A Review of Literature on
African American Adolescents Girls and Nonresidential Fathers:
How Parental Involvement and Attachment Affects Romantic Relationships & Sexuality,
Self Esteem and Other Relevant Factors

A graduate project submitted in partial fulfillment of the requirements
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Dedication

I dedicate this project to my mother, for making all the sacrifices that comes with raising two African American adolescents in a single parent household.
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Abstract

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Single parent households are a common part of the African American culture. African American children are 11 times more likely than White children to be raised in a single parent household. Adolescence is a difficult time, with the average adolescent learning how to navigate through changes to their physical development, emotional development, relational development and identify development. African American adolescent girls have additional challenges, such as self-esteem and sexuality, which they have to navigate as well. A mentorship program designed specifically to address the needs of this population can serve as a vital support system for the African American adolescent girl living with a nonresidential father.
CHAPTER ONE:
INTRODUCTION

African American children are 11 times more likely than White children to live in a single parent household and to be born out of wedlock (Sanders, 1996; as cited in Thomas et al., 2008). According to the 2002 U.S. Bureau of the Census, a majority of African American children under the age of 18 are the child of a nonresidential father (Thomas, Krampe, & Newton, 2008). The 2014 U.S. Bureau of the Census reported that 8,539 females under the age of 18 currently live in a single parent mother headed household, and of those females many of them are African American. Fathers may be nonresidential for many reasons, ranging from economic challenges or proximity challenges to the mother limiting the father-child interaction (Thomas et al., 2008). A healthy father-daughter relationship is associated with a healthy psychological well-being, among other positive factors, for the adolescent (Williams & Kelly, 2005), while father absence is associated with many risk factors such as premature sexual onset (Ohalete, 2007).

This focus of this paper is African American adolescent girls living with a nonresidential father. Particular attention will be paid to those African American girls being raised in a mother headed household and the effects of parental involvement and attachment on the African American adolescent girl. General adolescent development, including the topics of physical development, emotional development, relational development, and identity development will be discussed. Additionally, family systems, attachment, adolescent romantic relationships, self-esteem, and mentorship programs will be reviewed. This project will provide information on the aforementioned topics, address
protective and risk factors of having a nonresidential father, and offer evidence for a mentorship program developed with a culturally sensitive perspective with trained mentors can serve as a protective factor for an African American adolescent girl.

**Statement of Need**

Fathers, both residential and nonresidential, play a vital role in the African American adolescent girls’ development (Thomas et al., 2008). A father’s absence can have severely negative effects on the African American adolescent girl such as social problems, lower academic achievement, and delinquent behaviors (Ohalete, 2007). Nonresidential fathers tend to have less involvement in the lives of their children, resulting in children feeling less securely attached to their father, when compared to residential fathers (Williams & Kelly, 2005). Involvement and attachment are two distinctive concepts, however, some father-daughter interaction is essential for the daughter to cultivate a secure attachment to her father (William & Kelly, 2005). Healthy father-daughter relationships result in a healthier overall well-being, positively affects self-esteem, increases greater academic achievement, and decreases challenges such as depression, risky health behavior, and other defiant behaviors (Cooper, 2009; Thomas et al., 2008).

Parents, especially fathers, must be present in their adolescent daughter’s life offering their daughter proper education about sexuality and self-esteem, and allowing some autonomy throughout her decision making process. Parental monitoring is a great asset during this stage of the adolescent’s development (Ohalete, 2007). Additionally, an adolescent involved in extracurricular activities may lead to the deferral of sexual activity and preservation of high self-esteem (Smith, 1997). When parent are not as available as
they would like to be, programs with peer leaders who demonstrate a range of social skills and provide adolescents with opportunities to improve their communication skills are affective for delaying an African American adolescent girl’s risk behaviors (Smith, 1997). Moreover, self-worth is most vulnerable during adolescences, and it is vital for parents to guide their adolescent daughter through these challenges (Cooper, 2009). A supportive father combined with a healthy father-daughter attachment tends to lead to an adolescent girl having higher self-esteem (Cooper, 2009). African American adolescent girls who feel apprehension in their attachment to their father tend to have lower self-esteem when compared to securely attached adolescent girls (Arbona & Power, 2003). Therefore, father presence and involvement, along with a secure father-daughter attachment, is vital to the African American adolescent girl’s overall psychological wellbeing, her sexuality and her self-esteem.

However, as stated earlier, many African American fathers may be nonresidential or absent for many different reasons. Due to the lack of support an African American adolescent girl may have, African American youth tend benefit from intervention programs like mentorship programs, as these programs offer the youth another source of support for navigating through their daily challenges (Holcomb-McCoy, 2004). Kinship networks, which will be discussed in further detail later, have been a long standing strength of the African American family, and adding a mentor to the African American adolescent girl’s kinship network can provide the youth with more resources to serve as protective factors (Eby, Allen, Evans, Ng, & DuBois, 2008; Hines & Boyd-Franklin, 2005).
When compared to African American adolescent girls who are not involved in a mentorship program, mentored African American adolescents girls tend to display a greater sense of resiliency and a healthier self-image (Corneille, Ashcraft, & Belgrave, 2005). Positive behavior outcomes, positive attitude outcomes, and positive relational outcomes are some benefits that are associated with mentorship programs (Eby et al., 2008). However, the majority of mentoring programs are designed based on white, middle class male norms, and ignoring the unique cultural considerations for African American girls; which makes the many mentorship programs significantly less affective (Lindsay-Dennis et al., 2008; Thomas, Davidson, & McAdoo, 2008).

**Purpose of Graduate Project**

The purpose of this project is to a training curriculum guidebook for a culturally based mentorship program to serve African American adolescent girls living in single parent mother headed households. In addition, this curriculum will to provide mentors with sufficient training in order to be affective mentors. The program will provide psychoeducation on adolescent development in the areas of physical development, emotional development, relational development, identity development, ethnic identity development, sexuality and romantic relationships, and self-esteem. Along with the psychoeducation, interventions and other activities for the mentors in training have been specifically created for each topic. Additionally, brief psychoeducation about safety concerns pertaining to child abuse, suicidality, self-harm, teenage pregnancy, and substance usage will be provided to the mentors. This program was designed to address the major protective and risk factors of sexuality and self-esteem that are associated with
father absence, and to provide the mentor and mentee the tools in order to continue to raise their level of awareness and insight once the program has concluded.

**Terminology**

**Adolescence** – “time when individuals begin to explore and examine psychological characteristics of the self in order to discover who they really are, and how they fit in the social world in which they live” (Steinberg & Morris, 2001, pp. 91) For the purpose of this review of literature, “adolescent” will refer to any person between the ages of their onset of puberty to 19 years old.

**Psychological Well Being** – “some combination of positive affective states such as happiness and functioning with optimal effectiveness in individual and social life” (Winefield, Gill, Taylor & Pilkington, 2012, p. 2)

**Ethnicity** – “a distinct category of a population in a larger society whose culture is usually different from that of the larger society” (Wilkinson, p.2)

**Race** – “a major subdivision of mankind, regarded as having a common origin, and is made up of individuals who have a relatively constant combination of physical traits that are handed on from parents to children” (Wilkinson, p. 4, 1986)

**Residential Father** – a father who does reside in the same household as their 18 year old, or younger, child (Hammond, Caldwell, Brooks, & Bell, 2011)

**Non Residential Father** – a father who does not reside in the same household as their 18 year old, or younger, child (Hammond, et al., 2011).

**Mentor** – a non-parental adult who develops a supportive relationship with a youth (Hurd, Sanchez, Zimmerman & Caldwell, 2012)
Transition to Next Chapter

The first chapter of this project summarized the findings from the review of literature. It addresses some statistics in regards to African American adolescent girls living in single parent mother headed households, summarized the effects of father presence for an African American adolescent girl’s sexual onset and self-esteem, along with a summary of the benefits of a culturally specific mentorship program. Additionally, the purpose of this project was discussed, stating briefly how the guidebook for the mentorship program curriculum was designed. Key terms used throughout the review of literature have also been defined in chapter one.

In the next chapter, chapter two, the review of literature is explored in detail. This literature begins with talking broadly about adolescent development, addressing the areas of physical development, emotional development, relational development, and identity development. Next, the following topics are discussed in detail; ethnic identity development, European and African American family systems, African American parent-child attachment, African American father-daughter relationships, romantic relationships during adolescence, self-esteem during adolescence, and finally mentorship programs for African American Adolescent girls.
CHAPTER TWO:

REVIEW OF THE LITERATURE

The purpose of this literature review is to explore research on African American adolescent girls growing up with nonresidential fathers and how parental involvement and attachment affects the adolescent girl’s romantic relationships and self-esteem and other relevant factors. Based on the literature that has been reviewed, a mentorship program for African American adolescent girls living in a single parent mother headed household would be beneficial for the aforementioned population. The critical issues that will be discussed throughout this literature review are as follows: an overview of adolescent development including physical development, emotional development, relational development, and identity development; ethnic identity development and the effects of colorism on the ethnic identity; European Americans and the family life cycle; African Americans families and family structure; African American parent-child attachment including a brief overview of attachment theory and father-daughter attachment; African American fathers and their daughters, romantic relationships during adolescence, self-esteem during adolescence; and finally a review of mentorship programs for African American adolescent girls.

Adolescent Development

According to Erikson (1968), adolescence is a time when the youngster is searching for a new sense of continuity, while still dealing with the challenges of their childhood years so that they can secure a final identity. Adolescents need to learn to navigate the challenges that arise during the integration of their foregoing childhood identity with their new developing identity (Erikson, 1968).
Adolescence marks a point in time where a person is evolving from a child into an adult. Adolescents learn the roles and responsibility of an adult, but also figure out how to navigate between no longer being a child, but without all of the responsibilities of an adult just yet. During this phase, adolescents will experience many changes, including but not limited to physical, emotional, and relational. Throughout this period of rapid development, it is imperative that parents learn how to establish new boundaries, in order for their child to learn and gain a greater sense of autonomy. Parents will need to learn how to promote trust and open communication between themselves and their adolescent, as adolescents who do not have a healthy relationship with their parents are at greater risk for problematic behaviors (Walsh, 2012). Open communication between parent and teenager is especially important because it is in this transitional period that the developing youth does more self-reflection and has increased interest in romantic relationships (Longmore, Manning, Giordano, & Rudolph, 2004). This review of literature will explore the critical tasks including the adolescent’s physical development, emotional development, relational development, and identity development.

**Physical development.** Puberty is often considered an indicator that one is transitioning out of their childhood and into adolescence. Puberty usually includes rapid changes to height, weight, and secondary sex characteristics (Christie & Viner, 2005). Boys in early puberty, beginning at approximately 12 years old, will experience growth to their testicles and genitals. An increase to his testicular volume is a boy’s earliest signal that he is starting puberty. During the middle phase of a young male’s puberty, at approximately 14 years old, he will develop sperm in his testicles, which is also referred to as spermarche (Christie & Viner, 2005. Additionally, there will be changes in his
voice, such as voice breaks, and his growth spurt will start. The ending phase of puberty will take place roughly around 15 years old. In this phase, the young man will see an increase in muscle bulk and body hair. About 2% of boys will still be pre-pubertal by the age of 14, and if the adolescent has not shown any signs of puberty by the age of 15 he should be taken to a pediatric endocrinologist (Christie & Viner, 2005).

Girls appear to enter puberty before boys, with a mean onset age of 11 to 12 years old for girls and 14 years old for boys (Christie & Viner, 2005). Breast buds and pubic hairs are the earliest indicator that a girl is transitioning into puberty, moreover, this is the time that girls generally start their growth spurts. The first menstrual cycle, also known as menarche, signifies that the youngster has officially entered into puberty (Christie & Viner, 2005). On average, white girls will have their menarche around 13 years old and Black girls will have theirs at 12.5 years old. Additionally, girls at this age will notice fat deposition leading to development of female body shape (Christie & Viner, 2005). This time is critical to the young woman’s perceived body image, as puberty tends to be a threat to girl’s body satisfaction (O’Dea & Abraham, 1999). Furthermore, girls that perceive themselves to be overweight prior to the onset of puberty have a tendency to report higher body dissatisfaction (Ackard & Peterson, 2001). Yuan (2012) suggested that physical development is correlated with a girl’s psychological well-being due to physical changes often leading to increased fat deposits, including a growth in breast size. Perceived greater breast development can be a potential risk factor for body dissatisfaction due to the increase in weight and body mass that leads to breast size.

Sexual activity and romantic feelings tend to become more salient by early to mid-adolescence (Benson & Miller, 1999). In fact, the feeling of being in love is the most
dominate association between puberty and emotional experience. During adolescence, normal sexual development generally consist of couples embracing and kissing first, then moving to clothed fondling, then unclothed fondling and finally sexual intercourse (Benson & Miller, 1999). White adolescents generally follow the aforementioned order of heterosexual sexual development, whereas Black adolescents tend to engage in sexual intercourse before the unclothed fondling of male or female sex organs (Benson & Miller, 1999). However, while this sexual development is normal for adolescents, and mutual and consensual, coercion during this developmental phase in not normal behavior. Coercive sexual experience can severely affect the adolescent’s sexual development and their later life romantic relationships (Benson & Miller, 1999). Females who are forced into having sex at a younger age are more susceptible to high risk behaviors such as; younger age of first voluntary sexual intercourse, lower contraception usage, more sexual activity, more sexual partners, and higher usage of drugs and alcohol. Additionally, these adolescents are more likely to become pregnant, contract sexually transmitted infections, or deal with mental health problems (Benson & Miller, 1999).

**Emotional development.** Hay and Ashman (2003) define emotional stability as an individual’s ability to stay calm and refrain from anxiousness and/or depression. In their 2003 study, Hay and Ashman suggested that parental relationships were more imperative to the emotional stability of adolescent males than to females. Conversely, across males and females, peer relationships had a greater effect on the development of emotional stability of adolescents than did parental relationships. General self-concept, which refers to an adolescents’ confidence and self-worth, and emotional stability seemed to be positively correlated and reciprocal (Hay & Ashman, 2003).
Emotional intelligence and emotional stability can be difficult at any age, however, during adolescence this may be especially tough to navigate in conjunction with the many physical changes the adolescent is experiencing. Emotional intelligence (EI) is generally defined as “the ability to perceive, understand and manage one’s emotions” (Ciarrochi, Chan, & Bajgar, 2000, p. 1105). Ciarrochi et al. (2000) found that adolescents are able to discuss their own levels of EI, and went on to explore how social support and biological sex, amongst other areas, affects the adolescent. Acquiring the skill of emotion management is influenced by high self-esteem and low trait anxiety, which is often correlated with parental warmth and support. Therefore the researchers suggested that a supportive home environment may produce adolescents that are able to regulate the emotions of themselves and others. Additionally, girls reported being better than boys at managing other’s emotions while boys are better than girls at managing their own emotions (Ciarrochi et al, 2000).

**Relational development.** It is a widespread thought that teenagers are rebellious and alienate themselves from their parents and reject adult values and beliefs (Smetana, Campione-Barr, & Metzger, 2006). However, there is research to show that while conflict and disagreement over every day issues are common in the parent-adolescent relationship, extreme rebellion and alienation is fairly rare (Smetana et al., 2006). In fact, those teenagers that are markedly rebellious or alienating usually had emotional turmoil prior to adolescences (as cited in Smetana et al., 2006). During adolescence, the youngster has to learn how to become more autonomous and build social relationships and when the adolescent has a secure attachment with their parents, they are more likely to achieve autonomy and build healthy peer relationships (Engels, Finkenauer, Meeus, &
Deković, 2001; Smetana et al., 2006). Another important familial relationship that the adolescent establishes is one with their sibling(s). These relationships also provide companionship, affection, and intimacy. Better sibling relationships often time leads to healthier adjustment during adolescence (Smetana et al., 2006).

