginning of session 1 and at the end of session 4, the student nurse will ask your teen to complete an instrument called The Interpersonal Competence Questionnaire. This questionnaire asks about things such as how one supports one’s friends, how one manages conflicts, and how one gets one’s needs met in relationships. At the end of each session, your teen will be asked to complete a short form that asks you how satisfied s/he was with the session, how much time was spent talking about dating issues, how easy it was to talk to the mentor, and how much support your teen felt s/he received from the mentor.

The benefit to your teen would be the opportunity to share his/her experiences with dating with a mentor. However, talking about dating issues and answering some of the questions might be upsetting to teens. If so, s/he may discuss his/her feelings with the mentor or with a staff member at the Battered Women’s Shelter. If your teen is living in the community rather than at the shelter when the sessions occur, and feels upset by a session, s/he may call the BWS crisis hotline at 888-395-4357.

Taking part in this project is entirely up to you and your teen and your teen may stop at any time. Information s/he provides during the sessions or when answering the questionnaire will be kept confidential unless s/he reveals that s/he is in danger of being hurt or might hurt someone else. In addition, if your teen reveals that the family has illegal drugs or weapons in the shelter, the mentor will need to share that information with BWS staff. Only the researchers at Kent State University will hear the session tapes and know your teen’s answers to the questionnaires. The researchers, experienced mental health clinicians, will work with the mentors each week to make sure they are conducting the meetings in ways that are helpful. Your teen will be paid $20 for each session. If s/he travels to the Community Outreach Center, s/he will be paid $5 for travel.
If you have any questions about this research, please contact Ms. Terri Heckman, or Dr. Donna Martsolf at 330-672-8822. The project has been approved by Kent State University.

If you have questions about Kent State University’s rules for research, please call Dr. Sonia Alemagno, Interim Vice President for Research, telephone 1-330-672-0700.

Consent

I agree to have my child take part in this project. I know what h/she will be asked to do and that s/he can stop at any time.

__________________________       _____________________
Parent’s Signature                              Date
APPENDIX L

Phase II: Parent Consent for Audiotape
DIGITAL AUDIORECORDING CONSENT FORM (PARENT)

I agree to the digital audio recording of my child’s sessions at ______ on ____________.

The digital audio recording will be for supervisory purposes. I understand that researchers at Kent State University will listen to the tape of this session to ensure the mentoring is following appropriate guidelines.

Date ___________                            Signature   __________________________

(Optional). The researchers may transcribe the tapes of the sessions and use them for research to better understand the conflicts adolescents experience in dating relationships. Any information that identifies my child will be removed from the transcripts. Once the tapes are transcribed and checked, they will be erased.

Date ___________                            Signature   __________________________

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APPENDIX M

Phase II: Adolescent Consent Form
Conflict in Teen Dating Relationships: Phase 2
CONSENT FORM (ADOLESCENTS)

Nurse researchers and the staff at the Battered Women's Shelter are conducting a research project to better understand the conflicts teens experience in their dating relationships and how they handle those conflicts. We hope that the findings of this research project will help professionals who work with teens better understand their dating experiences. To be eligible, you must have begun to date – although we mean a lot of things by “dating.” You may be going out with someone causally or seriously. You may be going out alone with another person or you may be going out with groups of teens. You may just be thinking about dating soon. For this phase of the study, we would like to see if teens find it helpful to meet and discuss their dating relationships with a nursing student. This person will be called a mentor as they will be a little older than you – but not too much older! We would like to invite you to take part in the study.

If you decide to do this, you will be asked to meet on four occasions with your mentor – the senior nursing student from Kent State University. The mentor will be the same sex as you are. If you are at a Crisis Center (shelter), the meeting will take place there. If you are not at a shelter, you will meet at the Community Outreach Center of the Battered Women's Shelter (BWS). The mentor will use a counseling approach called motivational interviewing, which means that he/she will ask you to pick a dating issue you would like to discuss and will encourage you to share your thoughts and feelings about the issue and to think about any changes you would like to make. He/she will not give you advice or tell you what to do. The sessions will be audiotaped so the researchers will know
how the sessions went. Each session should take between one-half and one hour.

In addition, at the beginning of session 1 and at the end of session 4, the student nurse will ask you to complete an instrument called The Interpersonal Competence Questionnaire. This questionnaire asks about things such as how you support your friends, how you manage conflicts, and how you get your needs met in relationships. At the end of each session, you will be asked to complete a short form that asks you how satisfied you were with the session, how much time you spent talking about dating issues, how easy it was talking to the mentor, and how much support you felt you received from him or her.

