

**A Curriculum for Prevention:  
Qualitative Assessment of WHEEL Club Phoenix Project**

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## Abstract

This study describes perspectives of participants in a substance abuse and HIV prevention (HIVP) program targeted to middle school students and families in an urban Phoenix, Arizona, school district. Data collection and analyses complement past quasi-experimental, pre/post designs which found the program to be successful in terms of increasing students' perceived harm of drugs, HIVP curriculum knowledge, and reported ability to stop sexual advances and express opinions about sexual matters. A total of seven small-group, semi-structured interviews were conducted with program staff and current and past program participants, including middle and high school students and an interview with mothers (conducted in Spanish). The study is based on an integration of risk protective and resiliency models of prevention, multicultural learning theory, and ethical guidelines for the research of socially sensitive topics. Two researchers gathered and analyzed interview data and developed categories using grounded theoretical research methods. Following transcription, all data were coded and analyzed descriptively and thematically. Subsequently, the researchers compared descriptive and thematic interpretations of the data, and derived three reciprocally related, overarching themes: *relationships*, *delivered curriculum*, and *embodied curriculum*. Associations among these themes with patterns in the data about participants' perspectives on program outcomes, challenges, and recommendations for improvement provide for additional reflection with respect to program strengths, challenges, and implications for future direction.

## **Introduction**

Beauty may be in the eye of the beholder, and according to a number of quantitative studies of the WHEEL Club Phoenix Project (Nelson, 2004; Nelson & Arthur, 2003; WHEEL, 2005), the WHEEL Club is indeed a beautiful project. Statistically significant quantitative evidence has shown that WHEEL Club accomplishes what it aims to accomplish. Participants are more knowledgeable about substance abuse, HIV, and sexual activity, and they are better positioned to make informed decisions with respect to engaging in risky behaviors.

However, not everything worth reporting can be counted. Intangibles such as values and dispositions elude quantitative analysis; they reveal themselves more easily in the world of words, ideas and interactions. By documenting participants' observations, values, suggestions, and questions as they express them in their own words, we find out what the project means to them, their families, and their community. We also find out what might be improved, so that it works better for more people. Sometimes even words elude participants' most deeply held beliefs. The use of creative arts can help reveal what even words cannot describe.

The purpose of this report is to document the participants' assessment of these intangibles through semi-structured interviews that include opportunities to draw pictures about the program, and archival analysis of various resources available to participants in WHEEL Club and Council activities in the Phoenix' urban core. The interviewers' role was to ask questions and listen and probe where necessary to delve deeper into the participants' responses. This study is guided by a number of questions: (1) What are the characteristics of the program? (2) What do participants like about the program? (3) What do participants not like about the program? (3) What have they learned that they didn't expect? and (5) How would they change the program?

Unlike quantitative research that uses numerical data to test theories, this qualitative research study uses narrative data to develop new theories grounded in patterns and themes that emerge from the data. Quantitative research designs involve manipulation of variables; qualitative research designs involve observation, description, and analysis of phenomena. An aim of this study is to describe in as much detail as possible the participants' (including teens, parents, and staff members) perspectives on WHEEL Council activities as they relate to the research questions.

This report is presented as a tool for reflection about WHEEL Council activities. Though it may inform similar program development efforts elsewhere, by itself it is not intended to provide for program replication in other settings. This document reports the insights of a particular group of people at a particular point in time and recorded and analyzed by a particular set of researchers. Research standards for this study are not validity, reliability, and objectivity in the quantitative sense of the terms; research standards for this study are credibility, transferability, dependability, and confirmability (Anfara, Brown, and Mangione, 2002), which are achieved through a variety of strategies, including the use of peer debriefing, triangulation of data, member checks, thick description, purposive sampling, and code-recode strategy.

### **Conceptual framework**

This study is framed in already existing quantitative research on the program, as well as the prevention literature and holistic curricular approaches to addressing substance abuse and HIV prevention.

### *Quantitative assessment of WHEEL Club Phoenix Project*

Two quasi-experimental studies were conducted to compare WHEEL participants to groups of non-participating peers from the same schools. These studies evaluated the influence WHEEL participation had on students' use of alcohol, tobacco, and other drugs (ATOD); perceptions related to ATOD use; sex-related behaviors and attitudes; and students' ability to discuss sexual topics with others. The findings reviewed appeared in scholarly research journals (Nelson, 2004; Nelson & Arthur 2003) as well as the WHEEL Council's final report to their funding agency (WHEEL, 2005).

In the first of these evaluations, Nelson and Arthur assessed the influence of club participation on youth's alcohol and marijuana use. Program participants ( $n = 292$ ) in this study consisted of two cohorts of 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade students who self-selected to attend club meetings during lunch or after school, where the curriculum was delivered, in 1998 and 1999. Participants from a third school within the same district ( $n = 640$ ) served as a comparison group; they received no specified intervention. All students in the study, both the participating and control groups, attended schools associated with risk for ATOD abuse. In both groups, approximately 85% of students were Latino, 98% of families qualified for free school lunches, and students lived in inner-city communities with a high proportion of single-parent households, parent alcohol abuse, availability of drugs in the community, and peer groups who used substances. In addition, about 4 in 10 families spoke a language other than English at home. The average amount of hours in the program was 34.46 ( $SD = 30.83$ ) for the 1998 cohort ( $n = 98$ ) and 30.19 ( $SD = 32.10$ ) for the 1999 cohort ( $n = 112$ ). Dependent measures were taken from the National Youth Survey and included measures of drug-use, attitudes about drug-use, self-

concept, and resistance to drug-use. No significant differences between groups were found at the onset in terms of ATOD use or any of the outcome variables.