The teenager’s relationship with their parent is most influential regarding long term issues such as developing personal values and career choice, whereas peers have the most influence over appearance, style of clothing, and other matters of adolescent culture (Smetana et al., 2006). According to Brown (2004), there are three levels of adolescent peer relationships; dyadic, cliques, and crowd. Dyadic relationships refer to one-on-one friendships and romantic relationships. Small groups, usually six to twelve peers, are considered to be cliques. Clique members generally are the same age, ethnicity, biological sex (more frequently seen in earlier adolescence), and from similar socioeconomic backgrounds. Crowds are mostly seen in middle adolescence, and generally consist of teenagers with shared reputations, such as the high school athletes or the perceived “nerds”. These youngsters may not necessarily spend time together, however which crowd one belongs to does offer a framework for identity development (Brown, 2004).

Identity development. Personal identity development is a major developmental task of adolescence. Researchers Marcia, Waterman, Matteson, Archer, and Orlofsky (1993) suggest there are four identity statuses that late adolescents will experience while making identity defining decisions about themselves professionally, philosophically, and sexually. The four statuses are as follows; diffusion, foreclosure, moratorium, and last identity achievement. The process of identity development may begin with diffusion; in
this stage the adolescent has yet to make any commitment to their identity, despite whether or not any exploration has taken place. It is also normal for some adolescents to start with foreclosure, which refers to having made commitments to their developmental process without any self-exploration; youngsters starting in foreclosure generally identify with central childhood figures (Kroger, Martinussen, & Marcia, 2010). This is followed by moratorium, when the adolescent actively explores and integrates their interest and talents with the professional and philosophical context available to them and possibly makes some ambiguous identity defining commitments. Once the adolescent has completed their exploration and makes definite commitments to their identity, they have reached identity achievement (Kroger, Martinussen, & Marcia, 2010).

As stated earlier, an adolescent’s peers can set the framework for identity development. The idea of social identity refers to “a socially derived psychological process reflecting knowledge of one’s group memberships and their associated value and emotional significance” (Tanti, Stukas, Halloran, & Foddy, 2011, pp. 555-556). The majority of research on adolescent identity development focuses on personal identity. However, there is evidence to support that important changes in social identity also take place during adolescence, and therefore more research should be done in this area (Tanti et al., 2011). When an adolescent has a strong social group identification, it tends to lead to a healthier identity formation, self-esteem, and appropriate coping skills (Tanti et al., 2011).

**Ethnic Identity Development**

Ethnicity refers to cultural features and is defined as “a distant category of a population in a larger society whose culture is usually different from that of the larger
society” (Wilkinson, p.2, 1986). Whereas race has a biological and cultural component and is defined as “a major subdivision of mankind, regarded as having a common origin, and is made up of individuals who have a relatively constant combination of physical traits that are handed on from parents to children” (Wilkinson, p. 4, 1986). The terms ethnicity and race are often used interchangeably, however, for the purposes of this literature review, only the term ethnicity will be used due to the intensive scrutiny that comes along with the social construct of the word “race” (Wilkinson, 1986).

Identity development is one hallmark of adolescent development, and overall fulfilment of identity development leads to a healthier psychological well-being (Yasui, Dorham, Dishion, 2004). However, for adolescents of color, they have another salient developmental task that White adolescents normally do not spend much time reflecting on; ethnic identity development (Tatum, 1997). Wakefield and Hudley (2007) have constructed the following definition of ethnic identity; “the sense of belonging that an adolescent feels toward an ethnic group as well as the significance and qualitative meaning that the adolescent assigns to that group membership” (p. 148). An adolescent whom has achieved a healthy ethnic identity has made a commitment to their ethnicity, has developed a clear understanding of their membership in said ethnic group, and possesses a working knowledge of their cultural background (Wakefield & Hudley, 2007). These adolescents develop positive coping skills which leads to being better suited to face racial discrimination when dealing with ethnically based adversities than their peers who do not achieve healthy ethnic identity (Wakefield & Hudley, 2007).

In specific regards to African American ethnic identity development, Cross (1991) has identified five stages of racial identity development; pre-encounter, encounter,
immersion/emersion, internalization, and internalization-commitment. During the pre-encounter stage, the youth has yet to examine their racial identity and no significance of ethnic group membership has been realized (Tatum, 1997). Usually occurring during late adolescence and early adulthood, a personal confrontation with racism is usually the precipitator that forces the adolescent to transition into stage two, the encounter stage, and reflect on personal impacts of racism and being targeted due to their ethnic group association (Tatum, 1997). In the third stage, immersion-emersion, there is an attempt to terminate the old identity, a non-Afrocentric identity, and simultaneously progress towards the new Afrocentric identity (Cross, 1991). The immersion phase usually entails a glorification of the African heritage due to the discovery of “Blackness” and a denigration of white people and culture. Conversely, emersion represents a more matured individual who is able to be more critical and cognitively open in their analysis of what it means to be Black (Cross, 1991). Stages four and five, internalization and internalization-commitment is a person who has achieved confidence in their own standards of blackness.

As stated earlier, adolescents who achieve a healthy ethnic identity generally demonstrate an overall healthier psychological well-being compared to their peers who do not develop their ethnic identity (Yasui et al., 2007). Those adolescents who reach ethnic identity achievement generally have a sense of belonging and positive feelings about their ethnic group membership, which is a protective factor for their psychological well-being (Yasui et al., 2007). In their 2007 study, Yasui et al. suggest that ethnic identity in African American adolescents were significantly and positively correlated to social adaptation and emotional adjustment. The researchers went on to suggest that
while ethnic identity achievement is a resiliency factor for African American youth, it was unrelated to psychological well-being for European American adolescents (Yasui et al., 2007). Not all adolescents feel the need to explore their ethnic identity or think about themselves in relation to racial terms (Tatum, 2007), however for African American adolescents, there is evidence to support the idea that achieving an ethnic identity and accepting their membership in a group, especially a group targeted with racism, is a strength.

**Colorism and ethnic identity.** Colorism is defined as “prejudice or discrimination based on the relative lightness or darkness of the skin. Generally a phenomenon occurring within one’s own ethnic group” (Berry & Duke, 2011, 3:52). Colorism is the idea that individuals with fairer or lighter skin are better than those of a darker complexion. The lighter skin an individual has, and the more European features they have, the closer they are to being white/European, dominant, and therefore superior, culture (Russell-Cole, Wilson, & Hall, 2013). This phenomenon can be found in many cultures, however, this literature review will be specifically focused on the Black/African American culture. This color complex dates back to the 1600s, due to the race mixing that occurred during slavery (Russell, Wilson, & Hall, 1992). Some race mixing was due to a mutually genuine love and affection, while the majority of other race mixing was due to rape. African female slaves who were raped by their slave masters was an all too common occurrence, with most enslaved girls molested at least once by a white male before the age of sixteen (Russell, Wilson, & Hall, 1992).

The term “mulattoes” was created in order to refer to a racially mixed person; these individuals were generally considered to be “proper acting”, meaning they were
generally wealthier and better educated than non-mixed Africans (Russell-Cole, Wilson, & Hall, 2013). Some mulattoes had light enough skin and fine-enough European features that they, in fact, “passed” for White and lived their lives as if they were White. Eventually, a social system evolved with Whites being on the top tier, mulattoes in the middle, and Blacks at the bottom (Russell-Cole, Wilson, & Hall, 2013). This social system was even apparent amongst slaves, with the lighter skinned slaves having higher statues on their plantations. Mulatto slaves were assigned to the coveted indoor tasks such as driver, seamstress, cook, and housekeeper while the darker skinned slaves were subject to the physically exhausting fieldwork (Russell-Cole, Wilson, & Hall, 2013). The issues that enslaved Africans on plantations hundreds of years ago still manifest during and influence ethnic identity development presently (Russell-Cole, Wilson, & Hall, 2013).

Personal identity formation is an already complex area for the typical adolescent to navigate, and ethnic identity development adds an additional multifaceted layer. Then, when skin color is taken into consideration, there are even more complex and unpredictable affects to the adolescent’s identity (Russell-Cole, Wilson, & Hall, 2013). When the minority adolescent is exploring their identity, they are working to establish a secure and comfortable personal identity, as well as learning to “negotiate societal constructions of race and skin color” (Russell-Cole, Wilson, & Hall, 2013, p. 77). By adolescence, Black children have learned that, generally speaking, light skin is feminine and dark skin is masculine. Darker skinned African American girls who endorse this idea tend to have a harder time during adolescence, since they subscribe to an ideal which they cannot fulfill (Russell-Cole, Wilson, & Hall, 2013). However, actually having darker skin is not the issue as much as feeling bad about their features. Therefore, adolescent females
whom are raised in positive Black identity affirming households and actively reject
colorism endorsed beauty standards tend to have higher self-esteem, do better in school, and are able to maintain their self-esteem when confronted with ridicule in regards to their darker complexion (Russell-Cole, Wilson, & Hall, 2013).

While lighter skin is perceived to be more feminine, darker skin is perceived to be more masculine, which can lead to distress in the lighter skin adolescent male (Russell-Cole, Wilson, & Hall, 2013). Light skinned males are often referred to as “pretty boys” and seen as more feminine by their male peers, leading to the need to prove their manliness. The light skinned male may try to over compensate for their lighter skin tone by amplifying “their masculinity, acting overly tough and streetwise” (Russell-Cole, Wilson, & Hall, 2013, p. 85). However, in regard to femininity and masculinity, skin color has nothing to do with either, and it is essential that young Black adolescents, especially males, be taught such (Russell-Cole, Wilson, & Hall, 2013).

**Family Systems: European American Families and the Family Life Cycle**

McGoldrick and Shibusaw (2012) define family as those individuals who share a history and a future together and encompass three or more generations bonded together by blood, law, and/or historical ties. These relationships are highly valued and irreplaceable, and new family members can only be initiated through birth, adoption, commitment, or marriage; moreover, a member can only leave the family through death (McGoldrick & Shibusaw, 2012). Before exploring family structure and family life cycles, a clear definition of a healthy family and a dysfunctional family is needed. The Experiential model of family therapy defines a healthy family as a family that collectively has a high self-worth, open and affective communication, flexible roles and
rules, is open to growth and change, and have playful interactions (Walsh, 2012). A dysfunctional family will display their symptoms through nonverbal messages and ineffective communication with old pains constantly revitalized (Walsh, 2012).

Families commonly go through family life cycles stages during different phases of family development. This family life cycle is only a simplified approximation of a complex process; each family will experience their own stressors that may cause them to deviate from this family life cycle model (McGoldrick & Shibusaw, 2012). During the young adulthood stage, the young adult separates from their family of origin in order to complete their individualization process without cutting off emotional family ties. Next the young adult typically couples with another young adult, bringing about the joining of families phase. This phase requires not only a change in two separate systems, but also the joining of the two different family systems resulting in the emergence of a new, third, family system (McGoldrick & Shibusaw, 2012).

According to McGoldrick and Shibusaw (2012), once the new system is created, the couple then transitions into a family with young children. In this stage, the young couple goes from a twosome to a threesome, forever making them a system. As the young children grow up, and the family moves into the families with adolescent’s stage. During this cycle, parents must learn to respond to their adolescent’s changing needs, while the adolescent must learn to navigate the transition into adult responsibilities (McGoldrick & Shibusaw, 2012). The next phase in the family life cycle is said to be the newest and longest; families at midlife which includes launching children and moving on. This stage requires the parents to reevaluate their roles now that constant parenting is no longer required, and to learn to accept the changes that come along with their child
transitioning into the young adult phase (McGoldrick & Shibusaw, 2012). During the family in later life phase, older adults are able to maintain close relationships with their families but may face challenges such as declining health, decline in financial stability, and dependence on other family members. While the presented model is a generalization of a typical family life cycle, other variables, such as divorce, childhood illnesses, unexpected deaths and many other circumstances can change a family’s life cycle progression (McGoldrick & Shibusaw, 2012).

**Family Systems: African American Families and Family Structure**

To understand the African American family, history about Africans in America must first be reviewed. The family structure of today’s African Americans can be traced back to Africa and the collectivistic trait of African tribes (Hines & Boyd-Franklin, 2005). Many tribes shared commonalities beyond biological bloodlines. Moreover, during the time of slavery, many families were forced to “abandon their native languages, names, occupations, mates, religions, food, and customs” (Hines & Boyd-Franklin, 2005, p. 88). Families were split up due to slave masters selling members of said families to different slaveholders on various plantations. Therefore, Africans in America have always had to use their kinship network, which is much broader than biological kin, as a resource. Kinship network refers to the extended family network, both biologically and by choice. This network has been a long standing strength of the African American family (Hines & Boyd-Franklin, 2005).

While the African American has kinship networks as a strength, a lack of willingness to be married may serve as a limitation to the African American family structure (Hines & Boyd-Franklin, 2005). Due to high rates of unemployment among
African American men, African American women and men have shied away from getting married, which has affected their ability to undertake the fundamental role of parenthood in their children’s lives (Hines & Boyd-Franklin, 2005). African American families tend to be matriarchal, with the women often looked to as the “strength of the family” (Hines & Boyd-Franklin, 2005, p.90). Moreover, professional African American women are usually forced to either marry a man with a lower status than her or remain single. Those women who do decided to marry often end up in a couple that eventually experiences distress in their relationship due to racism and “their own internalization of negative projections about each other” (Hines & Boyd-Franklin, 2005 p. 90).

In regards to biological family members, it is not uncommon to see the children formally adopted by a grandparent, with the grandmother oftentimes being central in the African American family, or other family members due to the parents lack of ability to provide a safe and stable environment for their child (Hines & Boyd-Franklin, 2005). Due to lack of economic resources, among other difficulties, children oftentimes find themselves being “parentified” whether this is by choice or by the parent encouraging their children to assume these parental responsibilities in order to assist in the home (Hines & Boyd-Franklin, 2005).

**African American Parent-Child Attachment**

**Attachment theory.** Historically, attachment has been understood as a pattern of feelings, behaviors, and thoughts which are a result of their caregiver’s ability or inability to meet an infant’s need for affection (Myrick, Green, & Crenshaw, 2014). What happens during the beginning of an infant’s life will go on to affect almost every aspect of the child’s life as they grow (Bowlby, 1973). According to an article written by Williams and
Kelly (2005), Ainsworth (1989) uses attachment theory to suggest that children will internalize their early parent-child relationship experiences, and go on to create an internal working model for their later life interpersonal relationships. The child goes on to use the model in order to form their beliefs about their own self-worth and expectations in regards to the receptiveness of others (Williams & Kelly, 2005).

Developmental psychologist, Mary Ainsworth, categorized attachment styles into three distinct patterns; secure attachment, avoidant attachment, and ambivalent attachment (Wallin, 2007). One of Ainsworth’s students, Mary Main, went on to discover disorganized attachment (Wallin, 2007). Secure attachment is categorized by the caregiver’s ability to be responsive to their infant’s signals and communication. Securely attached caregivers tend to be sensitive, accepting, cooperative, and emotionally available (Wallin, 2007). Moreover, upon being returned after a separation from their caregiver, a securely attached infant will feel reassured through physically reconnecting with their caregiver and are able to self-regulate and resume play (Wallin, 2007).