The benefit to you would be the opportunity to share your experiences with dating with a mentor. However, talking about dating issues and answering some of the questions might be upsetting to you. If so, please discuss this with your mentor or with a staff member at the Battered Women's Shelter. If you are at home or somewhere else in the community and you feel upset, you may still call the staff at BWS crisis line at 888-395-4357.

Taking part in this project is entirely up to you and you may stop at any time you wish. Information you provide during the sessions or when answering the questionnaire will not be shared with anyone outside the research project unless you reveal that you are in danger of being hurt or might hurt someone else. In addition, if you reveal that your family has illegal drugs or weapons in the shelter, the mentor will need to share that information with BWS staff. Only the researchers at Kent State University will hear the session tapes and know your answers to the questionnaires. The researchers, experienced mental health clinicians, will work with the mentors each week to make sure they are conducting the meetings in ways that are helpful. You will be paid $20 for each session. If you travel to the Community Outreach Center, you will be paid an additional $5 for travel.

If you have any questions about this research, please contact Ms. Terri Heckman, Executive Director of BWS, or call Dr. Claire Draucker at 330-672-8805 or Dr. Donna
Martsolf at 330-672-8822. The project has been approved by Kent State University. If you have questions about Kent State University’s rules for research, please call Dr. Sonia Alemagno, Interim Vice President for Research, telephone 1-330-672-0700.

Consent
I agree to take part in this project. I know what I will be asked to do and that I can stop at any time.

__________________________       _____________________
Participant's Signature                       Date
APPENDIX N

Phase II: Adolescent Consent for Audiotape
Participant # _____

Conflict in Teen Dating Relationships: Phase 2

DIGITAL AUDIORECORDING CONSENT FORM (ADOLESCENTS)

I agree to the digital audio recording of my sessions at _____________ on ______________.

The digital audio recording will be for supervisory purposes. I understand that researchers at Kent State University will listen to the tape of this session to ensure the sessions are being conducted well.

Date ___________                            Signature   __________________________

_______________________________________________________________________

(Optional). The researchers may transcribe the tapes of the sessions and use them for research to better understand the conflicts adolescents experience in dating relationships. Any information that identifies me will be removed from the transcripts. Once the tapes are transcribed and checked, they will be erased.

Date ___________                            Signature   __________________________
APPENDIX O

Phase II: Mentor Session Log
<table>
<thead>
<tr>
<th>Teen</th>
<th>Session 1 Date/Time Scheduled</th>
<th>Attendance</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: AW</td>
<td>9/13/10 Shelter X 3:30 pm</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9/20/10 Shelter X 3:45 pm</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9/27/10 Crisis Center 4:00 pm</td>
<td>No</td>
<td>“couldn’t get there”</td>
</tr>
<tr>
<td></td>
<td>10/04/10 Crisis Center 4:00 pm</td>
<td>Yes</td>
<td></td>
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APPENDIX P

Phase II: Adolescent Interpersonal Competence Questionnaire (AICQ)
ICQ – R

**Instruction:** Circle the number which best describes you. See bottom of page for what each number means.

1. How good are you at asking someone new to do things together, like go to a ball game or a movie?  
   1  2  3  4  5

2. How good are you at making someone feel better when they are unhappy or sad?  
   1  2  3  4  5

3. How good are you at getting people to go along with what you want?  
   1  2  3  4  5

4. How good are you at telling people private things about yourself?  
   1  2  3  4  5

5. How good are you at resolving disagreements in ways that make things better instead of worse?  
   1  2  3  4  5

6. How good are you at going out of your way to start up new relationships?  
   1  2  3  4  5

7. How good are you at being able to make others feel like their problems are understood?  
   1  2  3  4  5

8. How good are you at taking charge?  
   1  2  3  4  5

9. How good are you at letting someone see your sensitive side?  
   1  2  3  4  5

10. How good are you at dealing with disagreements in ways that make both people happy in the long run?  
    1  2  3  4  5

11. How good are you at carrying on conversations with new people that you would like to know better?  
    1  2  3  4  5

12. How good are you at helping people work through their thoughts and feelings about important decisions?  
    1  2  3  4  5

13. How good are you at sticking up for yourself?  
    1  2  3  4  5

14. How good are you at telling someone embarrassing things about yourself?  
    1  2  3  4  5
1 = Poor at this; would be so uncomfortable and unable to handle this situation that it would be avoided if possible.
2 = Fair at this; would feel uncomfortable and would have some difficulty handling this situation.
3 = O.K. at this; would feel somewhat uncomfortable and have a little difficulty handling this situation.
4 = Good at this; would feel comfortable and could handle this situation well.
5 = EXREMELY good at this; would feel very comfortable and could handle this situation very well