Overall, using a pre/post design (i.e., a 12-month follow-up) and ANCOVA methods, this study found statistically significant outcomes on the dependent variables for both cohorts. Some of these differences, however, were found to fluctuate by the amount of contact hours in the program. For instance, the 1998 cohort demonstrated significant decreases in alcohol use, but only for those with high contact hours (i.e., more than 28 hours). The 1999 cohort demonstrated this same difference, and high contact hours also decreased their marijuana use. All participants in the 1999 cohort, regardless of contact hours, demonstrated significantly higher resistance to ATOD use and a decrease in actual alcohol use. While this study provided duplicated evidence that WHEEL participation was associated with decreasing alcohol use, giving some confidence in the program's ability to decrease teen alcohol abuse and increase resistance, authors recommended a minimum of 20 contact hours for programs to optimal changes in alcohol and marijuana use. Moreover, a very small increase in participants' overall use of other drugs (cocaine, heroine, LSD, speed, downers, PCP, or ecstasy) and cigarettes was also found. As a result, in their discussion, authors suggested revisions to the program that reflect a greater emphasis on these substances.

In another study, Nelson used a curriculum assessment measure to evaluate participants' behaviors, experiences, perceptions, and attitudes concerning sexual activity. A survey was given to WHEEL participants ( $n = 28$ ), who received an average of 9 hours in the HIV prevention (HIVP) program, and to a comparison group ( $n = 15$ ) who received a similar substance abuse prevention program without HIVP content. Survey items concerned the following topics: sexual behaviors, efficacy of stopping sexual advances, pressure others for sex, attitudes toward

condoms, ability to discuss sexual topics with others, and knowledge of HIV. Participants from participating and control groups were in grades 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>, and demonstrated, on average, similar demographic features to the sample in the study by Nelson and Arthur—students attended the same inner-city school district in Phoenix, AZ. Pre- and post-test mean comparisons showed that WHEEL participants revealed significantly a greater HIVP knowledge than those in the comparison group at post-test. Moreover, HIVP knowledge of WHEEL participants significantly increased from pre- to post-test evaluations. It also significantly increased WHEEL participants' reported ability to stop sexual advances and talk to others about sexual matters. Students in the comparison group, however, did not significantly increase in these areas from pre- to post-test. Data regarding program effects on students' reported sexual behaviors, attitudes toward condoms, and perceptions of acceptability of sexual peer pressure were not shared or discussed.

A lengthier discussion regarding design, methods, and results of the aforementioned HIVP study as well as additional data and analyses on program outcomes can be found in the WHEEL Council's final report to their funding agency—Substance Abuse and Mental Health Services (SAMHSA). This report offers more descriptive data regarding school distribution and demographic data of participants, in-depth explanations of the dependent measures, data collection procedures, handling of missing and incomplete data, and discussions of some of the problems related to design (i.e., fidelity, attrition, program implementation). Data presented include randomized and non-randomized groups. Randomized samples were queried about HIV and sex issues while the non-randomized samples completed surveys regarding HIV and sex issues as well as substance abuse issues.

Pre- and post-test results among participants from the randomized ( $n = 39$ ) and control ( $n = 41$ ) groups demonstrated no significant changes in sexual behaviors. However, participants showed increases in their reported ability to stop sexual advances (increases found in HIVP and no HIVP groups) and reported ability to discuss sexual topics with others (significantly higher among HIVP group compared to no HIVP group).

Results from pre- and post-test evaluations of non-randomized samples revealed significant increases in substance abuse knowledge among program participants (significantly higher than those who did not participate). No differences on the various substance abuse prevention outcomes between participants and non-participants were found. Data regarding HIVP from non-randomized samples were also gathered, analyzed, and compared between those who did ( $n = 52$ ) and did not ( $n = 62$ ) receive the HIV curriculum. A significant increase in HIVP knowledge from pre- to post-test was found for those who participated in WHEEL using HIV curriculum compared to those who did not participate. However, in general, no significant changes were found in sexual behaviors from pre- to post-test. In addition, MANOVA analyses revealed significant changes on HIVP efficacy and attitudinal measures (i.e., perceived ability to stop sexual advances, to resist sexual pressure, and use condoms) regardless of whether the student received the HIV curriculum.

A summary and discussion of statistical results and evaluations was also rendered in the WHEEL report. They note that evaluations of student outcomes (i.e., behaviors, perceptions, attitudes, curriculum knowledge) related to substance abuse and HIV prevention demonstrated mixed results. Some of this is due to limitations in the implemented designs and methods in the mentioned studies. First, an unanticipated dosage effect was found on the program's capacity to change students' knowledge, attitudes, and ability to talk about these issues with others. Overall,



authors found 15-20 cumulative hours were most effective. Because the initial evaluation design was not structured to assess differential effects of dosage, the data do not lend themselves to further query related to the influence of dosage on student outcomes. Second, overall, it was found that WHEEL can increase students' perceived harm of drugs, HIVP curriculum knowledge, and ability to stop sexual advances. However, it is unclear whether these impacts endured over time (i.e., beyond graduation from the program). Further research using longitudinal models would be necessary to establish whether results of the program were maintained. Third, authors noted that the lack of effect of program on student behaviors may be due to the fact that students reported low substance abuse and sexual behavior in pre- and post-test. They postulated that low prevalence of these behaviors may have been due to the cumulative effect of the WHEEL program given that it was implemented in the site under evaluation since 1997. Again, data collection and analyses did not lend themselves to answer this question. Finally, possibly the strongest finding from these studies was that the students' reported ability to express opinions about sexual matters increased markedly as a result of their participation in WHEEL. While analyses portraying a link between this reported ability and students' actual behavioral patterns were not presented, authors cite other research which suggests that being able to talk to friends about condom use, for example, influences the tendency for teens to use condoms, which is a critical factor in HIV prevention.