According to Wallin (2007), an infant’s avoidant attachment is a result of the caregiver’s rejected opportunities for connection, suppression of emotional communication, and aversion to physical contact or abruptness when touched. These infants do not display attachment behavior, and their seemingly lack of distress when faced with the separation and rejoining of their caregiver is often mistaken for calmness (Wallin, 2007). The avoidant infant has come to the assumption that their caregiver is unable to respond to their need for comfort and care, and therefore has, so to speak, given up on obtaining that nurture from their caregiver (Wallin, 2007).
Ambivalent attachment is characterized by the caregivers who tend to be infrequently available, discouraging of the infant’s autonomy and inept responsivity to their infant’s signals of need (Wallin, 2007). There are two types of ambivalent infants; angry and passive. Upon being separated from their caregivers, both types of ambivalent infants were unable to explore their surroundings due to their overwhelming distress and anxiety in regards to their caregiver’s location (Wallin, 2007). Once rejoined with their caregivers, the passive and angry ambivalent infant appeared to be neither relieved from their distress state, nor end their preoccupation with their caregiver’s whereabouts.

Wallin (2007) continues with attachment theory and disorganized attachment. Disorganized attachment occurs when the primary caregiver is simultaneously viewed as a source of security and danger for the infant. This transpires when the interactions between the caregiver and child are not only frightening for the child, but the child perceives that the caregiver is frightened as well (Wallin, 2007). The caregiver’s fear arises in response to the child and this in turn leads the caregiver to respond with physical withdrawal or retreating. Caregiver’s of the disorganized infant are often frightening, frightened or disconnected (Wallin, 2007).

Secure attachment in childhood leads to many long-term benefits (Goodsell & Meldrum, 2010). When an adolescent has a secure attachment to their primary caregiver, that adolescent has a secure base from which they can explore the world and has a secured sense of self in relation to others. It is these things that go on to become the foundation for their relationships with adults and peers (Pleck, 2007). Additionally, the adolescent’s exploration is more likely to be successful if they feel their caregiver is a readily available and responsive support system (Myrick et al., 2014). Conversely, those
adolescents with insecure attachment styles are more likely to fear creating meaningful peer relationships or feel vulnerable in these relationships. These adolescents may also fail to cultivate a sense of their own self-worth in the world around them (Myrick et al., 2014).

**Father-daughter attachment.** Since the mother has always been assumed to be the primary attachment figure, early renditions of attachment theory placed fathers in an ambiguous category within the family (Goodsell & Meldrum, 2010). However, it is now understood that not only do children attach differently and independently to their fathers, the effects of father-child attachment are different from those of mother-child attachment (Goodsell & Meldrum, 2010). A healthy father-teen relationship is associated with social competency, personal functioning, higher self-esteem, emotional adjustment, and healthier adolescent behavioral adjustment (Williams & Kelly, 2005).

While daughters may have a tendency to discuss intimate topics with their mothers, this does not mean they do not engage with their fathers; daughters and fathers simply engage differently than mothers and daughters (Way & Gillman, 2000). Daughters tend to enjoy activity-oriented relationships with their fathers; being involved in shared activities and interest are the ways girls tend to engage and feel close to their fathers (Way & Gillman, 2000). Additionally, unlike the mother-daughter interaction, fathers’ advice giving style and content tend to be predictive of adolescent’s social competence. Therefore, adolescents who feel more securely attached to their father may be more inclined to incorporate these coping skills into their own emotional and behavioral self-regulation (Williams & Kelly, 2005).
However, in a 2005 study conducted by Williams and Kelly, evidence supported that nonresidential fathers were less actively involved in comparison to residential fathers. The studies included 54 females and 62 males in grade levels sixth to eighth with 20.7% of participants being African American. Moreover, adolescents with nonresidential fathers reported feeling less securely attached to their fathers compared to their peers who did live with their fathers (Williams & Kelly, 2005). Daughters tend to want to communicate more and spend more time with their fathers, both residential and nonresidential (Way & Gillman, 2000). According to Williams and Kelly (2005), fathers have a great deal of influence on their daughter’s externalizing and behavioral problems, with less securely attached daughters at greater risk for psychological maladjustment. While involvement and attachment are two distinct constructs, the two are related, with a minimum level of father-daughter interaction necessary in order for the daughter to develop a secure attachment to her father (William & Kelly, 2005).

**African American Father and His Adolescent Daughter**

The presence of African American fathers in their African American adolescent daughter’s life, along with a secure father-daughter attachment, is linked to many positive effects. High quality father-daughter relationships lead to psychological wellbeing (Cooper, 2009), increases in self-esteem, academic achievement, greater life satisfaction (Thomas et al., 2008). Additionally, an African American daughter spending time with her father resulted in diminishing experiences such as negative psychosocial outcomes, depression, deviant behavior (Thomas et al., 2008), and risky health behaviors (Cooper, 2009). During this stage in a young woman’s life, she may experience conflict with her mother which makes the Black adolescent’s relationship with her father that much more
critical and consequential to her outcomes (Cooper, 2009). A girl’s father plays a
tremendously important role in this stage of the developing teenager’s life. These young
girls are already struggling with individuating themselves from their family and finding
autonomy, along with the pressure from their peers to engage in sexual activity and
substance usage among other things. A father may be able to offer guidance and insight
in areas a mother may be lacking (Cooper, 2009).

Whether the father is residential or nonresidential, fathers still play a significant
role in the Black teenage girls’ life (Thomas et al., 2008). The timing of the onset of a
girl’s sexual activity is influenced by a father’s presence, with his disapproval of
adolescent sex resulting in lower incidents of early sexual onset (Ohalete, 2007).
Nonetheless, a father’s absence can have severely negatives effects on the Black
adolescent girl. Consequences ranging from social problems, lower academic
achievement, and delinquent behaviors (Ohalete, 2007) to name a few, can stem from the
father’s absentee behaviors. Researchers have shown how important the father’s role is in
the African American teenage girl’s life and development (Ohalete, 2007). This is a
critical point in the developmental stage, and adolescents need an abundance of guidance
while they navigate through these confusing times. Although a mother is fully capable of
raising her children as a single mother, a father’s presence is a vital piece to the healthy
upbringing of an African American adolescent female.

Causes of single mother headed families. According to Sanders (1996), when
compared to White children, African American children are eleven times more likely to
live in a single parent household and to be born out of wedlock, with the vast majority of
African American children under the age of 18 the child of a nonresidential father (as
cited in Thomas et al., 2008). There are many factors that can lead to an absentee or non-residential father. Economic limitations can play a major role in the lack of father presence in the African American family; living in a poverty stricken area may explain higher death rates, higher incarceration rates, and higher migration of males looking for jobs (Thomas et al., 2008). Fathers without a secure job or financial stability are more likely to be absent from their child’s life, possibly due to feelings of failure and inadequacy, causing him to withdrew from his family, and more specifically his children. Conversely, some fathers may be forced to work too much and not have the time available to be present in their child’s life (Thomas et al., 2008).

The father may also live too far away from his child and not have the resources to visit them. This can be related to finances and time (Thomas et al., 2008). The father may not have the time to travel to their child(ren) due to a demanding work schedule, or may not have the financial resources required to travel to visit their child (Thomas et. al., 2008). The African American father may not be able to afford the legal fees to demand visitation rights, in the case that the mother of his children will not allow him to visit the children (Thomas et al., 2008). This is closely related to another obstacle a father may face, the mother’s lack of support for the father-child relationship.

The mother can control the frequency, or lack thereof, of when a father is able to see his children (Thomas et al., 2008). If the mother is supportive, she may encourage his presence. However, if the mother is unaccommodating she may severely limit the amount of contact the father has with the adolescent; if mother and father have a combative or otherwise negative relationship, the father may avoid his children as a way to diffuse conflict with the mother (Hamer, 1998; Thomas et. al., 2008; Waller, 2002). Lastly, some
fathers are unsure of their role as a father and how they such approach fatherhood. If the
mother and father have not explicitly expressed their expectations of parenthood and the
roles are more-or-less ambiguous, the father will not know how to be an affective father,
and the lack of communication leads to withdrawing from the child due to anxiety or fear
of intruding on mother’s wishes (Hamer, 2001).

**Romantic Relationships during Adolescence**

By age 16, approximately 70% of Black adolescent girls have started dating
(Ohalete, 2007). Dating often leads to involvement in sexual activity, and the more
consistently an adolescent is dating the more likely they are to engage in sexual acts since
they have steady accessibility to sexual partners (Harper, Gannon, Watson, Catania, &
Dolcini, 2004). African American adolescent girls usually have earlier physical
development than their White and other ethnic adolescent peers, with puberty starting by
age 8 for just under 50% of Black adolescent girls and menarche beginning at age 11 in
approximately 28% of Black girls, and at 12 years old for approximately 62% of Black
girls (Ohalete, 2007). Due to their earlier physical development, African American
adolescent girls are more likely to have an earlier sexual onset which can result in higher
suitability to and greater risk of consequences like STIs, more sexual partners, undesired
pregnancies, abortions, or teenage parenthood (Ohalete, 2007). Depending on factors
such as “socialization through communication of parental values, parental monitoring,
family connectedness, sexually active peers, and religious affiliation…self-esteem and
GPA” (Ohalete, 2007, p. 743) along with living in a single parent household, an African
American teenage girl may be more likely to engage in sexual activity at a younger age
(Ohalete, 2007).
Not only do African American adolescent girls tend to have earlier sexual onset, they also learn the message that sex is supposed to support and satisfy the males’ values and needs, not their own (Giordano, Longmore, & Manning, 2006). The lower the girl’s self-esteem, the more likely the adolescent is to experience greater pressure to have sex to please her partner or maintain their romantic relationship (Ohalete, 2007). If the girl valued her relationship more than she valued her own self-worth, she is more likely to be susceptible to her partner’s sexual influences as a way to preserve her standing with her partner or enrich their relationship (Giordano et al., 2006). Furthermore, an African American girl is most likely to disclose her sexual experiences with her closet and most trusted friends rather than her parent(s) (Harper et al., 2004). The issue with this is, most adolescents do not understand the explications of sexual activity and have a hard time dealing with the negative consequences that may come from sexual activity (Harper et al., 2004). African American girls tend to engage in sex at relatively early ages and generally disclose this information to their friends, who are likely just as inexperienced. Since these girls tend to seek out guidance from their inexperienced peers instead of their parents, parental involvement becomes that much more important (Harper et al., 2004). Parents, especially fathers, need to be active in their adolescent’s life, including personal issues, to give their children proper education and then the freedom to make their own choices, once the adolescent is informed.

**Predictive and protective factors of early sexual onset.** There are many risk factors that can be used to predict whether or not an African American adolescent female will engage in earlier sexual debut. Early physical development, peer influence, being raised in a single parent family, coercive parenting, mothers who demonstrate risky
behaviors like smoking and/or drinking, and associating with sexually active peers are some individual risk factors that can lead to sexual activity at a problematic age (Ohalete, 2007). Some environmental factors that may influence earlier sexual inception are neighborhood characteristics like employment rates, income, race, education, lack of economic resources and job opportunities, family socioeconomic status, family structure, school composition, and urban location (Smith, 1997). If an African American adolescent female is faced with these factors, it becomes increasingly likely that she will participate in sexual activity sooner than her European American counterpart (Ohalete, 2007). It is important that the developing adolescent and their parents understand what things can help prevent immature sexual onset.

High self-esteem is a pivotal protective factor that can help delay the onset of sexual activity (Longmore et al., 2004). Additionally, religious affiliations, high GPA, parent-child communication and connectedness, understanding of the parent’s disapproval of sexual activity, high levels of family attachment, parent involvement and supervision are influences that will aid in the postponement of sexual onset (Ohalete, 2007; Smith, 1997). Parents need to be active in their growing child’s life, and also learn how to give them the opportunity to make their own informed mistakes. Parental monitoring instead of micromanaging will be a great asset during this phase of the child’s life. It is also helpful to keep the child busy (Ohalete, 2007). Keeping the adolescent reasonably busy may also contribute to the delay of sexual activity and maintenance of high self-esteem (Smith, 1997).

There are many ways that a parent can intervene to help their teenage daughter navigate through this period of time. Programs with peer leaders to model social and
resistance skills, helping parents become affective sex educators, acknowledging that there are benefits to sex at the appropriate age, providing alternative markers for adulthood, and giving parents opportunities to develop skills to address sexual issues with their teenager are all affective strategies in educating teenagers and delaying when they begin to have sex (Smith, 1997). The more ways the teenager can gain sexual education, the least likely it becomes that they will partake in risk behaviors (Smith, 1997). Moreover, the more open, trusting and understanding the parents can be of their adolescent, the more likely the adolescent will be to disclose their personal issues to them (Smetana, Metzger, Gettman, & Campione-Barr, 2006). Sexual experimentation during adolescence is normal, and it is up to the parent to normalize these new, awkward and, in some cases, uncomfortable sexual feelings their growing child may be experiencing and equip their child with the correct knowledge about sex so they can make informed decisions.

**Relationship education for adolescents.** The attitude one has in regards to relationships is usually formed during adolescence, and yet, there is very little research on youth-focused relationship education (Adler-Baeder, Kerpelman, Schramm, Higginbotham, & Paulk, 2007). Many adolescents are at risk of verbal and physical abuse by their significant other and will experience some type of relationship issues, however, countless adolescents do not possess the knowledge that conflict is inevitable (Adler-Baeder et al., 2007). Low-income minority youth tend to be even more disadvantaged as their family structures are more likely to be unhealthy (Adler-Baeder et al., 2007). When compared to their peers, African American youth are at the greatest risk to have unhealthy and unstable relationships in the future, are the least likely to marry, and are
most likely to end up in divorce if they do marry (Adler-Baeder et al., 2007). Not only are many African American youth at great risk to be subjected to an unhealthy romantic relationship, but parents are also very concerned about adolescent intimate partner violence (IPV) (Akers, Yonas, Burke, & Chang, 2010). Researchers studying IPV found that African American parents are particularly concerned about their daughter’s safety. The study consisted of African American families from Pennsylvania with 125 total participants, 37 of them being adolescent females. Parents are scared that young men will act aggressively towards their daughters, therefore, it is important to parents that they are able to teach their children about healthy romantic relationships (Akers et al., 2010). However, parents oftentimes do not know how to affectively and authentically communicate with their children, and particularly struggle with talking to them about healthy relationships (Akers et al., 2010). Many of the dating habits learned during adolescence will persist into adulthood, including patterns of conflict, aggression, and violence (Aker et al., 2010).

Relationship education is a method for providing individuals and couples with the information they need to make informed, healthy relationship choices, meant to compliment couple’s therapy (Halford, Markman, Kline, & Stanley, 2003). It can cover topics such as, but not limited to: awareness, which focuses on the transmission of information, clarification of expectations and increasing couple’s awareness of key relationship processes that influence relationship outcomes; feedback, which consists of individualized assessment and feedback to the couple about their current relationship functioning (Halford et al., 2003). Moreover, relationship education may include: cognitive change, that attempts to encourage cognitions believed to promote positive
couple relationships; and skills training, which encompasses lectures, demonstrations, and audio-visual presentations about key relationship skills, and opportunities to practice these skills and receive feedback from educators (Halford et al., 2003). Furthermore, relationship education leads to a 31% decline in the probability of a marriage ending in divorce (Stanley, Amato, Johnson, & Markman, 2006). One of the best practices in relationship education is to tailor it to the participants (Halford et al., 2003), and since adolescence is when most ideas about relationships are formed, relationship education for youth would be affective. A study conducted on the effectiveness of a youth focused relationship education program found that there is a significant increase in relationship knowledge in the areas of; attraction/mature love, exceptions and behaviors, communication skills, smart dating strategies, and unhealthy relationships (Adler-Beader et al., 2007). The students who participated in the relationship education program also displayed decreases in verbal and physical aggression (Adler-Beader et al., 2007). Evidence suggests that the youth who participated in the relationship education class may have gained insights that could result in future healthier relationships (Adler-Beader et al., 2007).