15. How good are you at resolving disagreements in ways so neither person feels hurt or resentful? 1 2 3 4 5
16. How good are you at introducing yourself to people for the first time? 1 2 3 4 5
17. How good are you at helping people handle pressure or upsetting events? 1 2 3 4 5
18. How good are you at getting someone to agree with your point of view? 1 2 3 4 5
19. How good are you at opening up and letting someone get to know everything about you? 1 2 3 4 5
20. How good are you at dealing with disagreements in ways so that one person does not always come out the loser? 1 2 3 4 5
21. How good are you at calling new people on the phone to set up a time to get together to do things? 1 2 3 4 5
22. How good are you at showing that you really care when someone talks about problems? 1 2 3 4 5
23. How good are you at deciding what should be done? 1 2 3 4 5
24. How good are you at sharing personal thoughts and feelings with others? 1 2 3 4 5
25. How good are you at dealing with disagreements in ways that don’t lead to big arguments? 1 2 3 4 5
26. How good are you at going places where there a unfamiliar people in order to get to know new people? 1 2 3 4 5
27. How good are you at helping others understand your problems better? 1 2 3 4 5
28. How good are you at voicing your desires and opinions? 1 2 3 4 5
29. How good are you at telling someone things that you do not want everyone to know? 1 2 3 4 5
30. How good are you at getting over disagreements quickly? 1 2 3 4 5

1 = Poor at this; would be so uncomfortable and unable to handle this situation that it would be avoided if possible.
2 = Fair at this; would feel uncomfortable and would have some difficulty handling this situation.
3 = O.K. at this; would feel somewhat uncomfortable and have a little difficulty handling this situation.
4 = Good at this; would feel comfortable and could handle this situation well.
5 = EXREMELY good at this; would feel very comfortable and could handle this situation very well.

31. How good are you at making good first impressions when getting to know new people? 1 2 3 4 5
32. How good are you at giving suggestions and advice in ways that are received well by others? 1 2 3 4 5
33. How good are you at getting your own way with others? 1 2 3 4 5
34. How good are you at telling someone your true feelings about other people? 1 2 3 4 5
35. How good are you at controlling your temper when having a conflict with someone? 1 2 3 4 5
36. How good are you at being an interesting and fun person to be with when first getting to know people? 1 2 3 4 5
37. How good are you at listening while others “let off steam” about problems they are going through? 1 2 3 4 5
38. How good are you at making decisions about where to go or what to do? 1 2 3 4 5
39. How good are you at telling someone what you personally think about important issues? 1 2 3 4 5
40. How good are you at backing down in a disagreement once it becomes clear that you are wrong? 1 2 3 4 5
Participant # _____

1 = **Poor at this;** would be so uncomfortable and unable to handle this situation that it would be avoided if possible.

2 = **Fair at this;** would feel uncomfortable and would have some difficulty handling this situation.

3 = **O.K. at this;** would feel somewhat uncomfortable and have a little difficulty handling this situation.

4 = **Good at this;** would feel comfortable and could handle this situation very well.

5 = **EXREMELY good at this;** would feel very comfortable and could handle this situation very well.
APPENDIX Q

Phase II: Adolescent Session Evaluation
SESSION EVALUATION: PHASE 2

Your initials  
Date of session  
Number session (1, 2, 3, or 4)  
Place of session  

Please put a check in the box that reflects how accurately each statement reflects how you felt about the session. If you wish, put a comment explaining your answer.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very True</th>
<th>Somewhat True</th>
<th>Neither True nor False</th>
<th>Somewhat False</th>
<th>Very False</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>I was satisfied with this session</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>We spent much of the session talking about dating</td>
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<tr>
<td>It was easy to talk to my mentor</td>
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<tr>
<td>I felt supported by my mentor</td>
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APPENDIX R

First Pass Rating Scale for Motivational Interviewing
# First Pass Ratings

## Global Therapist Rating Scales (Overall Session)

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<thead>
<tr>
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<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
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<td><strong>Acceptance</strong></td>
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<td><strong>Egalitarianism</strong></td>
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<td><strong>Warmth</strong></td>
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<td><strong>Spirit</strong></td>
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## Global Client Rating Scales (High Point)

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## Global Interaction Rating Scales (Overall Session)

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<td><strong>Benefit</strong></td>
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