#### *Risk-protective and resiliency models for prevention*

The research design for this study is framed by both risk-protective and resiliency approaches to the prevention of substance abuse and other risky behaviors. Though typically there has been debate about which of the two models to use, there are advantages and disadvantages to both, and in some respects, the two resonate each other. For instance, both

models make distinctions between contextual and internal factors that influence adolescents' decisions to abuse or not abuse substances or engage in unprotected sex. Where they diverge is in proposed strategies for prevention of risky behaviors. In one case the focal point for prevention is reducing risk, and in the other the focal point is on increasing adolescents' possession of developmental assets.

Catalano and Hawkins (1992) favor a risk-protective approach to the prevention of substance abuse and other risky behaviors among adolescents. They identify risk factors for adolescent drug and alcohol abuse in two general areas: (1) the broad social context in which people develop, such as the community and the neighborhood, and (2) within the individual and the individual's family, the school, and peers.

Environmental risk factors include economic and social deprivation, low neighborhood attachment and community disorganization, transitions and mobility, community laws and norms favorable to drug and alcohol use, and availability of drugs and alcohol. Among the individual risk factors are a family history of drug abuse and alcoholism, poor family management practices, early antisocial behavior with aggressiveness, parental drug use and positive attitudes toward use, academic failure, low commitment to school, alienation or rebelliousness, antisocial behavior, association with drug-using peers, and early first use of drugs.

Addressing the roots of these risk factors will prevent substance abuse and risky behaviors such as engaging in unprotected sex. Catalano and Hawkins recommend a program curriculum that promotes adolescents' social bonding with family, school, and community; the availability of opportunities to develop pro-social skills and be recognized for them; the strengthening of norms opposed to substance abuse in the family, school, and community, and authentic personal success within adolescents as countervailing factors to risk factors. This

combination of countervailing factors will lead to adolescents' not engaging in substance abuse or other risky behaviors.

Catalano and Hawkins also recommend a number of risk-preventative social competencies for adolescents in grades 6-8 at six levels: personal, family, peers, school-related, community-related, and event-triggered. At the personal level, adolescents should recognize the importance of alcohol and other drug abuse prevention, establish norms for health, develop request and refusal skills, acknowledge the importance of self-statements and self-rewards, be aware of sexual factors, recognize and accept body changes, and recognize and resist inappropriate sexual behaviors.

At the family level, early adolescents need to be competent in recognizing conflict between parental and peer values, and learn about stages in adult lives. At the peer level, early adolescents need to be able to choose friends, develop peer leadership skills, deal with conflict with friends, and recognize and accept alternatives to aggression.

With respect to school and community-related competencies, adolescents need the learning skills for participating in policy setting activities, planning and management skills to complete school requirements, truancy prevention skills, the ability to set personal behavioral norms and standards, involvement in community projects, the ability to identify and resist negative group influences, and the ability to accept differences. Event-triggered competencies involve circumstances such as coping with divorce, dealing with a death in the family, and dealing with a classmate's drug abuse or delinquent behavior.

Scales and Leffert (1999) describe a two-part resiliency-oriented typology: external assets and internal assets. Each asset type is sub-divided into four categories. External assets are the relationships and opportunities that adults provide: Support, empowerment, boundaries and

expectations, and constructive use of time; Internal assets are the competencies and values that youth develop to help themselves become self-regulating adults: commitment to learning, positive values, social competencies, and positive identity (Table 1). The greater the number of assets the adolescent has, the less likely he or she will engage in substance abuse or other risky behavior.

Taken separately, neither model is sufficient to serve prevention on its own (Epstein, Botvin and Diaz, 2001; and McNamara, 1996; as cited in Nelson, 2004). Together, the risk-protective and resilience models offer complementary perspectives that can help lead to a comprehensive understanding of prevention program and curriculum design, implementation, assessment, and evaluation. However, one fault inherent in both perspectives is their relative silence on linguistic and social diversity and cultural competence. For instance, the two frameworks fail to adequately acknowledge the importance of positive cultural identity as a risky behavior prevention strategy that counters adolescents' adoption of risky behaviors to establish a cultural identity that is not in service to a dominant society that suppresses the minority (Zoja, 1984, as cited in Nelson, 2003). For this reason, we draw also from a body of research (Guajardo Lucero, 2000; Zoja, 1984) that promotes the adaptation of a resiliency model in culturally competent ways that encourages development and maintenance of a positive cultural identity among Native American, Asian, African American, and Latino adolescents.

**Table 1**  
**The Eight Categories of Developmental Assets**

| <b>External Assets</b>      |  |
|-----------------------------|--|
| Support                     | The support assets refer to the ways in which children are loved, affirmed, and accepted. Ideally, children experience an abundance of support not only in their families but also from many people in a variety of settings, such as in school or religious congregations, among extended family, within the family’s social network, and in other areas in which socialization occurs. |
| Empowerment                 | An important development need is to feel safe and valued. The empowerment assets focus on community perceptions of youth and the opportunities they have to contribute to society in meaningful ways.  |
| Boundaries and Expectations | Clear and consistent boundaries complement support and empowerment. Ideally, young people experience boundary assets in the family, at school, in after-school programs, and in the neighborhood. They provide a set of consistent messages about appropriate behavior and expectations across socializing contexts.   |
| Constructive Use of Time    | Healthy communities provide a rich array of constructive after-school opportunities. Whether through schools, community organizations, congregations, or for-profit centers, structured activities stimulate positive growth and contribute to the development of the other assets.  |
| <b>Internal Assets</b>      |  |
| Commitment to Learning      | Developing an internal intellectual curiosity and the skills to gain new knowledge is essential for both school and work success. The commitment-to-learning assets reflect how connected young people are to their schools, how motivated they are to achieve, and whether they express their curiosity and work ethic in homework and reading for fun.                                 |
| Positive Values             | Positive values are important “internal compasses” that guide young people’s priorities and choices. Although there are many values that American society cherishes and seeks to nurture in youth, the asset framework focuses on several widely shared values that affect youth behavior.   |
| Social Competence           | These assets are important personal and interpersonal skills youth need to negotiate the maze of choices, options, and relationships they face. These skills also lay the foundation for independence and competence as adults.  |
| Positive Identity           | This category focuses on young people’s views of themselves—their own sense of agency, purpose, worth and promise. Without a positive sense of who they are, youth may feel powerless, without a sense of initiative and direction.  |