**Self-Esteem during Adolescence**

Self-esteem, also called self-worth, refers to “the regard in which an individual holds himself or herself, and it enhances resilience by motivating behavior” and is essential to healthy functioning for the developing teenager (Longmore, Manning, Giordano, & Rudolph, 2004, p. 280). Self-esteem is a state that is stable over a period of time and is responsive to situations, life events, or cues from others (Biro, Striegel-Moore, Franko, Padgett, & Bean, 2006). According to Cooper (2009), it is during
adolescence that a girl’s self-worth is most susceptible and it becomes exceptionally important for parents to help aid and guide their adolescent daughter through this confusing time (Cooper, 2009). An adolescent’s self-esteem can affect various areas of the adolescent’s development and is pivotal to the adolescent’s psychological wellbeing “because it pervades all realms of an individual’s life through its effect on perception” (Longmore et al., 2004, p. 290). A positive self-worth can serve as a protective factor for adolescents, with higher self-esteem being associated with an individual having better coping skills to deal with stressful situations (Longmore et al., 2004). Higher levels of self-esteem during one’s adolescent years generally lead to later life career success, positive social relationships and affective coping skills (Biro et al., 2006).

According to Biro et al., (2006), by age eleven white girls see a decline in their self-esteem as a response to the stressor of transitioning from elementary to middle school and beginning puberty. Suicide risk, substance usage, pregnancy risk, depression, and antisocial behavior are all more likely to be associated with adolescent girls who reported having low self-esteem (Biro et al., 2006; Longmore et al., 2004). Adolescents with low self-worth tend to be more afflicted by a negative mood. A longitudinal study conducted by Martin, Richardson, Bergen, Roeger, and Allison (2005) found evidence to support that adolescents with lower self-esteem were two times more likely to report suicidal ideations and three times more likely to have made a suicide attempt than their peers with higher self-esteem. Moreover, an adolescent girl with low self-esteem is more likely to have higher levels of sexual activity and initiate sexual intercourse than girls with a more positive self-regard (Biro et al., 2006; Ohalete, 2007).
**Body image and self-esteem.** Body image and self-esteem have a strong association with one another; the more negatively a girl views her body, the lower her self-esteem tends to be, and conversely, the more positively a girl tends to view her body the higher her self-esteem tends to be (Davison & McCabe, 2006). According to findings from a study conducted by researcher’s Paxton, Neumark-Sztainer, Hannan & Eisenberg (2006), body dissatisfaction and self-esteem have a spiral relation with low self-esteem being a prospective risk factor for body dissatisfaction; low self-esteem tends to increase body dissatisfaction and body dissatisfaction tends to contribute to low self-esteem. An adolescent’s belief about her body image usually shifts around the age of 13 years old, approximately the same time a girl reaches menarche (Rosenblum & Lewis, 1999). Adolescent girls are often dissatisfied with their hips, thighs, waists and weight, all areas that usually increase in body mass due to puberty (Rosenblum & Lewis, 1999).

Adolescent girls have a propensity to become particularly conscious of how others view their body, and their perception of how others view their body oftentimes shape their beliefs about their body image (Davison & McCabe, 2006). Adolescent girls who believe others have a more negative evaluation of their body and appearance are inclined to having lower self-worth (Davison & McCabe, 2006). Additionally, researchers’ suggested that an adolescent girl’s concerns about others’ negative evaluations of her body played a greater role in her body image than her own view of her body (Davison & McCabe, 2006). This is particularly true of White females in western societies whom are inclined to prescribe to the body ideal of their culture, which tends to be thinner than that of their own, and a perceived failure to emulate these standards may
lead to an increase in a negative body image for the adolescent (Paxton et al., 2006; Rosenblum et al., 1999).

**Father presence effects on African American girl’s self-esteem.** African American teenage girls are less likely to have low self-esteem throughout the entirety of their adolescence and usually have higher self-worth when compared to Caucasian girls (Biro et al., 2006). Black girls tend to have a greater satisfaction with their bodies and physical appearance and are comfortable with their increase in body mass (Biro et al., 2006). However, African American adolescent girls may see some declines in self-esteem in their mid-late adolescence (Cooper, 2009). Having a father present in the Black adolescent girl’s life does affect the young lady’s self-esteem (Harris, 2002). Cooper found research which suggested that the more supportive a father is and the more positive the girl’s relationship with her father is, the higher his daughter’s self-esteem tends to be (Cooper, 2009). Conversely, adolescents who have an anxious attachment style to their father, meaning the adolescent feels apprehension and discomfort in their relationship to their parent, have lower self-esteem than those adolescent who experienced a secure attachment style to their fathers (Arbona & Power, 2003).

At this stage in life, an African American girl’s relationship with her father and mother is consequential to the development of positive self-esteem (Cooper, 2009). Based on this information, it can be assumed that the presence of an African American adolescent girl’s father can lead to higher self-esteem, and the higher the young woman’s self-esteem is, the least likely she is to engage in risky behaviors and suffer other negative consequences of low self-esteem such as depression, substance abuse, and antisocial behavior (Biro et al., 2006). It is clear that the African American father plays a
role in the healthy development of an African American girl’s self-esteem. Adolescent girls with high self-esteem are at lower risk for dangerous behaviors and understand how to balance their romantic relationships/sexual activity with their other interest and goals (Longmore et al., 2004).

**Mentorship Program for Fatherless African American Adolescent Girls**

Mentoring has often been considered a strategy for increasing the likelihood of positive youth development, improvements in academic adjustment, and as a determent to risky behaviors in youth (Eby et al., 2008). Youth mentoring, or a caring and supportive relationship between an adult and a youth, assumes that the adult-adolescent relationship is important for the youth’s personal, emotional, cognitive, and psychological growth and wellbeing (Eby et al., 2008). Eby et al. (2008) conducted a study using articles from 1985 to 2006 found in a comprehensive search, using the key term mentor and all its derivations, of databases such as PsycINFO and PubMed. The researchers found evidence that supported the following in regards to youth mentoring; mentoring is associated with positive behavior outcomes, positive attitudinal outcomes, positive health-related outcomes, positive relational outcomes, positive motivational outcomes, and positive career outcomes.

Many African American adolescent girls develop a tough exterior as an ineffective survival strategy, which often leads to the development of inadequate coping mechanisms (Lindsay-Dennis, Cummings, & McClendon, 2011). African American youth benefit from intervention programs, like mentorship programs, as the programs help the youth cope with the difficulties they face in their communities and society and provide support for those youth who lack family support (Holcomb-McCoy, 2004). Due
to the unique set of challenges African American adolescent girls face, “black feminist scholars argue that many African American girls need ‘safe spaces’ where they can voice their concerns, develop a self-defined concept of black womanhood, and learn strategies to cope with their current realities” (Lindsay-Dennis et al., 2011, p. 68). Additionally, there is evidence to support the notion that mentorship programs contribute to the African American adolescent girl’s sense of resiliency and an improved self-image, when compared to non-mentored adolescents (Corneille, Ashcraft, & Belgrave, 2005).

While there is evidence to suggest that mentoring programs are affective (Eby et al., 2008), the reality is most mentoring programs are designed based on white, middle class male norms (Lindsay-Dennis et al., 2008). The effectiveness of a mentoring program would be quite limited for an African American adolescent girl, when the program does not take into consideration cultural congruency (Thomas, Davidson, & McAdoo, 2008). Affective mentoring programs are strengths based, focusing on the adolescent girl’s cultural strengths rather than risk factors, and provide a secure space for the adolescent to explore their identities and utilize their creativity and self-expression (Lindsay-Dennis et al., 2008).

In a 2008 study conducted by Lindsay-Dennis et al., six themes emerged in their findings and these six themes are benchmarks the researchers urge program developers to take into consideration when developing a culturally responsive mentorship program for African American adolescent girls. The study consisted of five carefully selected African American woman, ages 19 to 30 who have developed and implemented a culturally based mentorship program which has served 32 African American adolescent girls in the south east area of the United States. The six benchmarks are: a physically and emotionally safe
program space removed from boys; guidance from peers and adults in order to facilitate emotionally safe, comforting, challenging, and nurturing communication experiences; opportunities to foster relationships with other female peers and other older adult women; focus on girl’s cultural strengths; program content should be comprehensive; and opportunities to foster positive changes that are beneficial on individual, relational and community levels (Lindsay-Dennis et al., 2008).

Additionally, the mentors must have a personal investment, also referred to as ethic of care, in the program and their mentees. Ethic of care is imperative for developing and maintaining authentic relationships within the mentorship program (Lindsay-Dennis et al., 2008). Along with personal investment, training can be beneficial for the mentor (Anastasia, Skinner & Mundhenk, 2012). While it is not essential to the success of the mentor-mentee relationship, training, supplemental support, and psychoeducation in youth development are all best practices for the mentor and tend to be advantageous (Anastasia et al., 2012). Moreover, Kaufman (2010) conducted a study in the New England area consisting of 66 adult women, 37.8% being African American which yielded support of training programs. Kaufman (2010) found evidence which reinforced that when mentors participated in a program that addressed general communication skills, mentor’s self-efficacy for talking to their mentees about difficult issues like sexual health, peer pressure related to substance usage and bullying, increased. Lastly, it is important that mentors have a strong mental health, as “poor mental health may affect the mentor’s effectiveness in establishing trust, empathy, and mutuality in the mentoring relationship” (Leyton-Armakan, Lawrence, Deutsch, Williams, & Henneberger, 2012, p. 908). Women
dealing with the challenges of mental health issues such as depression or anxiety may be less psychologically present for their mentees (Leyton-Armakan et al., 2012).

**Synthesis of Literature Review**

The research discussed in the literature review does support the development of a mentorship program for African American adolescent girls growing up with non-residential fathers. The review discussed many benefits and protective factors that come from a secure attachment and regular involvement in regards to the father-daughter relationship. Moreover, evidence in favor of a mentorship program for African American adolescent girls lacking family support was discussed. The review of the literature did indicate how the project should be structured. Lindsay-Dennis et al. (2008) offered six benchmarks that should be address when developing a culturally congruent mentorship program for African American adolescent girls. The literature review, however, did not expand on how to structure the program beyond these benchmarks and cultural competencies.
CHAPTER THREE:

PROJECT AUDIENCE AND IMPLEMENTATION FACTORS

The purpose of this project is to create a culturally congruent youth mentorship program for African American adolescent girls with non-residential fathers, living in a single parent mother headed household. The project will include a training curriculum designed for the prospective mentors in addition to a program curriculum for both the mentors and mentees. The training will provide the mentors with psycho education in regards to general adolescent development, ethnic identity development, self-esteem, and sexuality and relationships. The aforementioned topics will also be the main areas of focus for the program curriculum. There is evidence to support that a program of this design is needed in the African American community. Many mentorship programs are design to be universal, and therefore ignore the specific cultural challenges African American female adolescents face. This project will utilize culturally grounded interventions, relevant to the current challenges faced by African American youth, in order to create an affective mentorship program curriculum and mentor training curriculum.

Development of Project

According to Kids Count Data Center, in 2013 67% of African American children were living in single parent households. Additionally, African American children are 11 times more likely to live in a single parent household and to be born out of wedlock, with the vast majority of African American children under the age of 18 being the child of a nonresidential father, when compared to White children (Sanders, 1996; as cited in
There are many risk factors to being the daughter of a nonresidential father, particularly if the father and daughter have an insecure attachment and father has minimal to no involvement with his daughter. Therefore, this project was designed in order to help provide psychological and emotional support for the African American adolescent girls growing up with nonresidential fathers.

This project was created based on research that supports the implementation of a culturally based mentorship program. Articles reviewed highlight what is currently missing and ineffective in regards to universally based mentorship programs, in addition to the areas mentorship program curriculum developers should include when creating their program curriculum. The content of the curriculum is focused on adolescent development, ethnic identity development, self-esteem, and sexuality and relationships. The content will serve as psycho educational for the mentors and mentees in addition to recommended areas of dialogue between each mentor and mentee pair. Next, the interventions for the mentor training curriculum and the mentorship program curriculum were created. The interventions used for the mentorship curriculum are designed to be completed and processed by the mentors during their training, in order for them to be able to facilitate the aforementioned interventions with their mentee.

**Intended Audience**

In regards to the mentees, the target population is adolescent African American females between the ages of 13 and 19, currently living in a single parent mother headed household. While the target population is strongly preferred, this program will be inclusive, open to all races/ethnicities and living situations. Priority should be given to girls in the target population. Mentees must be fluent in English, currently enrolled in
school, and maintain at least a 2.0 grade point average. If the mentees’ grade point average should fall below a 2.0, academic counseling and/or tutoring will be required in order to maintain eligibility to participate in the program.

Mentors should be African American females who grew up living in a single parent mother headed household. Mentors have no requirements in regards to their current living situation, however, they are required to be between the ages of 20 to 29 years old. Women in this age range are likely to be in the emerging adult stage, or transitioning out of adolescence and into adulthood, and therefore should be old enough to provide guidance to their mentee based on their own experiences, yet still young enough to be physically and emotionally available and to relate to their mentee. Mentors should have, at minimum, their high school diploma or its equivalent, though a four-year bachelor’s degree from an accredited college or university is preferred. If the mentor is enrolled in college, they must maintain a grade point average of at least a 3.0 in order to participate as a mentor. If a mentor’s grade point average should fall below a 3.0, she will be on academic probation, and will have one academic semester/quarter in order to regain good standing. If the mentor is not enrolled in college, she should be working at least 20 hours per week and in good standing with her employer(s). Mentors are also required to have reliable transportation and reliable means of communication (i.e. cell phone, house phone, email, etc.). A completion of at least 10 to 15 hours of personal individual therapy is strongly encouraged, but is not required for mentors. Strong mental health is important to the mentor-mentee relationship, as a mentor dealing with her own mental health challenges may be less psychologically available to her mentee (Leyton-Armakan et al., 2012). Lastly, mentors will be required to make a one year commitment to the program.
and their mentee, as negative effects may be associated with a mentorship relationship ending prematurely (Henneberger, Deutsch, Lawrence, & Sovik-Johnston, 2012).

**Personal Qualifications**

The mentor’s training should be facilitated by a mental health professional. The mental health professional should be in one of the following fields: marriage and family therapy, clinical social work, professional clinical counselor, educational psychologist, school counseling, school psychology, or college counseling. The mental health professional may be licensed, on track to become licensed, or currently enrolled in graduate school. If the mental health professional is still enrolled in graduate school, they must be in good standing with their program and meet the minimum requirements in order to gain direct client contact hours; a minimum of 75 direct client contact hours will be required before being eligible to run the training. Some group experience is preferred, however, not required. The mental health professional will need to have the clinical skills and ability to lead a process group and facilitate growth, insight, and empathy.

**Environment and Equipment**

The mentor training should take place in a private well light room, large enough to comfortably sit a group of eight to ten people. The room should be well ventilated, and have ceiling to floor walls and a lockable door. All participants should feel safe and comfortable in the room. Any mentor and mentee group meetings should also be in a private well lit room, large enough to comfortably fit all members of the group. Mentors and mentees may meet at any approved public site. The public site can include but is not limited to parks, malls, schools, libraries, churches, movie theaters, or restaurants. The
public site must be age appropriate, and the mentees guardian must have approved the site prior to the visit.

