Relationship skills for adolescents: Health promotion through a college service learning course

Cami K. McBride, Carrie Miller & Valerie Vorderstrasse
Department of Psychology, Roosevelt University

Background

Many youth lack relationship skills to negotiate dating challenges of adolescence and are often unprepared for longer term partner relationships in young adulthood (Crockett & Randall, 2006; Gardner, Giess & Parrott, 2004). Providing adolescents with relationship skills education, has been identified as a health promotion strategy, intended to reduce multiple at-risk behaviors, including substance abuse, early pregnancy, and sexually transmitted infections (Wolfe, Jaffe & Crooks, 2006). Adolescents who are better able to negotiate with romantic partners have been shown to engage in less risk-taking behavior (Giordano, Manning, Longmore, 2010). An innovative method of providing this relationship skills education to youth can occur through a service-learning course at the university level, in which students receive credit for community service (Nielson et al., 2004). Below we discuss the results of our health promotion intervention conducted through a service learning course.

Objectives

• Overall goals of the service learning course were to: 1) improve relationship skills in adolescents to reduce risky behavior, 2) help undergraduates understand the life experience of low income adolescents, and 3) provide undergraduates with a service experience that would encourage future service and volunteering. Please refer to McBride, Miller, & Vorderstrasse (2010) for results of goals 2 & 3.

• Specific goals relevant to this presentation (goal 1):
  1) Provide relationship skills training based on manualized curriculum (Love U2: Relationship Smarts Plus; Pearson, 2007) to adolescents in Boys and Girls Clubs of Chicago (BGCC).
  2) Examine adolescent session outcomes based on the curriculum learned through service-learning course and administered by undergraduates at the BGCC.

Methods

• The participants were adolescents between the ages of 13 and 18 from the BGCC.
• Undergraduate students taught lessons from the Love U2 curriculum to the adolescents at BGCC for an average of 7 sessions.
• Sessions were facilitated in a group format using games, role-playing, activities and discussion.
• Each adolescent, who was present for a session, completed questions asking about certain topics relevant to the day’s session (e.g. maturity issues, relationships, communication challenges, etc.).
• Questions were delivered via paper and pencil format. Adolescents recorded their answers on a Likert scale from 1 to 4, where 1 = “Was poor” or “Is poor” and 4 = “Was excellent” or “Is excellent.”

Measures

• Measures were specific to the session content, and were conceptually and empirically related to improved relationship behavior and conflict resolution.
• Measures used a post and retrospective pretest format. The retrospective pretest format prompts were: “Before participating in this program…” while post prompts were “After participating in this program…”
• Sample items for session 9, “Establishing a Foundation for Good Communication” include: 1) “My awareness of communication patterns I learned while growing up.”
  2) “My knowledge of when to take a Time Out during an argument.”
  3) “My understanding of how to use the Speaker-Listener Technique to talk through an issue or problem.”
  4) “My awareness of how to facilitate good communication.”
  5) “My ability to listen and offer appreciations to build friendship in a relationship.”
• Adolescents responded to an average of 5 items on the topic for each session.

Results

We found that adolescents’ knowledge improved in nine of the 12 sessions. The success of this intervention is promising for improving relationship knowledge and conflict resolution among adolescents, although additional longitudinal follow-up would indicate if the intervention knowledge is maintained. The positive intervention outcomes suggest that delivering a manualized, health promotion curriculum in the community via a service learning class is possible. Limitations of the study are the small sample size and the lack of behavioral change measures. Future research may wish to evaluate similar curricula with greater numbers of adolescents using a more rigorous pre-post—follow up design.

References


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