**Source:** P. C. Scales and N. Leffert (1999), *Developmental assets: a synthesis of the scientific research on adolescent development*, p. 6. Minneapolis, MN: Search Institute.

### *WHEEL Council Prevention Curriculum*

This study is also informed by Nelson's (1998) multicultural learning theory entitled the Learning Wheel and its effectiveness in substance abuse prevention and improving adolescents' ability to refuse offers of drugs. This model includes western and non-western learning modalities and epistemologies in its design.

The Learning Wheel has five intelligences: practical, technical, conceptual, creative and expanded. Practical intelligence deals with skills such as facts and knowledge about basic concepts. Technical intelligence is about applying knowledge and concepts. Conceptual intelligence is about understanding the underlying idea of a topic and internalizing it and generalizing it in multiple situations. Creative intelligence is about applying ideas and concepts in novel ways. Expanded intelligence is about emotional responses to the learning environment that can encourage or impede learning.

Each of the intelligences has a corresponding learning modality. The practical intelligence learning modality is movement. Practice is the learning modality for technical intelligence. Verbally answering open-ended questions is the learning modality for conceptual intelligence. Cooperative group project work is the learning modality supportive of developing creative intelligence, and artistic expression, imagery, storytelling, and music support the development of expanded intelligence.

**Table 2**  
**The Learning Wheel Model**

| <b>Intelligence Type</b> | <b>Learning Modality</b>                | <b>Illustration in prevention curriculum</b>  |
|--------------------------|---|---|
| Practical                | Movement                                | Learning vocabulary and facts about AIDS/HIV to develop knowledge about their transmission.   |
| Technical                | Practice                                | Practicing in low risk environments purchasing and using condoms.<br>Practicing communication with partner about safe sexual practices.                             |
| Conceptual               | Verbally answering open-ended questions | Answering a question such as “How do you think the mixing of bodily fluids would act to transmit AIDS?”   |
| Creative                 | Cooperative group project work          | Engaging in a cooperative project, such as an anti-drug abuse parade through the neighborhood to create a new reference peer group to support preventive behaviors. |
| Expanded                 | Art                                     | Drawing pictures or telling stories to elicit inner traits that prevent self destructive behaviors.   |

**Source:** Nelson, A. (2004). Multicultural model of HIV prevention for youth. *International Journal of Learning*, 11, 1555-1564

Curriculum materials at the core of WHEEL Club activities are a number of activity workbooks: *Storytelling Powerbook*; *Stories to Live or Die By*, and *HIV Storybook* (See Appendix E for Tables of Contents).

The *Storytelling Powerbook's* 27 lessons are organized into six sections: Knowledge Power (knowledge of brain physiology, definition of addictions, physical effects of drug, charts, games), Skill Power (decision making strategies with role plays), Personal Power (five multicultural stories, symbol making, plays), Character Power (four multicultural stories of historical figures, character trait mandalas), Culture Power (definitions of culture, biculture, subculture, cultural symbol), and Future Power (stories of multicultural role models, choosing a role model, drawings, goal settings) (Nelson, 2004, pp. 172-173). The *HIV Storybook* and *Stories to Live or Die By* books are structured similarly and focus on specific risky behaviors: unprotected sexual activity and substance abuse. In all three books, participants engage in all learning wheel modalities.

## **Research methodology**

This study's research methodology is consistent with grounded theoretical perspectives as defined by Strauss and Corbin (1990) who assert that theories about phenomena under study are derived inductively through systematic data collection and analysis of data as they relate to the phenomena. Data collection, analysis, and theory share a reciprocal relationship with one another. Each informs the other. We start not with a theory to be tested, but instead phenomena to be studied and the hope that a theory might emerge that is representative of the reality of the phenomena under study.

Grounded theory is also an interactive enterprise that demands openness and flexibility on the part of all participants in the research process to meet differing circumstances and research situations. It is also a creative enterprise in that research participants must be able to break through assumptions, create new order out of old, and let the mind wander to make free associations that are necessary for generating stimulating questions and making comparisons that lead to new discoveries.

Rich, thick data are collected in sufficient detail to permit the data to speak for themselves. Patterns emerge, and researchers describe the patterns. Though Strauss and Corbin assert that not all data need to be transcribed, in this study all interview data were recorded and audio data were transcribed to text. Each of the two researchers open coded independently from each other, letting their minds wander into their respective creative directions as researchers with complementary expertise in curriculum design and development and educational psychology. Their expertise also provided complementary bases for theoretical sensitivity that guided their interpretation of the data that they collected through semi-structured interviews and archival analysis. In a similar manner, the literature that they consulted also served to stimulate their



theoretical sensitivity to holistic approaches to prevention program development and implementation.

They reviewed each other's openly coded data and recombined the data using axial coding procedures in light of patterns that emerged as a result of the comparison between each other's data sets. In this axial coding stage, the researchers made connections between categories and subcategories that emerged in the data. The researchers then completed the coding process through a third stage: selective coding stage. They selected core categories and systematically related the others to these core categories. Open and axial coding outcomes are described in the data presentation section of this report.