**Project Outline**

I. Introduction to Guidebook

II. Introduction to Program
   a. Instructions for Facilitator
   b. Review and sign informed consent form
   c. Icebreaker: People BINGO
   d. Establishment of Group Rules
   e. Community Circle Question: What do you expect to gain from this training/mentor program and what are you willing to contribute?
   f. Brief overview of program content
      i. Exercise: What Do You Know vs What Would You Like To Know
      ii. Adolescent Development
      iii. Ethnic Identity Development
      iv. Self-Esteem
      v. Sexuality and Relationships

III. Session One: Adolescent Development
   a. Instructions for Facilitator
   b. Psycho Education
      i. Physical Development
      ii. Emotional Development
      iii. Relational Development
      iv. Identity Development
   c. Interventions
      i. Community Circle Question: In regards to the information we just learned, is this true of your experience as an adolescent? Why or Why not?
      ii. Exercise: The Self Inventory

IV. Session Two: Ethnic Identity Development
   a. Instructions for Facilitator
   b. Ethnic Identity Development Psycho Education
      i. Ethnic Identity Development
      ii. Colorism
   c. Interventions
      i. Community Circle Question: Which stage of identity development do you think you are in and why?
      ii. Exercise: Complexion

V. Session Three: Check In
   a. Interventions:
      i. Exercise: “How You Doin?” Sentence Completion Worksheet
1. So far, I have gained…
2. I would like to gain…
3. One thing I would change or do differently is…
4. Any other comments or concerns

   ii. Open Forum

VI. Session Four: Self-Esteem
   a. Instructions for Facilitator
   b. Self Esteem Psycho Education
      i. Self-Esteem and Self-Worth
      ii. Body Image
   c. Interventions
      i. Community Circle Question: What are two (or more) qualities about yourself that you are the most proud of? Why?
      ii. #Selfie

VII. Session Five: Sexuality & Relationships
   a. Instructions for Facilitator
   b. Sexuality & Relationships Psycho Education
      i. Healthy Sexuality
      ii. Healthy Romantic and Platonic Relationships
   c. Interventions
      i. Community Circle Question: How would you describe a healthy romantic relationship? Does your current (or past) relationship fit this description? Why or Why not?
      ii. Love…or nah?

VIII. *Session Six: Safety and Procedures
   a. Instructions for Facilitator
   b. Psycho Education
      i. Suspected child abuse
      ii. Suicidality and homicidally
      iii. Suspected pregnancy
      iv. Other concerns
      v. Resources

IX. Session Seven: Termination
   a. Pot Luck Sign Up
   b. Celebrations and Appreciations
   c. Suggestions for future trainings/programs worksheet
   d. Termination Interventions
      i. Community Circle Question: What is one thing you enjoyed the most about this group? What is one thing you would suggest for future groups?
      ii. “I Wish You Well” Card
      iii. “I Wish You Well” Signature Page
CHAPTER FOUR:
CONCLUSION

Summary of Project

The purpose of this project was to create a training curriculum guidebook for a culturally based mentorship program to serve African American adolescent girls living in single parent mother headed households. Literature regarding to Adolescent development, ethnic identity development, family systems, parental attachment, romantic relationships and self-esteem during adolescents and mentorship programs for adolescents was reviewed in chapter two. The focus of the review of literature determined how father presence affects the African American adolescent girl. Protective factors that are associated with a residential father and risk factors associated with nonresidential fathers were explored. Based on the aforementioned literature, a culturally cognizant mentorship program and training curriculum has been developed.

Discussion

Creating this project has been an exhilarating experience for me. My goal in creating this was to give back to the African American community, and help mothers and daughters in building their support systems, specifically the African American adolescent’s support system. Nonresidential fathers have been an all too familiar part of the African American adolescent’s experience, and given all the risk factors that come along with having a nonresidential father, it is imperative that these adolescents have a role model to supplement the areas in which there are deficits. As stated earlier, some African American families depend on their kinship network and these networks serve as a strength in the African American community (Hines & Boyd-Franklin, 2005). Based on
my own experiences and what the research showed, it only made sense to me to develop a curriculum for a mentorship program, targeting a population that I feel goes unnoticed; African American adolescent girls.

It is my hope that this program will aid African American adolescent girls in navigating all the challenges that come with their experiences as a Black girl living without her father. Moreover, I hope this project will help prepare the mentors in how to process their own feelings about their experiences as an adolescent, in order for them to go on and affectively facilitate meaningful conversations and offer guidance to their mentees. I have a deep passion for assisting in the betterment of the black community, and I am confident this mentorship program can be an advantageous tool for helping to build a better community.

**Future Work**

Future work should go on to explore how fathers and their parental involvement affects the child’s attachment styles. Empirical evidence on this is weak, as most of the research focuses on the mother-child relationship. Specifically, empirical evidence on the African American father-daughter relationship and how parental involvement affected attachment styles was scarce. Moreover, researches should continue to explore the relationship between fathers and adolescents in general, as the majority of the research is on, again, the mother-adolescent relationship. One major limitation to this review of literature is that since the findings on the father-daughter relationship is limited, and becomes even more limited when looking specifically at African Americans, some information had to be inferred, based on other related findings.
In order to test the effectiveness of this mentorship program, an identical pre-program survey and post-program survey should be given to the mentors and the mentees. The survey would include multiple questions addressing participants’ current feelings about their adolescent experience in general, ethnic identity development, self-esteem, and their romantic relationships. Participants would answer these questions through the use of a Likert rating scale to indicate to what level they agree or disagree with the statement and/or question. This survey should be distributed to mentors and mentees of various social economic statuses, urban and suburban communities and the specified levels of education and age ranges. Through self-reporting of the mentors and mentees, researches would be able to determine the effectiveness of the program.

As stated earlier, providing parents with opportunities to improve their communication skills are affective approaches in delaying an African American adolescent girl’s risk behaviors (Smith, 1997). Therefore, some future work that could be done is expanding the program curriculum to include the mothers of these African American adolescent girls. Providing the mothers with some psychoeducation and parent education about normal and age appropriate adolescent behaviors, affective parental monitoring, and communication skills may prove to be beneficial to the mother-daughter relationship. Additionally, when taking into consideration that a kinship network is a strength of the African American community, offering mothers the opportunity to share their experiences with other single mothers may enable them to expand their kinship network, provide them with more emotional support, improve their psychological well-being, and normalize and validate some of their concerns and/or challenges that come with being a single mother.
References


development of romantic relationships in adolescence (pp. 99-121). Cambridge, United Kingdom: The Press Syndicate of the University of Cambridge.


Appendix A

Abstract

Guidebook for African American Girl’s Mentorship Program: “Sista 2 Sista”

By
Cherrie Phillips
Master of Science in Counseling, Marriage and Family Therapy

This mentorship program was created based on a review of literature on African American adolescent girls and how being raised in a mother headed single parent household, parental involvement and attachment affects the adolescent’s romantic relationships & sexuality, self-esteem and other relevant factors. Mentorship programs can serve as a protective factor from early sexual onset and other delinquent activities for adolescents, especially those lacking a support system. This program addresses the major milestones during adolescence, and offers interventions to help the adolescent process their experiences with these milestones.
Guidebook for African American Girl’s Mentorship Program:

“Sista 2 Sista”

By Cherrie Phillips, B.A.

Art from 2014 Shades of Color Kids Calendar by Frank Morrison Wall
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<td>Community Circle Question Worksheet</td>
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<td>Complexion Intervention Worksheet</td>
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<td>How You Doin? Worksheet</td>
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<td>Open Forum Worksheet</td>
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<td>Community Circle Question</td>
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<td>Love...or nah? Intervention</td>
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<td><strong>Session Six – Safety and Procedures</strong></td>
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<td>Safety Plan</td>
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<td>Community Circle Question Worksheet</td>
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<td>“I Wish You Well” Card Intervention</td>
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<td>“I Wish You Well” Signature Page Intervention</td>
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This program, “Sista 2 Sista”, was developed specifically for African American adolescent girls (ages 13-19) who are being raised by a single mother. Mentors should be between the ages of 20-29 and should have also been raised by a single mother. This guidebook was designed to be done with the mentors first, as a training program. The mentors should go through all the exercises separate from the mentees, however, they should be present and active in the program with their mentees, as well. The program has been designed this way to give the mentors a chance to process any feelings they may have in regards to their own adolescent experience, and model ways to have these same discussions with their mentee once the program is over. Mentors and mentees are encouraged to spend individual time together outside of this program, and to continue their time together after the program has ended, for a minimum of one year. As a facilitator, you should keep in touch with the mentors to ensure that they have continued their relationship with their mentee, and to address any concerns of the parents, mentors or mentees. The most important thing to know is this program should be fun and creative! The mentors/mentees should be encouraged to participate in all activities, make suggestions about the program, and to bond and build relationships with ALL the other members. Thank you for your interest in “Sista 2 Sista”.

HAVE FUN!

😊
Note to Facilitator

Your first session will be an introduction to the program.
You will be going over the following materials in this order:

- **Informed Consent**
  - Please be sure to go over the informed consent form in detail, and ensure that every group member understands and agrees to the terms. Please have each group member sign on the same one sheet. You will keep the original for your own records, and give each group member a copy for their records.
  - 5 Minutes

- **People Bingo**
  - This is to be used as an ice breaker activity. Provide each group member with a “People Bingo” worksheet. Group members are to go around and get signatures from a person for whom the statement in the box is true of. Group members are not allowed to sign another member’s bingo card more than once, nor are they allowed to sign their own card. Whomever is able to fill up their card first, wins. Having a small prize, like a $5 gift card to a nearby restaurant, may increase group member’s motivation to participate, therefore it is highly recommended to have a prize prepared.
  - 15 minutes

- **Group Rules**
  - Have the group members collectively come up with rules for their group. As the group facilitator, you may suggest some rules. However, the group members should be developing their own rules to help shape their experience and sense of autonomy within the group. Some group rules have been provided for the group. Other areas of considerations may be: Privacy (the right to not answer a question or to pass), Honesty (all group members should strive to be honest and authentic when sharing their feelings or experiences) Substance Use (group members should not come to group intoxicated), Attendance (group members should not miss group or be tardy to group unless an emergency arises), Cell Phone Usage (group members should reframe from using their phones, or step out in order to send a text or make a phone call), Consequence for failure to adhere to group rules (what are the consequences of breaking these group rules?)
  - 10 minutes
Note to Facilitator cont.

Community Circle Question

• Give the group members 5 minutes to write down their answer to the community circle question on the provided worksheet. Spend the next five minutes having group members share their answers aloud. Validate and normalize their responses and any concerns or excitement they feel. Additionally, as the opportunity presents itself, point out any common themes that may emerge between group members in order to help demonstrate relatability and build group cohesion.
• 10 minutes

What Do You Know?

• On the “What Do You Know” worksheet, have group members write down a minimum of three things they already know and a minimum of three things they would like to learn about each of the listed topics. If time permits, have the group members share their answers out loud. If time does not permit, have group members write their name on the worksheet and turn it in. As the facilitator, utilize this worksheet to ensure that you are doing your due diligence to meet the group member’s needs as closely as possible. Return the worksheets to group members after you have had an opportunity to review them.
• 10 minutes

Content Overview

• Spend the last 5 minutes of the session reviewing the context for the rest of the program. This should be very brief, as you will be reviewing each topic in depth during the subsequent sessions.
• 5 minutes

Wrap up:
End group by addressing any questions group members may have.
Session should run about 55 minutes.
Informed Consent

While you are a member of this group, you will have the opportunity to share your experiences and explore your feelings, in a safe space, with the other members and the group facilitator(s). In order to ensure that a safe space is provided, all participants are expected to keep all things discussed in this group confidential. Participants should not discuss other group members with non-group members, without permission.

However, in the following situations, your group facilitator will have to break confidentially and make a report to the appropriate protective services:

- If a minor or an elder/dependent person in your home is being neglected, physically abused, sexually abused, or financially abused
- If there is reason to suspect child abuse or elder/dependent person abuse
- If you seriously threaten to harm another person
- If you seriously threaten to harm yourself
- If you are under 16 years old having sex with someone 21 years old or older
- If you are under 14 years old having sex with someone 14 years old or older

If you understand and agree to the above information, please date and sign.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Client Signature</th>
<th>Date</th>
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### People Bingo

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<tr>
<th>Has three or more siblings</th>
<th>Is an only child</th>
<th>Name begins with a vowel</th>
<th>Has (or has had) a pet</th>
<th>Hates vegetables</th>
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<tbody>
<tr>
<td>Favorite color is pink</td>
<td>Has seen the movie “The Color Purple”</td>
<td>Favorite singer is Beyoncé</td>
<td>Has an older sibling</td>
<td>Lives in the same city as you</td>
</tr>
<tr>
<td>Was born in the same month as you</td>
<td>Who has an iPhone</td>
<td>Wears the same size shoe as you</td>
<td>Loves fruit</td>
<td></td>
</tr>
<tr>
<td>Loves to cook</td>
<td>Who has the same favorite musician as you</td>
<td>Favorite food is pizza</td>
<td>Who has seen the movie “Love &amp; Basketball”</td>
<td>Someone wearing the color blue</td>
</tr>
<tr>
<td>Someone who has a younger sibling</td>
<td>Who has the same astrology sign as you</td>
<td>Who wears glasses or contacts</td>
<td>Does not have an Instagram account</td>
<td>Who has an Android</td>
</tr>
</tbody>
</table>
Group Rules

1. **Confidentiality.** Group members are not allowed to discuss information about other members outside of group.

2. **Violence or intimidation from or between group members or facilitator will not be tolerated.**

3. **Teasing, bullying, hazing or abuse of any kind will not be tolerated.**

4. 

5. 

6. 

7. 

8. 

9. 

10. 

Community Circle Question:

What do you expect to gain from “Sista 2 Sista”?
What are you willing to contribute to “Sista 2 Sista”?
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<th>What Do You Know?</th>
<th>What Would You Like to Know?</th>
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<td><strong>Adolescent Development</strong></td>
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<td><strong>Sexuality and Relationships</strong></td>
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</table>
Content Overview

I. Adolescent Development
   ✓ Physical Development
      o Puberty
   ✓ Emotional Development
      o Emotional Intelligence
      o Emotional Stability
   ✓ Relational Development
      o Familial
      o Peers
   ✓ Identity Development
      o Personal Identity
      o Social Identity

II. Ethnic Identity Development:
   ✓ Five Stages of Racial Identity Development
      o Colorism

III. Self-Esteem
    ✓ Body Image
      o Developing a healthy self-image

IV. Sexuality and Relationships
    ✓ Sex and Sexuality
      o Relationship Education
        ▪ Attachment
        ▪ Communication Skills

V. Termination
    ✓ Closure Exercises
Note to Facilitator

You will open with an overview of general adolescent development.