Once the data are coded and organized, the researchers then complete telling the story of the phenomena as reflected in the data, discuss them, draw conclusions, and propose possible implications for further research and practice. This story constitutes the final section of this report.

This grounded theoretical approach is supported by Maxwell's work (1996) on interactive research designs. Participants are co-constructors of the research design. Flexibility is built into the design process, so that when design flaws are noted, they can be addressed and corrected.

Maxwell also reminds us of the importance of keeping focus on the purpose of the research. It is easy to become captivated by informants' stories or the setting in which the study takes place, but unless these stories relate directly to the purpose of the research, they remain as captivating stories. Purpose then serves to guide design decisions to ensure that what is done is worth doing, and that what is done serves to justify the study.

Maxwell defines five purposes that qualitative research designs are especially well suited: (1) to understand the meaning, for participants, of the activities in which they are involved; (2) to understand the context in which the activities take place; (3) to point out unanticipated phenomena and influences, and generate new grounded theories; (4) to understand the process by which events and activities take place; and (5) to develop causal explanations (as opposed to causal relationships or causation in the quantitative sense of cause and effect). These research purposes, with an inductive, open-ended research strategy, address a number of practical purposes. They (1) generate understandable results and theories that are experientially credible both to research participants and others; (2) inform formative evaluations that intend to improve practice rather than assess the value of a program or product; and (3) encourage collaborative action research with research participants.

Sexual activity and HIV, and risk behaviors such as substance abuse are sensitive topics. For this reason, this study is also guided by Lee and Renzetti's work (1993) in socially sensitive qualitative research designs. They cite Sieber and Stanley's (1988) definition of "socially sensitive research" as

studies in which there are potential consequences or implications, either directly for the participants in the research or for the class of individuals represented by the research. For example, a study that examines the relative merits of day care for infants against full-time care by the mother can have broad social implications and thus can be considered socially sensitive. Similarly, studies aimed at examining the relation between gender and mathematical ability also have significant social implications.

In this light, the WHEEL Council's holistic approach to prevention programming in a Latino immigrant community has equivalent social implications both for that and the greater community, and research on the WHEEL Council's Phoenix project constitutes a socially sensitive research topic.

Recognizing the sensitivity of the topic assists in factoring carefully for researcher bias and differences between participant groups with respect to the sensitivity of the topics investigated in this study to each group within the study. Specifically, the research design draws from Sieber (1993) with respect to ethical and moral considerations. Research designs on socially sensitive topics must apply a system of moral principles among the research participants that prevent harming others and promote goodness, respect, and fairness. Also, research practices will take into account the political aspects of investigation, especially with respect to honoring participants' right to privacy and acknowledging varying thresholds among participants with regard to offensiveness or intrusiveness of questions about intimate topics. Research practices have been responsive to participant norms in these areas through multiple checkpoints, including WHEEL Council institutional review board, participant recruitment, and semi-structured interview phases. Through all phases, the research team and research participants have negotiated a design that maintains the integrity of the design, and the ethical foundation that supports it.

### *Procedure*

This research project began with an interview between the research team leader and WHEEL Council Director in October 2006. During this meeting the two discussed the Phoenix project, quantitative data that supported its effectiveness as a prevention program, and the desire to investigate the project further using qualitative means to capture other non-quantifiable aspects of the program that contributed to its success. Subsequent to the meeting, the two exchanged email correspondence about possible topics to include in the study and how to design an interview protocol that would lead to qualitative research objectives. In November 2006 a proposal was submitted and accepted. In December 2006, the research team met to discuss the

project. They met a second time with Phoenix project staff: the Project Director and two youth workers. During this meeting the research team obtained additional general information about the project and the population served, as well as concerns about the program, to guide development of the interview protocol. The research team also confirmed arrangements for project staff to recruit and make available interview participants selected according to a variety of criteria: parents with children in the program, parents with no children in the program, high school students who were participants in the program, current middle school-age participants in the program. Among the current program participants there were three categories: participants in WHEEL Club during lunch at school, participants in WHEEL Club after school in WHEEL Council office, and participants in WHEEL life skills class at school.

Interview protocols were developed collaboratively and iteratively by research team, project staff, and WHEEL Council director, in consultation with a WHEEL Council evaluation researcher. Interview protocols were available in English and Spanish (see Appendix B, C, D). They focused on the following: (1) motivations for participating in WHEEL Council activities; (2) participants' likes and dislikes about program activities; (3) unanticipated lessons learned through program activities; (4) participant assessment of program resources, especially the storybooks; (5) changes in relationships with family and friends; (6) awareness of risky behaviors in the community (i.e., substance abuse and unprotected sexual activity); (7) possible explanations for risky behavior; explanations for talking about risky behaviors; (8) WHEEL Council's role as a prevention mechanism; (9) personal experiences with risky behaviors; and (10) recommendations for program improvement.

The research team also familiarized themselves with the curriculum materials to support their understanding of participants' comments about them during the interviews. The research team did not evaluate these materials.

The research team conducted seven semi-structured group interviews: one interview with project staff, four interviews with middle school students, one interview with high school students, and one interview with mothers (See Appendix A: Summary of Participants) . Group size ranged from three to seven participants and interviews ranged in length from 40 minutes to 79 minutes' duration. Participants were encouraged to use the language they were most comfortable with. Interviews with the staff and the middle and high school students were in English, and the interview with the mothers was in Spanish. A bilingual researcher conducted all the interviews. Interviews were digitally recorded and transcribed according to generally accepted grounded theoretical standards. Speech recognition software was used to facilitate transcription of some of the interviews from voice to text. Both digital recordings and transcripts were available for analysis facilitated by *atlas.ti* qualitative data management and analysis software.