Please conduct session in the following order:

1. **Adolescent Development Psychoeducation**
   - In this session you will talk about White and Black adolescents and their physical, emotional, relational, and identity development. This general overview of topics will set the framework for the rest of the program. This session will be heavy in psychoeducation, so it is recommended to let the group members know this before presenting the material. Since it will be heavy in psychoeducation, feel free to make this as engaging as possible. You may do this by having the members read the information aloud to the group (popcorn reading, asking for volunteers to read or calling on someone to read) asking questions about their own experiences with the material being presented or encouraging members to ask questions. The hand out is designed to be distributed to the group members, however, you may create a power point/prezi presentation if you would like.
   - 20 minutes

2. **Community Circle Question**
   - Once you have completed the adolescent psychoeducation, group members will take 5 minutes to answer the community circle question on the provided worksheet. Allow group members 5 minutes to share their answers with the group if they choose to.
   - 10 minutes

3. **The Self Inventory**
   - Group members will take 7 minutes complete this intervention worksheet, following the community circle exercise. After all group members have completed the worksheet, you will take the next 13 minutes to have willing group members share their answers aloud. You may use some of the following process questions/statements: “How do you feel about your [physical, emotional, relational, identity] self?; How do you feel about that feeling?” “What do you do to deal with that feeling?” “Tell me about a time when that feeling was not a problem/present”. “What can we do to help move your number from a [#] to a [#]?” Praise each group member for sharing (“thank you so much for sharing!” “Wow. That must have been difficult to talk about. I’m really happy you shared that with the group!” “Your experience was so amazing, you’ve come a long way!”) Make sure that all praise is appropriate and genuine.
   - 20 minutes
   - Mentors may use this outside of group to facilitate a conversation with their mentees about the different parts of their selves. Mentors should validate and normalize their mentee’s feelings and are encouraged to share their experiences and how they were able to overcome their own challenges.

4. **Wrap Up**
   - Wrap up by thanking and praising group members for sharing their stories and reminding group members about the rule of confidentiality. Address any lingering questions, and let group members know that the next session will cover ethnic identity development (5 minutes). Session should run about 55 minutes.

   - 5 minutes
Adolescent Development

In this session, we will explore the typical adolescent’s most important developmental tasks: physical development, emotional development, relational development, and identity development.

Physical Development

Puberty

- Puberty is an indicator that one is leaving childhood and entering into adolescence.
- This usually includes rapid changes to height, weight, and secondary sex characteristics.
- Puberty generally starts around the age of 11 to 12 years old.
  - (compared to 14 years old for boys)
- Breast buds and public hairs are the first signs that a girl is starting puberty.
- Girls additionally start their growth spurts around this time.
- Menarche: a girl’s first period.
  - Is an indicator that a girl has officially started puberty.
  - Black girls will have their menarche around 12.5 years old.
  - Compared to white girls’ having theirs around 13 years old.
- Puberty leads to weight gain in order to develop the female body shape, which includes breast growth.
  - This can often times lead to body dissatisfaction, especially if the adolescent already felt over weight before reaching puberty.
  - Psychological wellbeing can be threatened because of this weight gain.

Sexual Activity

- Sexual activity and romantic feelings begin to surface in mid-adolescence and the feeling of being in love is the strongest link between puberty and emotional experience.
- With typical sexual development, couples usually embrace and kiss first, then fondle over the clothes, followed by unclothed fondling and finally have sex.
  - White adolescents usually follow the above order of heterosexual sexual development.
  - Black adolescents tend to have sex before the unclothed fondling of male or female private parts.
- Being forced or pressured into sex during this developmental phase is not normal behavior. A forced sexual experience can severely affect the adolescent’s sexual development and their later life romantic relationships.
Physical Development cont.

**Emotional Development**
- Emotional Intelligence
  - Emotional Intelligence is defined as the ability to perceive, understand and manage one’s emotions
- Emotional Stability
  - Emotional Stability is defined as an individual’s ability to stay calm and refrain from anxiousness and/or depression
- Learning how to appropriately manage your emotions is influenced by high self-esteem and low trait anxiety. These are often developed when the adolescent’s parents are warm and supportive.
  - A supportive home environment may lead to an adolescent being better able to regulate their own emotions as well as others.

**Relational Development**

**Familial**
- Parents
  - Adolescents have to learn how to become more independent from their parents and develop friendships
  - When the adolescent has a good relationship with their parents, they are more likely to achieve autonomy and build healthy and meaningful friendships
  - Parents tend to have influence over adolescents’ long term issues such as values and career choice
- Siblings
  - Offer companionship, affection, and intimacy
  - Better sibling relationships often time leads to healthier adjustment during adolescence

**Peer**
- Peers usually influence an adolescent’s appearance, the clothes they wear and other things specific to adolescent culture
- Three Types of Friendship
  - Dyadic relationships: one-on-one friendships and romantic relationships
  - Clique: small groups, usually six to twelve people, that are the same age, ethnicity, biological sex (usually in earlier adolescence), and from similar socioeconomic background.
  - Crowds: mostly seen in middle adolescence, and usually consist of teenagers with shared reputations.
    - These adolescents may not spend time together, but which crowd a teenager is in can affect their identity development
Physical Development cont.

Identity Development

- Personal Identity
  
  **Four Stages of Identity Development**
  
  **Diffusion:** the adolescent has not committed to their identity, despite whether or not any identity exploration has taken place
  
  **Foreclosure:** having made commitments to their developmental process without any self-exploration; some adolescents do start with this stage because they identify with important childhood figures.
  
  **Moratorium:** when the adolescent actively explores and mixes their interest and talents with the professional and philosophical environment available to them and possibly makes some indefinite identity defining commitments.
  
  **Identity Achievement:** when the adolescent has finished their exploration and makes definite commitments to their identity

- Social Identity
  
  - Social identity refers to a “socially derived psychological process reflecting knowledge of one’s group memberships and their associated value and emotional significance”
  
  - When an adolescent has a strong group identification, they often experience heathier identity formation, self-esteem, and appropriate coping skills
References

For more information on the adolescent development, please see the following sources:


Community Circle Question:

In regard to the information we just learned, how it connected to your own experience as an adolescent? Are there things you could not relate to at all? Why or Why not?
The Self Inventory

**Directions:** Reflect on each of the four parts of yourself. For each part, rate how much you agree/disagree with the corresponding statements, with 1 as strongly disagree and 5 as strongly agree. Next, for each part list two things about that area you are happy with and one thing about that area you would like to see grow.

<table>
<thead>
<tr>
<th>Physical Self</th>
<th>I am happy with the way my body looks: 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional Self</th>
<th>I am in total control of my emotions: 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relational Self</th>
<th>My significant relationships are all healthy and happy: 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identity Self</th>
<th>I am comfortable with who I am as a person: 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
</tbody>
</table>
Note to Facilitator

This session will cover ethnic identity development and colorism. Please conduct the session in the following order:

- **Ethnic Identity Development Psychoeducation**
  - This psychoeducation will cover the difference between ethnicity and race, the different stages of ethnic identity development and colorism. Keep group members engaged by having the members read the information aloud to the group (popcorn reading, asking for volunteers to read or calling on someone to read) asking questions about their own experiences with the material being presented or encouraging members to ask questions. The hand out is designed to be distributed to the group members, however, you may create a power point/prezi presentation if you would like.
  - 15 Minutes

- **Community Circle Question**
  - Once you have completed the ethnic identity psychoeducation, group members will take 5 minutes to answer the community circle question on the provided worksheet. Allow group members 5 minutes to share their answers with the group if they choose to.
  - 10 Minutes

- **Complexion Worksheet & Lyrics**
  - Before starting this intervention, please let the group members know that Kendrick Lamar uses some explicit language. In case any group members are offended by explicit language, please have a censored version prepared for them. For this intervention, you will need access to a music playing device, speakers so the group can comfortably hear the song, and access to the song *Complexion (A Zulu Love)* featured on Kendrick Lamar’s 2015 *To Pimp A Butterfly* album. Before playing the song the first time, turn off the lights and have group members close their eyes. Encourage them to listen past the beat and focus on the lyrics in the song. After the song is completed, turn on the light and invite group members to open their eyes. Pass out the song lyrics and play the song for a second time, encouraging group members to read the lyrics along with the song. This should take about 10 minutes. Give the group members one minute of silence after the second playing of the song. This will allow group members to internalize the lyrics before moving into the intervention. Distribute the Complexion Worksheet and follow the directions provided. Give the group members 5 minutes to complete the worksheet. Use the remaining time to have group members share their answers.
  - 25 Minutes

- **Wrap Up**
  - End session by offering accolades to group members for their participation. All praise should be genuine and authentic. Address any lingering questions, and let group members know that next session will be a check-in regarding their progress and thoughts/feelings about the group. Session should run about 55 minutes.
Ethnic Identity Development

While we covered the major developmental tasks of adolescences in our last session, African American adolescents have another major developmental task that White adolescents normally do not spend much time reflecting on; ethnic identity development.

Ethnic Identity Development

Ethnic Identity

- Ethnic Identity is defined as “the sense of belonging that an adolescent feels toward a racial or ethnic group as well as the significance and qualitative meaning that the adolescent assigns to that group membership”
- A teenager that has a healthy ethnic identity has made a commitment to their ethnicity, has developed a clear understanding of their membership their ethnic group, and has a continuously growing knowledge about their cultural background
- Adolescents that develop a healthy ethnic identity usually develop positive coping skills which enables them to better deal with racial discrimination than their peers who do not achieve a healthy ethnic identity

The Five Stages of Ethnic Identity Development

Pre-Encounter Stage: the adolescent has not thought about their racial identity and no significance of racial group membership has been realized

Encounter Stage: usually happens during late adolescence and early adulthood. A personal confrontation with racism is usually what causes the adolescent to transition into this stage. They reflect on personal impacts of racism and being targeted because of their ethnicity

Immersion-Emersion: the old identity is in the process of being ended, a non-Afrocentric identity, and at the same time progress towards the new Afrocentric identity. In this stage, the adolescent tends to glorify the African heritage because of their discovery of “Blackness” and belittle white people and their culture. However, emersion represents a more matured individual who is able to be more critical and have an open mind when thinking about what it means to be Black.

Internalization and Internalization-Commitment: stages four and five, shows a person who has achieved confidence in their own standards of blackness and has reached a healthy ethnic identity.

Colorism

- Colorism is defined as “prejudice or discrimination based on the relative lightness or darkness of the skin. Generally a phenomenon occurring within one’s own ethnic group”
- Colorism is the idea that people lighter skin are better than people with darker skin
- When the minority youth is exploring their identity, not only do they have to discover a secure and comfortable personal identity, they also have to “negotiate societal constructions of race and skin color”
- Adolescent have learned that, generally speaking, light skin is feminine and dark skin is masculine.
- Darker skinned African American girls who endorse this idea tend to have a harder time during adolescences
- This color complex dates back to the 1600s, due to the race mixing that took place during slavery
References

For more information on ethnic development, please see the following sources:


Community Circle Question:

Which stage of ethnic identity development do you think you’re in and why?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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**Complexion**

Directions: Listening to Kendrick Lamar’s *Complexion (A Zulu Love)*. After listening to the song once, listen to it again, this time following along using the lyrics provided and underlining any parts that are meaningful to you. After listening to the song a second time, answer the questions below in the space provided.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you think Kendrick Lamar wants you to take away from this song?</td>
<td></td>
</tr>
<tr>
<td>Which part of the song was the most meaningful to you? Why?</td>
<td></td>
</tr>
<tr>
<td>How has your skin complexion shaped your ethnic identity?</td>
<td></td>
</tr>
</tbody>
</table>
Complexion (A Zulu Love) by Kendrick Lamar ft. Rapsody

[Hook]: Complexion (two-step)
Complexion don't mean a thing (it's a Zulu love)
Complexion (two-step)
It all feels the same (it's a Zulu love)

Dark as the midnight hour or bright as the mornin' sun
Give a fuck about your complexion, I know what the Germans done
Sneak (dissin')
Sneak me through the back window, I'm a good field nigga
I made a flower for you outta cotton just to chill with you
You know I'd go the distance, you know I'm ten toes down
Even if master listenin', cover your ears, he 'bout to mention

[Hook]: Complexion (two-step)
Complexion don't mean a thing (it's a Zulu love)
Complexion (two-step)
It all feels the same (it's a Zulu love)

Dark as the midnight hour, I'm bright as the mornin' Sun
Brown skinned, but your blue eyes tell me your mama can't run
Sneak (dissin')
Sneak me through the back window, I'm a good field nigga
I made a flower for you outta cotton just to chill with you
You know I'd go the distance, you know I'm ten toes down
Even if master's listenin', I got the world's attention
So I'mma say somethin' that's vital and critical for survival
Of mankind, if he lyin', color should never rival
Beauty is what you make it, I used to be so mistaken
By different shades of faces
Then wit told me, “You're womanless, women love the creation”
It all came from God then you was my confirmation
I came to where you reside
And looked around to see more sights for sore eyes
Let the Willie Lynch theory reverse a million times with

[Hook]: Complexion (two-step)
Complexion don't mean a thing (it's a Zulu love)
Complexion (two-step)
It all feels the same (it's a Zulu love)

You like it, I love it (x8)

Let me talk my Stu Scott, 'scuse me on my 2pac
Keep your head up, when did you stop? Love and die
Color of your skin, color of your eyes
That's the real blues, baby, like you met Jay's baby
You blew me away, you think more beauty in blue green and grey
All my Solomon up north, 12 years a slave
12 years of age, thinkin' my shade too dark
I love myself, I no longer need Cupid
And forcin' my dark side like a young George Lucas
Light don't mean you smart, bein' dark don't make you stupid
And frame of mind for them bustas, ain't talkin' “Woohah!”
Need a paradox for the pair of dots they tutored
Like two ties, L-L, you lose two times
If you don't see you beautiful in your complexion
It ain't complex to put it in context
Find the air beneath the kite, that's the context
Yeah, baby, I'm conscious, ain't no contest
If you like it, I love it, all your earth tones been blessed
Ain't no stress, jigga boos wanna be
I ain't talkin' Jay, I ain't talkin' Bey
I'm talkin' days we got school watchin' movie screens
And spike yourself esteem
The new James Bond gon' be black as me
Black as brown, hazelnut, cinnamon, black tea
And it's all beautiful to me
Call your brothers magnificent, call all the sisters queens
We all on the same team, blues and pirus, no colors ain't a thing

Barefoot babies with no cares
Teenage gun toters that don't play fair, should I get out the car?
I don't see Compton, I see something much worse
the land of the landmines, the hell that's on earth

Artist: Kendrick Lamar
Album: To Pimp A Butterfly (2015)
Note to Facilitator

Congratulations! You have reached the midpoint of “Sista 2 Sista”!
Use this session as a check in to gain a deeper understanding of the
group dynamics, and the group’s needs. Let this help guide you in your
facilitation style for subsequent groups. Follow the group’s lead.
Conduct the session in the following order:

“How You Doin?”

Worksheet

• The purpose of this worksheet is to offer group members some control in the
implementation of their program. Offering them the time to reflect on their
progress/experience so far and giving them the opportunity to give feedback to the
facilitator will help the group members feel like they have a voice and will help
depth their investment in the group. Pass this worksheet out to the group
members and give them 10 minutes to complete. Have a group member read the
directions, which are already on the worksheet. Once all group members have
completed the worksheet, take another 10 minutes to allow group members to
share aloud. Be sure to validate their experiences and normalize any concerns they
may have. Offer group members genuine and authentic praise for taking the time
to truly reflect on their progress and areas of needed growth. Challenge group
members to continue to be open to the process, as they will only take out of group
as much as they put in. Be sure to collect this worksheet (group members can
choose whether or not they put their name on the worksheet). Take some time to
review their worksheets, and make any necessary adjustments. Give the
worksheets back to group members after you have had some time to review and
reflect on them.
• 20 minutes

Open Forum

• Pass out the “Open Forum” worksheet. Have a group member read directions on
the worksheet aloud. After filling in all four boxes, have group members cut/tear
apart the four boxes and fold them up. Have a container of some sort ready. Group
members will put their folded up “open forum” questions/topics in the container.
You will pull the pieces of paper out one by one, addressing the question/topic on
written on the paper as appropriate. Though it is not required, it is highly
recommended that you take the time to review and reflect on the questions/topics
that were not able to be addressed during the open form in order to gain more
insight about the group and the needs of the group members
• 30 Minutes

Wrap Up

5 Minutes

End session by offering accolades to group members for their participation. All
praise should be genuine and authentic. Address any lingering questions, and let
group members know that next session will be addressing self-esteem. Tell
group members to bring their favorite picture of themselves (also known as a
“selfie”) to the next session in order to complete the session’s activity. Session
should run about 55 minutes.
How You Doin?