Each researcher coded data separately from the other according to generally accepted grounded theoretical methods and met subsequently to compare results. In one case, the researcher coded descriptively; in the other the researcher coded thematically, drawing from her theoretical sensitivity derived from risk-protective and resiliency model prevention literature, WHEEL Club curriculum and previous quantitative WHEEL Council studies. They then met and reviewed each other's coding output again, seeking to identify relationships among the codes that led to subcodes of broader themes. Descriptive coding structure is summarized below in the

interview data section, and the thematic coding scheme is summarized below in the emergent themes section.

## **Data Presentation**

### *Setting*

All seven interviews were conducted at the WHEEL central office, where after-school teen and parent classes were held. The central office is located in inner-city Phoenix, across the street from one of the middle schools served by WHEEL. Teen and staff interviews were conducted around a large wooden table and responses, in general, related directly to interview protocol and were addressed to the interviewer. The interview with mothers, on the other hand, was conducted in a large open circle and became more conversational. That is, mothers engaged one another more—they challenged and affirmed one another's responses, asked each other questions, and often veered from the interview protocol. In all cases, WHEEL staff introduced the interviewees to Bryant (interviewer) as a graduate student at Arizona State University. They encouraged students to be respectful and honestly engage the questions even if that meant expressing complaints and dislikes about the program. The three staff members were within hearing and/or visual purview during the interviews with teens and parents but did not, themselves, participate. They sat at computers doing their work, as did the co-investigator who took copious notes of verbal and non-verbal exchanges during the interviews. Rapport with Latina/o middle and high school students was established quickly and relatively seamlessly. Certainly, introductions from WHEEL staff, who students knew on a first-name basis, as well as the pizza, soda, and candy provided to students prior to the interview facilitated rapport development.

### *Interview data*

Each of the seven interviews was conducted on different days, and each group was unique in terms of participants' cumulative and individual experiences with WHEEL, the school they (or their children) attended, and the grade-level of the students. In total, 38 individuals (24 females, 14 males) were interviewed—three staff members, 23 middle school students, seven *madres*, and five high school students (see Appendix B, C, D). Each of these interviews followed the same basic format. Although the interviews were semi-structured and several improvised queries not present in the appended prompts were asked, the same basic structure was adhered to in all seven interviews. That is, interviews began with discussions related to general feedback (e.g., likes, dislikes, reasons for joining), followed by issues related to ATOD abuse, sex/HIV knowledge, and recommendations to the program. Below we describe each interview in the order they were conducted. We describe the participants within each group, and the common threads and unique divergences in their responses to interview prompts. We share a few quotations to illustrate such descriptions.

### *Staff*

The interview with staff was conducted on December 22, 2006. The three staff members, two females and one male, work full time for WHEEL and each had numerous direct hours with parents and students in the program. The most experienced of the three had five years working experience with WHEEL, conducted administrative tasks, and lead parent groups. The male employee had three years working experience with WHEEL, and worked daily with teen groups, delivering curriculum to students during and after school hours. The third staff member had one year working experience with WHEEL and worked full-time delivering the curriculum to and transporting students. As mentioned previously, rapport with staff members, who were keenly

aware of our purpose, was easily established. Answers to questions during the semi-structured interview were delivered thoughtfully and, from what we could gather, quite sincerely.

Moreover, logistics (i.e., scheduling, providing incentives, transportation) associated with all interviews were managed entirely by these three staff members.

During the section related to general feedback, several issues were discussed, including staff members' likes, dislikes, and daily routines with the program, as well as their perspectives on WHEEL's theoretical approach, curriculum, activities, and relationships established through their work with the program. Three underlying "likes" were expressed. These were tied with their reasons for choosing to work at WHEEL. First, they expressed their interest and enjoyment working with the targeted population—low SES Latinos. One staff member said,

*I like this job because I also like the population that we serve. I got attached to the kids very quickly. The longer I'm here, the stronger the relationships become.*

Their appreciation working with the mentioned population was closely associated with their expressed attachment with students and parents. One staff member, however, stated that relationships with teens in voluntary clubs differed from those in mandatory classes—the life skills class.

*It's so different in the voluntary. With the voluntary clubs the boundaries are more blurred. It's not a teacher/student relationship. But at [name of school that offers WHEEL life skill classes] it's a teacher/student relationship. We don't give kids our time. They don't come to our office. The boundaries are stronger. We don't talk about sex with them. The whole dynamic is different. What they're gaining from the program could be different, because of their relationships with you.*

Second, staff members expressed that they enjoyed the flexibility allowed within the program related to the delivery of the curriculum, classroom structure, and scheduling. One staff member said,

*We create our own lesson plans, and it's up to us how we do the lessons. It lets us be creative and change it up every once in a while.*



The third area that the staff members expressed as a "like" was the theoretical approach embraced by WHEEL. That is, as mentioned above WHEEL Council embraces a holistic approach, incorporating multiple modalities to deliver the curriculum. One staff member mentioned the particular relevance WHEEL had with the Latino population by explicitly considering the influences of culture.

Another staff member, whose primary function was administrative in nature, agreed with responses from the other two employees, yet also offered a unique perspective. She mentioned that one of her "likes" was to get "favorable, statistically significant changes that makes us realize our program is working and we are having an impact".

Staff members described their daily routines succinctly. Because the team was small, consisting of only three members, each appeared to know each other's role well and understand ways in which they contribute to program delivery. The administrative staff member spends much of her time planning events, writing reports, checking e-mails, coordinating schedules, recruiting program participants, and attending meetings. The other two staff members prepare lessons, provide student incentives, deliver the curriculum, and transport students.

The major dislike expressed by the two staff members who deliver the curriculum was its repetitiveness.

*What I don't like is the repetitiveness of the curriculum; because it's a good curriculum. But the thing is that it repeats every semester. So kids that have been there for three or four years have gone to the same thing eight times. And so they're bored, and that leads to attrition—dropout rates.*

Staff appeared to enjoy the curriculum and expressed that students and parents did as well. They mentioned learning themselves about drugs and their effects from program storybooks. And they expressed that parents and students initially respond quite positively to the materials. Their

concern is that students quickly become bored with the curriculum and feel WHEEL classes to be repetitive. Said the male staff member,

*It is up to us how we implement the curriculum. We try to use lessons, and even if we do it in a different way, they still have to read the book. For the kids who have done it before, as soon as they see the book, they run.*

Moreover, they found that the relevance of the books to be age-dependent.

*I found it better for fifth and sixth grade. For seventh and eighth grade don't like it as much. Fourth grade may not understand it as well.*

And so WHEEL staff found innovative ways to deliver the curriculum and discuss the material with students. Using WHEEL storybooks and a holistic approach, staff members search out additional materials and approaches. They mentioned integrating videos, pictures, and searching out innovative ways to implement the curriculum.

Again, the administrative staff member's expressed dislike related to the nature of her work: *What I don't like is that you sit and go through writing a huge 50 page grant and get a no.*

Staff members also acknowledged the importance of community through WHEEL Council. Two of the staff members were actually siblings and stated that many of the program activities became family affairs. For a few of the interviews, one of the staff members' six-year-old daughter was present. Camping, community health walks, and other WHEEL activities were described in terms of community and family.

During our discussion regarding ATOD abuse, staff members articulated their perspectives on substance abuse prevalence in schools and in the community, the influences of family, reasons for using, and things they learned from their experiences with WHEEL Council. Their views on ATOD prevalence within middle schools diverged. One stated that she believed substance abuse to be rare within middle schools, but more common in high school. Another staff member was less certain about prevalence.

*There is some drug use, to what extent it's hard to say. You do a survey, it's hard to say to what extent they are truthful in what they're saying.*

Regardless, staff members agreed that ATOD abuse was common within high schools, and that WHEEL participants benefited greatly from program participation. They stated that students benefited by learning the effects drugs and alcohol have on their bodies—by learning “the real facts as opposed to what their friends are telling them”. They expressed that this knowledge would help them in a community in which drugs are widely available and substance abuse, especially alcohol abuse, is common. Staff members attributed alcohol abuse to ethnic and family traditions, socioeconomic status, and social acceptance.

Staff members also expressed learning about ATOD as a result of their participation in the program. They mentioned learning about methamphetamines, the prevalence of drugs within the targeted community, how to recognize and understand addiction, and ways to engage teens on issues related to ATOD.

Regarding prompts related to sexual activity and HIV, staff members offered their opinions related to prevalence, program participants' interest in sexual activity, the importance of strong relationships with students, student reactions to the curriculum, gender differences in terms of interest level, student behaviors, and lessons learned through their experiences with WHEEL. As with ATOD abuse, staff members' views regarding the prevalence of sexual activity within the targeted student population varied. One staff member stated that she didn't think students in the program were particularly interested in sexual activity. Another expressed that sexual activity and the extent to which active students are condoms is difficult to discern, and that interest among girls may be higher than among middle school boys.

*The boys are more immature, and the girls are dating older boys from high school or not in high school. Girls are more sexually active, probably than the boys. The*

*boys are more immature. Boys' interest in sexual activity is in high school. Now it's more talk for boys to seem cool. It's more talk for boys.*

Another staff member stated that boys during middle school are less concerned with sex-related activity and more interested in “sports, going to each other's house, and jumping on the trampoline”. Nonetheless, evidence that some WHEEL students engaged in sex-related activity was clear in that staff members indicated that students self-disclose in informal settings, and sometimes show up with “hickeys.”

Gender differences were also expressed in terms of how students respond to sex/HIV curriculum. While, according to staff, students demonstrated high levels of interest in the curriculum, participation in classroom discussions wane.

*As far as participation, it's less, but attendance is higher. The group will sit. When it comes to HIV, everybody will come back, but they're just quiet. They like to listen, and that's it.*

Most of the self-disclosure, and genuine questions from students, according to staff, are communicated in informal settings. Many of the discussions between staff and students related to sexual activity occur in the van and other informal settings. Extended discussion beyond answering an interview question about sexual intimacy were rare during the interviews with the middle school students; they were also rare during the group interviews when the girls and boys were interviewed separately from each other within their gender group. Only after the formal close of the sex/HIV section of the interview did participants approach the interviewer with questions or offers of clarification of things that were discussed during the interview. These occurrences were initiated by the participant when the environment provided an open space for such questions to be asked. In the group interviews, the natural location for these questions was provided by the transit time between small group and large group interview sessions. The female researcher noted instances of participants offering additional comments after the close of the

interview, during the period when the girls moved from one room to another to rejoin the boys for the final part of the interview. The male researcher, who stayed with the boys in the same location throughout the interview, did not note this phenomenon.

Due to their participation with the program, and specifically with the sex/HIV curriculum, staff stated that they learned quite a bit. They learned, for example, that families were surprisingly supportive of the curriculum, and even found that parents appreciated learning how to talk with her children about these issues.

The fundamental recommendation offered by staff to improve the WHEEL Club related to the structure and content of the curriculum. The repetitiveness of the curriculum, they stated, leads to student attrition and a lack of student interest. Although staff liked the WHEEL storybooks, they felt curricular delivery could be altered to maintain student interest and to be more age-relevant. In addition, one staff member recommended that WHEEL reach a broader body of at-risk youth (i.e, have more school-based and mandatory programs), which might be facilitated by being allotted an office and classrooms within the schools.