Directions: Reflecting on everything you have experienced while in “Sista 2 Sista”, complete the following sentences.

1. So far, I have gained __________________________________________________________
                                           __________________________________________________________
                                           __________________________________________________________
                                           __________________________________________________________

2. I would like to gain __________________________________________________________
                                           __________________________________________________________
                                           __________________________________________________________
                                           __________________________________________________________

3. One thing I would change or do differently is ______________________________________
                                           __________________________________________________________
                                           __________________________________________________________
                                           __________________________________________________________

4. Any other comments or concerns ______________________________________________
                                           __________________________________________________________
                                           __________________________________________________________
Open Form

In the boxes provided below, write down any questions you have or topics you would like to discuss. You may write your name on it or leave it anonymous. Cut or tear along the dotted lines.
Note to Facilitator

This session will address self-esteem and body image.
Please conduct this session in the following order:

Self Esteem Psychoeducation

• This psychoeducation will cover the definition of high self-esteem, the protective factors associated with high self-esteem, and the risk factors associated with low self-esteem. It will go on to discuss how body image affects self-esteem. Keep group members engaged by having the members read the information aloud to the group (popcorn reading, asking for volunteers to read or calling on someone to read) asking questions about their own experiences with the material being presented or encouraging members to ask questions. The hand out is designed to be distributed to the group members, however, you may create a power point/prezi presentation if you would like.
  • 15 minutes

Community Circle Question

• Following the self-esteem psychoeducation, group members will take 5 minutes to answer the community circle question on the provided worksheet. Allow group members 5 minutes to share their answers with the group if they choose to.
  • 10 minutes

Wrap Up

• Have tape or glue sticks prepared for this intervention. First pass out the “Positive Traits” sheet to each member. Give the members one minute to read over the sheet and ensure that members understand the meaning of all the words. Pass out the Title worksheet, have a group member read the directions aloud. Pass around tape/glue stick; once all group members have attached their picture to the worksheet collect the worksheets. Pass back the worksheets in a randomized order, so group members are unaware of who has their paper. Instruct group members to pass the paper to the left once they have written their three words (or phrases). Challenge group members by telling them that they are not allowed to write a word that already appears on the paper, and they are required to write three words (or phrases) on their own paper. This part of the intervention should take no longer than 15 minutes. Once this part of the intervention is completed, collect all the papers and pass each member back their page. You may use the last 10 minutes to ask following process questions: “What was this experience like for you?” “How does it feel to read your fellow group members’ thoughts/feelings about you?” “Which of these thoughts are you surprised by, and why?”
  • 25 Minutes

End session by offering accolades to group members for their participation. All praise should be genuine and authentic. Address any lingering questions, and let group members know that next session will be addressing sexuality and relationships. Session should run about 55 minutes.
Self-Esteem

In this session, we will discuss self-esteem and some of the differences you see between a girl with high self-esteem and a girl with low self-esteem. Additionally, we will explore the relationship between self-esteem and body image.

Self-Esteem

High Self-Esteem vs. Low Self-Esteem

- Self-esteem: also called self-worth, is “the regard in which an individual holds himself or herself, and it enhances resilience by motivating behavior”
  - A positive self-worth can be a protective factor. Higher self-esteem can lead to an adolescent having better coping skills in order to deal with stressful situations.
  - Higher levels of self-esteem during adolescent years usually lead to later life career success, healthy relationships and affective coping skills.

High Self-Esteem vs. Low Self-Esteem

- Suicide risk, drug use, pregnancy risk, depression and antisocial behavior are all more likely to be associated with adolescent girls that have low self-esteem.
- Adolescents with low self-esteem tend to be more likely to have negative moods
- Adolescents with lower self-esteem are two times more likely to report suicidal thoughts and three times more likely to have made a suicide attempt than their peers with higher self-esteem.
- An adolescent girl with low self-esteem is more likely to engage in sexual activity and initiate sexual intercourse than girls with a more positive self-regard

Body Image and Self Esteem

- The more dissatisfied a girl is with her body, the lower her self-esteem tends to be. The more satisfied a girl is with her body the higher her self-esteem tends to be
  - Low self-esteem tends to increase body dissatisfaction and body dissatisfaction tends to contribute to low self-esteem.
- An adolescent’s belief about her body image usually changes around the age of thirteen years old, about the same time a girl reaches menarche.
  - Adolescent girls are often dissatisfied with their hips, thighs, waists and weight, the areas that girls usually increase in body mass due to puberty
- An adolescent girl’s concerns about others’ negative evaluations of her body tends to play a greater role in shaping her body image than her own view of her body
  - Their perception of how others view their body is what, oftentimes, shapes their beliefs about their body image.
- Adolescent girls who believe others have a more negative evaluation of their body and appearance are prone to having lower self-worth
References

For more information on self-esteem, please see the following sources:


Community Circle Question:

What two (or more) qualities about yourself are you the most proud of? Why?
#Selfie

Directions: Glue your favorite picture of yourself in the space provided below. Each group member will write three positive traits, around the picture, they believe describes the group member. Continue until every group member has had a chance to write on each page. A list of traits have been provided to you.
<table>
<thead>
<tr>
<th>Positive Traits List</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable</td>
<td>Adventurous</td>
</tr>
<tr>
<td>Assertive</td>
<td>Appropriate</td>
</tr>
<tr>
<td>Authentic</td>
<td>Attentive</td>
</tr>
<tr>
<td>Calm</td>
<td>Bravery</td>
</tr>
<tr>
<td>Certain</td>
<td>Capable</td>
</tr>
<tr>
<td>Collaborative</td>
<td>Clear</td>
</tr>
<tr>
<td>Compassion</td>
<td>Communicator</td>
</tr>
<tr>
<td>Conscious</td>
<td>Connected</td>
</tr>
<tr>
<td>Contributes</td>
<td>Consistent</td>
</tr>
<tr>
<td>Creative</td>
<td>Courageous</td>
</tr>
<tr>
<td>Determined</td>
<td>Dedicated</td>
</tr>
<tr>
<td>Disciplined</td>
<td>Directive</td>
</tr>
<tr>
<td>Affective</td>
<td>Easygoing</td>
</tr>
<tr>
<td>Empowers</td>
<td>Empathetic</td>
</tr>
<tr>
<td>Ethical</td>
<td>Enthusiastic</td>
</tr>
<tr>
<td>Fearless</td>
<td>Expressive</td>
</tr>
<tr>
<td>Generative</td>
<td>Faithful</td>
</tr>
<tr>
<td>Happy</td>
<td>Friendly</td>
</tr>
<tr>
<td>Honorable</td>
<td>Gratitude</td>
</tr>
<tr>
<td>Innovative</td>
<td>Honest</td>
</tr>
<tr>
<td>Integrates</td>
<td>Imaginative</td>
</tr>
<tr>
<td>Intentional</td>
<td>Initiates</td>
</tr>
<tr>
<td>Joyful</td>
<td>Inquiring</td>
</tr>
<tr>
<td>Listener</td>
<td>Intelligent</td>
</tr>
<tr>
<td>Loving</td>
<td>Intimate</td>
</tr>
<tr>
<td>Networker</td>
<td>Leading</td>
</tr>
<tr>
<td>Optimism</td>
<td>Logical</td>
</tr>
<tr>
<td>Peaceful</td>
<td>Manages Time Well</td>
</tr>
<tr>
<td>Poised</td>
<td>Open-Minded</td>
</tr>
<tr>
<td>Practical</td>
<td>Patient</td>
</tr>
<tr>
<td>Problem-Solver</td>
<td>Playful</td>
</tr>
<tr>
<td>Reliable</td>
<td>Powerful</td>
</tr>
<tr>
<td>Self-confident</td>
<td>Proactive</td>
</tr>
<tr>
<td>Sense of Humor</td>
<td>Punctual</td>
</tr>
<tr>
<td>Sincere</td>
<td>Responsible</td>
</tr>
<tr>
<td>Spontaneous</td>
<td>Self-reliant</td>
</tr>
<tr>
<td>Successful</td>
<td>Spiritual</td>
</tr>
<tr>
<td>Trusting</td>
<td>Strong</td>
</tr>
<tr>
<td>Versatile</td>
<td>Truthful</td>
</tr>
</tbody>
</table>
Note to Facilitator

This session will discuss sexual activity, sexuality, and dating during adolescence. Please conduct session in the following order:

Sexuality and Relationships Psychoeducation

- This psychoeducation will cover dating, sexuality, and sexual activity. It will also discuss some protective factors and risk factors for early sexual onset debut. It will include information about the importance of relationship education during adolescence. Keep group members engaged by having the members read the information aloud to the group (popcorn reading, asking for volunteers to read or calling on someone to read) asking questions about their own experiences with the material being presented or encouraging members to ask questions. The handout is designed to be distributed to the group members, however, you may create a power point/prezi presentation if you would like.
  - 15 minutes

Community Circle Question

- Following the self-esteem psychoeducation, group members will take 5 minutes to answer the community circle question on the provided worksheet. Allow group members 5 minutes to share their answers with the group if they choose to.
  - 10 minutes

- For this intervention you will need access to a TV and DVD Player (or computer), and speakers. Have the group watch two clips from each of the four movies. The two clips should display the designated couple in a conflict/argument and a positive interaction. After watching each pairing of clips, have the members write down the healthy and unhealthy interactions each couple depicted, then determine whether they believe the couple displays an example of a healthy relationship or an unhealthy relationship. The purpose of this exercise is to demonstrate that conflict is inevitable, but not all conflict is unhealthy. Moreover, this exercise should help them identify possible warning signs of an unhealthy relationship. The movies; What’s Love Got to Do with It; 1993 (Ike and Tina; unhealthy relationship), Dreamgirls; 2006 (Deena and Curtis; unhealthy relationship), Soul Food; 1997 (Maxine and Kenny; healthy relationship) The Best Man Holiday; 2013 (Lance and Mia; healthy relationship). This part of the exercise will take 15 minutes. Use the last 10 minutes have the group share their feelings about the healthy and unhealthy interactions by using the following process questions: “What was your experience like watching the movie clips?” “How do you feel about that experience?” “How do you think [character of choice] feels about their interaction?”
  - 25 Minutes

Wrap Up

- 5 Minutes

End session by offering accolades to group members for their participation. All praise should be genuine and authentic. Address any lingering questions, and let group members know that next session will be the last session; termination. Please pass around the termination pot luck signup sheet, found with the worksheets in session seven. Session should run about 55 minutes.
Sexuality and Relationships

In this session we will discuss dating, sexuality, and sexual activity, some protective factors and risk factors for early sexual activity and relationship education for adolescents.

Dating During Adolescences

Sex and Sexuality

- By age 16, about 70% of Black adolescent girls have started dating
- Sexual Activity
  - Sexual activity and romantic feelings being to surface in mid-adolescence and the feeling of being in love is the strongest link between puberty and emotional experience.
  - With typical sexual development couples usually embrace and kiss first, then fondle over the clothes, followed by unclothed fondling and finally have sex.
  - White adolescents usually follow the above order of heterosexual sexual development
  - Black adolescents tend to have sex before the unclothed fondling of male or female private parts
  - Being forced or pressured into sex during this developmental phase is not normal behavior. A forced sexual experience can severely affect the adolescent’s sexual development and their later life romantic relationships
  - Dating often leads to sexual activity, and the more constantly an adolescent is dating the more likely they are to engage in sexual acts since they have regular access to sexual partners
  - Since African American adolescent girls’ bodies develop early, African American adolescent girls are more likely to engage in sexual activity early when compared to White adolescent girls
  - Early sexual activity can lead to Sexually Transmitted Infections, more sexual partners, unwanted pregnancies, abortions, or teenage parenthood

- African American girls learn the message that sex is supposed to support and satisfy the males’ values and needs, not their own
  - The lower the girl’s self-esteem, the more likely the adolescent is to experience greater pressure to have sex to please her partner or maintain their romantic relationship
  - If the girl values her relationship more than she values her own self-worth, she is more likely to give into to her partner’s sexual influences as a way to continue dating her boyfriend or deepen their relationship
  - An African American girl is more likely to talk about her sexual experiences with her closest and most trusted friends rather than her parent(s).
  - The issue with this is, most adolescents do not understand the affects of sexual activity and have a hard time dealing with the negative costs that may come from sexual activity
  - Therefore, the two adolescent girls aren’t as helpful to one another as they may think they are, as they both inexperienced and do not know a great deal about sex and sexual activity
  - Early physical development, peer influence, being raised in a single parent family, intimidating parenting, mothers who demonstrate their own risky behaviors like smoking and/or drinking, and hanging out with sexually active peers are some individual risk factors that can lead to sexual activity at a problematic age
  - High self-esteem is a key protective factor that can help delay the onset of sexual activity. Also, religious affiliations, high GPA, parent-child communication and connectedness, a clear understanding the parent’s disapproval of sexual activity, high levels of family attachment, parent involvement and supervision are influences that will support in the delay of sexual onset
Dating During Adolescences cont.

**Relationship Education**

- Many adolescents are at risk of verbal and physical abuse by their significant other and will experience some type of relationship issues, however, countless adolescents do not know, or understand, conflict is unavoidable.
- When compared to their peers, African American youth are at the greatest risk to have unhealthy and unstable relationships in the future, are the least likely to marry, and are most likely to end up in divorce if they do marry.
- African American parents are particularly worried about their daughter’s safety in regards to dating and relationships.
  - Parents are scared that young men will act aggressively towards their daughters. So it is important to parents that they are able to teach their children about healthy romantic relationships.

- Adolescence is when most ideas about relationships are formed, so relationship education for youth would be affective during this time.
- Youth who participated in the relationship education class may have gained insights that could result in future healthier relationships and displayed decreases in verbal and physical aggression.
References

For more information on sexuality and relationships during adolescences, please see the following sources:


Community Circle Question:

How would you describe a healthy romantic relationship? Does your current (or past) relationship fit this description? Why or Why not?
## Love...or nah?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Healthy Traits</th>
<th>Unhealthy Traits</th>
<th>Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curtis and Deena</td>
<td></td>
<td></td>
<td>Healthy Relationship</td>
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<tr>
<td>(Dreamgirls)</td>
<td></td>
<td></td>
<td>Unhealthy Relationship</td>
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<tr>
<td>Ike and Tina</td>
<td></td>
<td></td>
<td>Healthy Relationship</td>
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<tr>
<td>(What's Love Got To Do With It)</td>
<td></td>
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<td>Unhealthy Relationship</td>
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<tr>
<td>Mia and Lance</td>
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<td>Healthy Relationship</td>
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<tr>
<td>(The Best Man Holiday)</td>
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<td>Unhealthy Relationship</td>
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<tr>
<td>Maxine and Kenny</td>
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<td></td>
<td>Healthy Relationship</td>
</tr>
<tr>
<td>(Soul Food)</td>
<td></td>
<td></td>
<td>Unhealthy Relationship</td>
</tr>
</tbody>
</table>
Note to Facilitator

This session is meant for mentors only. This session will address some potential safety issues and what the mentor should do if she is to find herself in such a situation. Please conduct this session in the following order:

**Safety and Procedures**

- This session will focus on psychoeducation about child abuse, suicidality, substance usage, teenage pregnancy and ways mentors can address each topic with their mentee should the circumstance arise. Furthermore, some community resources are provided for your convenience. It is highly recommended that you provide mentors additional community resources based on your specific location. The handout is designed to be distributed to the group members, however, you may create a power point/prezi presentation if you would like. The “other concerns” portion of this psychoeducation is meant to give mentors time to discuss any concerns or questions they feel should be addressed. During this portion, follow the mentor’s lead. Throughout this psychoeducation piece, encourage mentors to ask any questions they may have.
  - 30 Minutes

**Safety Plan**

- In the case of self-harm or suicidality, a safety plan has been provided for your convenience. Review this safety plan with the mentors, encouraging any questions they may have. After reviewing the safety plan with the mentors, have them fill out the safety plan. Though it is not required, it is highly recommended to create a clinical vignette for the mentors (written about an African American adolescent girl who is either self-harming or suicidal) as this may help them better empathize with experience of an adolescent dealing with these challenges (10 minutes). Once all mentors have completed their safety plan, you will use the last 10 minutes to ask the following process questions: “What was this experience like for you?”, “How do you think an adolescent would feel if she had to complete this safety plan?” “On a scale from 0 to 10, zero being the lowest and 10 being the highest, how comfortable do you feel about walking your mentee through the completion of this safety plan?”
  - 20 Minutes

**Wrap Up**

- End session by offering accolades to mentors for their participation. All praise should be genuine and authentic. Address any lingering questions, and let mentors know that next session will be the last session, termination. Pass around the termination potluck signup sheet, found with the worksheets for session seven. Session should run about 55 minutes
  - 5 Minutes
Safety and Procedures

Although you are not a mandated reporter, it is important to know what to do if you are faced with your mentee being a victim of child abuse, if she has suicidal ideation, or if she reports (planned or unplanned) pregnancy. The most important thing to do is contact your group facilitator for guidance in how to deal with these issues or any other concerns that may come about.

I. Child Abuse and Child Abuse Reporting

- **What is Child Abuse?**
  - **Physical Abuse:** a physical injury which is inflicted by other than accidental means on a child by another person
    - A child is defined as any person under the age of 18 years old. This does not include fetuses
  - **Sexual Abuse:** this includes both sexual assault and sexual exploitation. Sexual assault is any sexual contact with a minor that includes force, manipulation, coercion, or is done under duress, or involves a significant age difference
    - Sex between a child under the age of 16 and someone over the age of 21 is reportable
    - Lewd and lascivious acts upon a child under 14 years of age
      - a. Sex with a minor under the age of 14 has always been reportable, even if it is consensual. The only exception to this is if both persons are under the age of 14, and it is consensual and non-abusive
      - b. Lewd and lascivious acts upon a child of 14 or 15 when the perpetrator is more than 10 years older than the victim.
  - **Neglect:** this includes both severe and general neglect
    - Severe neglect occurs when a caretaker fails to protect a child from malnutrition or puts a child’s life in danger by not adequately providing for shelter, clothing or medical care.
    - General neglect occurs when a caretaker allows a child to be physically injured as a result of not providing adequate food, shelter, clothing or medical care.
    - **Caveat:** latch kid kids are not necessarily victims of neglect
  - **Willful cruelty or unjustifiable punishment of a child:** this occurs when a person allows a child to be placed in danger or causes a child to suffer unjustifiably.
    - This would include exposing a child to severe violence, mental suffering, unjustifiable emotional suffering, and emotional abuse
  - **Unlawful corporal punishment or injury:** this occurs when a person inflicts inhuman corporal punishment or injury that causes trauma, which may include severe punishment
  - **Child abuse does not mean a mutual affray between minors. ‘Child abuse’ does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.
• Things you should ask and do if you suspect your mentee is being abused:
  o Ask:
    ▪ Where you hit?
    ▪ Where you touched inappropriately?
    ▪ What happened?
    ▪ When and where did this happen?
    ▪ Did it leave a mark?
    ▪ Have you or your siblings been hit or inappropriately touched before? How often?
    ▪ Did you know the person who hurt/touched you?
    ▪ Do you have an open case with DCFS or a Social Worker?
  o Do:
    ▪ Gather as information about the event as you can, including
      a. Mentee’s address
      b. Parent’s name
      c. Perpetrator’s name
    ▪ Call DCFS and ask to give a report
    ▪ CONTACT YOUR GROUP FACILITATOR IMMEDIATELY TO DISCUSS WHAT FURTHER ACTION SHOULD BE TAKEN

II. ‘Suicidality
  • Common Warning Signs of Suicidality
    o Verbal:
      ▪ Direct: “I am going to kill myself”
      ▪ Indirect: “My life is not worth living anymore” “You’ll miss me when I’m gone”
    o Psychological
      ▪ Long Term depression
      ▪ Feeling helpless and/or hopeless
    o Emotional
      ▪ Pre-occupation with death
      ▪ Lack of appetite/overeating
      ▪ Isolation
    o Behavioral
      ▪ Inability to perform daily tasks
      ▪ Previous suicide attempts
      ▪ Suicide note
      ▪ Lack of interest in things previously enjoyed
      ▪ Sudden and unexplained recovery from depression
  • Things you should ask and do if you suspect your mentee is suicidal:
    o Ask:
      ▪ Are you thinking of hurting or killing yourself?
      ▪ How long have you been thinking about suicide?
      ▪ Do you have a plan for how you will commit suicide?
        a. If so, get specific information about the plan
      ▪ Do you have access to the things you need in order to carry out your plan?
      ▪ Have you tried to kill yourself before?
      ▪ Has someone in your family killed themselves? Or tried to kill themselves?
      ▪ Is there anyone or anything that would stop you from killing yourself?
“Sista 2 Sista” - Session Six

o Do:
  ▪ Set up a safety plan (see sample provided)
  ▪ Provide mentee with emergency/crisis numbers
  ▪ Explore what family or friends mentee has, and other sources of support
  ▪ CONTACT YOUR GROUP FACILITATOR IMMEDIATELY TO DISCUSS WHAT FURTHER ACTION SHOULD BE TAKEN

III. Other Areas of Potential Discussion
  • Self-Harm
  • Suspected Pregnancy
  • Substance Usage
  • Other Mentor Concerns

IV. Resources
  • Child Abuse:
    ▪ Los Angeles County Department of Child and Family Services (DFCS)
      To report child abuse in Los Angeles County, California, contact the Child Protection Hotline 24 hours a day, 7 days a week
      ▪ Toll-free within California, phone (800) 540-4000
    ▪ Outside of California, phone (213) 639-4500
    ▪ TDD (Hearing Impaired) (800) 272-6699
    ▪ http://dcfs.lacounty.gov/
  • Suicidality:
    ▪ National Suicide Prevention Lifeline
      Callers are helped by trained crisis workers who will listen to the caller’s problems and inform them about mental health services in there are. The line is free, confidential and open 7 days a week, 24 hours a day.
      ▪ 1(800) 273-TALK (8255)
      ▪ http://www.suicidepreventionlifeline.org/
    ▪ Trevor Lifeline
      The leading national organization providing free and confidential crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
      ▪ Call: 1(866) 488-7386
        a. 24/7
      ▪ Text: “Trevor” to 1(202) 304-1200
        a. Fridays: 1pm-5pm PST; 4pm-8pm EST
        b. Standard text messaging rates apply
      ▪ Chat: see website information below
      ▪ 7 days a week: 12pm-6pm PST; 3pm-9pm EST
      ▪ http://www.thetrevorproject.org/
    ▪ Didi Hirsch Suicide Prevention Center Hotline
      Didi Hirsch Suicide Prevention Hotline counselors have been through extensive training to talk about concerns in regards to suicide. The Suicide Prevention Hotline is free, confidential and available seven days a week, 24 hours a day.
      ▪ 1(877)7-CRISIS (727-4747)
      ▪ http://www.didihirsch.org/suicide-prevention-hotline
Teen Line
The TEEN LINE is a group of Southern Californian teenage volunteers who answer calls, emails and texts and have been specially trained. They won’t judge or give advice – their job is to listen to feelings, help to clarify concerns, define available options, and help callers make positive decisions
- Call: 1(800) TLC-TEEN (852-8336) or (310)855-HOPE (4673)
  a. Every day 6pm-10pm PST
- Text: “TEEN” to 839863
  a. Everyday 5:30pm-9:30pm PST
  b. Standard text messaging rates apply
- Email and Message Board available on the website (see below)
  - https://teenlineonline.org

Teen Pregnancy
- Planned Parenthood
  Provides reproductive health care, sex education and information to woman, men and young people worldwide.
  - To find a location near you, visit the website below or call:
    1(800)230-PLAN (7526)
  - http://www.plannedparenthood.org/

For more information, please visit www.counseling.org
Safety Plan

**Warning signs that I may want to hurt myself:**

My Behavior: ____________________________________________________________

__________________________________________________________________________

My Thoughts: _____________________________________________________________

__________________________________________________________________________

My Triggers: _____________________________________________________________

__________________________________________________________________________

My Feelings: _____________________________________________________________

__________________________________________________________________________

**Things I can do to cope:**

What makes me feel relaxed: ________________________________________________

__________________________________________________________________________

Physical activity: __________________________________________________________

__________________________________________________________________________

Things I can do to take my mind off my triggers: ________________________________

__________________________________________________________________________

__________________________________________________________________________

Other good ways to cope: ___________________________________________________

__________________________________________________________________________

Supportive adults in my life: _________________________________________________

__________________________________________________________________________

Supportive friends in my life: _________________________________________________

__________________________________________________________________________

Something worth living for is: ________________________________________________
People I can call (name and phone number):

Family member: ____________________________________________________________

Group Facilitator: ________________________________________________________

Mentor: __________________________________________________________________

Other: ____________________________________________________________________

National Suicide Prevention Lifeline ................................................................. 1 (800) 273-TALK (8255)

Trevor Lifeline ................................................................................................... 1 (866) 488-7386

Suicide Prevention Center Hotline ................................................................. 1 (877) 727-4747

Teen Line .......................................................................................................... 1 (800) TLC-TEEN (852-8336)

Police ............................................................................................................. 911

Plan for making my environment safe: ______________________________________

___________________________________________________________________________

____________________________________________________________________________

Plan for Caregiver: _________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Mentee’s Signature

Date

Mentor’s Signature

Date

Group Facilitator’s Signature

Date

Caregiver’s Signature

Date
Note to Facilitator

Congratulations! You have completed the “Sista 2 Sista” mentorship program group curriculum, which also sadly means it is time to terminate this group. Ensure mentees that they will still spend time with their mentors outside of this group, and encourage members to exchange contact information. Be sure to make it clear, however, that this will be the last meeting as a full group. Please conduct session in the following order:

• Have the group members sign up for items to bring to the potluck the session before the last group. You will find directions to this activity on the “Termination Potluck” page. At the beginning of session seven, give group members about 10 minutes to set up the item they brought and make their plates. All interventions can be done while eating.
  • 10 Minutes

• After group members have had an opportunity to make their plates, pass out the celebrations and appreciations worksheets. Have a group member read the instructions on the worksheet aloud. Give group members 5 minutes to complete the worksheet. Use the next 5 minutes to give group members an opportunity to share what they wrote.
  • 10 Minutes

• Once you have completed the “celebrations and appreciations” worksheet, group members will take 5 minutes to answer the community circle question on the provided worksheet. Allow group members 5 minutes to share their answers with the group if they choose. It is highly recommended that you take notes as group members are sharing their experiences (do not write down their names, only the content) in order to make the necessary adjustments for the next time you, or someone else, facilitates this program. Please do not collect the papers as you may not have an opportunity to give them back to the group members.
  • 10 Minutes

• Instructions for this intervention can be found on the “I Wish You Well Card” page. Please note, this page is for the facilitator only! Be sure that the group members DO NOT see the instructions, as it will alter the affectiveness of the intervention.
  • 15 Minutes

• After completing the “I Wish You Well” card, give each group member an “I Wish You Well” Signature Page. Instruct group members to write their name in the designated area. Encourage group members to write thoughtful, reflective and positive parting message to one another. Additionally, encourage group members to exchange contact information and keep in touch with one another. While group members can also use the back of their page, it is recommended that you print out extra sheets, for any group member who may want or need another sheet of paper.
  • 5 Minutes

End session by offering accolades to group members for their participation. All praise should be genuine and authentic. Praise group members for completing the program, and encourage them to keep all their worksheets so they can review and reflect on them. Encourage mentors and mentees to continue conversing and learning about all the topics discussed during the duration of the program. Allow group members to continue signing each other’s signature pages until they have to leave. (5 minutes) Session should run about 55 minutes.
Termination Potluck

While mentor-mentee pairs will continue to spend time with one another, this will be our last session as a group. You are, however, encouraged to exchange contact information and keep in touch with your group members!

Let us take some time to reflect and celebrate this journey over food! Members who are willing to bring something to contribute to the potluck can list their name and item below.

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________
7. ____________________________________________
8. ____________________________________________
9. ____________________________________________
10. ____________________________________________
11. ____________________________________________
12. ____________________________________________
13. ____________________________________________
14. ____________________________________________
15. ____________________________________________
16. ____________________________________________
### Celebrations and Appreciations

**Directions:** Reflecting on the time you have spent in this group, complete the sentences below in the space provided. Write down one or more thing(s) you would like to celebrate and something or someone you appreciate. Use the back if you need more space.

#### Celebrations

Something I would like to celebrate is ________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

#### Appreciations

Something/Someone I appreciate is ________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Community Circle Question:

What is one thing you enjoyed the most about this group?
What is one thing you would suggest for future groups?
Materials needed:
1. Card Stock (or construction paper)
2. Colored Ink/Gel Pens
3. Markers and/or Colored Pencils
4. Magazines
5. Glue
6. Scissors
7. Any other appropriate art supplies

Directions:
1. Group members will be making “I Wish You Well” cards for a group member using the art supplies provided. Tell the group that each group member will pull a name out of a box, once they have completed their cards, in order to determine who they will give their card to.
   a. Note: If members ask why they will not receive their assigned group member until after the card is done, tell them it is because you (the group facilitator) do not want them to “spoil the surprise” by looking at the member while they are creating the cards
2. Have group members decorate their card, including words of encouragement. Instruct them to leave space so they can write a personal message to their assigned group member.
3. Give the group 10 minutes to complete their cards
   a. Optional: have music playing in the background
4. Cut out enough pieces of paper for each group member to be represented. On the paper, instead of writing the group member’s names, write “You”. Put pieces of paper in a container to be passed around.
5. Once time is up, send around container.
   a. Immediately before sending around container, remind group members to not look at their assigned group member, in order to not ruin the element of surprise.
6. After the container has been sent around, inform group members the purpose of this exercise.
   a. Purpose: Sometimes it is easier to say encouraging words to other people than it is to ourselves. This is an opportunity for you to give the positivity and encouragement you would normally give to someone else, to yourself.
7. Give group members 5 minutes to write personal message to themselves
8. Have group members share their card
   a. Personal message is optional to share
“I Wish You Well” Signature Page

On the blank pages provided, write an encouraging message to ____________________.

(GroupName’s Name)