#### *Middle school students*

A total of four interviews were conducted with middle school students, all of whom were current participants in the program. Participants within each interview attended the same middle school; a total of four schools, therefore, were involved in the interview process. Two of the four groups were separated by gender for the sections of the interview concerning sex/HIV. In these cases, Bryant continued to interview the male teens and Elsie the female teens. When these short sections of the interview were completed, the groups rejoined and finished as a whole. The other two groups did not separate because one did not receive the sex/HIV curriculum and, therefore,

was not asked questions associated with sexual activity; and the other group only had one male student present.

The first interview was held on January 8, 2007. Six participants, three male and three female, in this interview were eighth-grade students at the same middle school. They attended an afterschool club at the WHEEL central office, where the interviews were held. Their experiences with the program varied—two participants were first-year students, three were second-year, and one was a third-year student.

The second interview was held the following day, on January 9, with six students attending will club during lunch at another middle school within the same school district. Again, the six participants—three male and three female—varied in terms of their years experience with the program. For three participants, it was their first year in the program. One participant was a second-year student, and two were third-year students. In this group, two students were sixth graders, three were seventh graders, and one eighth grade student.

On January 10, the third interview was held with seven sixth-grade students, all of whom were first-year participants in the program. These students, four female and one male, attended a required life skills class during their school day. Because this class formed part of their mandatory school curriculum, because of state guidelines regarding sex/HIV education, and because students had less experience, on average, with the WHEEL curriculum, this interview was qualitatively different from the other three middle school interviews. That is, their familiarity with WHEEL curricular materials and awareness levels, especially regarding sex/HIV, was lower than that of middle school students in the other groups.

The final interview with middle school students was held on January 11. Like the second group, these four students, three female and one male, participated in WHEEL Club during their

lunch hour. Three of the students were seventh graders and was one in eighth grade. Three were second-year participants and WHEEL, and one was a third-year student.

Responses by middle school students to the prompts, in general, were short and concise. They did not tend to veer from the questions, but generally demonstrated a sense of reflection and sincerity in their replies. Because this group was currently enrolled in WHEEL classes, they appeared to be relatively comfortable with the material. In some cases, their answers had an automated quality while, in others, students were silent and reflective before responding. Only a few dissensions in their responses arose—most comments were harmonizing and mutually reinforcing.

Several reasons for joining the WHEEL Council were offered by middle school students. The most common of these was a desire to learn more about ATOD abuse, sexual activity, and HIV. Indeed, some students saw the WHEEL Club as an opportunity to make a difference within their families and communities. Said one student,

*I see a lot of people in my family do [drugs], and they're not good. Some of them are in jail. So I don't want to be like them. I'd just go to WHEEL Council.*

Another student expressed that she joined WHEEL Council “to learn more about drugs and what they do so I could help my brother”. Additional reasons for joining were to stay busy, be more involved, and make better use of their free time. Some students stated that they were simply curious to learn what their friends were doing in WHEEL Council. Others stated that had heard from their friends that they could earn WHEEL bucks by joining. With WHEEL bucks they could purchase valuable merchandise such as candy, CDs, and video games. One student joined WHEEL to establish friendships. The most commonly expressed way students learn about WHEEL was through their friends at school. Some learned about the program through family

members while others said that they initially found out from staff members who visited their school campuses.

Students expressed a number of aspects they liked and disliked about the program. A common dislike from seasoned students was the repetitiveness of the curriculum. Interestingly, many of the students who complained about being bored with the same curriculum year after year; yet they also expressed that they learned a lot from and enjoyed the storybooks. One student said,

*The stories repeat. Some of us were here last year, so we get to hear the same thing this year. But the other thing is good because we get to review it.*

Other students, however, simply stated that the storybooks were boring because they knew them so well and reviewed them over and over. Said another student,

*When we come back from vacation, we had to start everything all over again, to start with the beginners.*

She continued,

*It wasn't fair, because we wanted to know different things. We didn't want to give away the answers. It wasn't fair for us or for the new kids.*

Perhaps because many of the students had reviewed the curriculum and storybooks several times, they were able to recall some of the stories they particularly liked. The most commonly referred to story was Juan Bobo. Many got excited when referring to this story. And the story of Molly Pitcher was mentioned as well.

Students also expressed that they particularly liked club activities (community marches, pizza parties, camping trips, and field trips to Disneyland and game centers), games, role-playing, earning WHEEL bucks, and learning the effects of drugs from videos and images. A few students also stated that they enjoyed the trust and openness shared with WHEEL teachers.



A few students stated that they did not like taking tests. One said that the tests made him “nervous”. Another student said that he did not like to draw, because he was “not good at that”. Finally, a female student shared that she did not like it when her teacher, a former WHEEL employee, left and was replaced by another teacher.

When asked how their experiences with WHEEL club compared to what they thought it would be like before joining, several responses were given. Many expressed that they were surprised to learn so much about the physical effects of drugs, the various names of drugs, and to learn how to respond to peers offering illicit substances. Students mentioned that this information was relevant to their relationships with friends and family members. One female student said that she was able to talk to her mother about HIV and convince her to get tested. In addition, several students stated that the program was more fun than they had anticipated, and that they enjoyed being able to “say what [their] culture is” in class, build meaningful friendships, and learn about each other’s background. Expressing her appreciation to learn more about her friends and WHEEL Council, one student said,

*You go all around, and you ask each of them one question of them, and you teach them. [...] what's your favorite food? Holiday? What's your religion? It's cool learning about other people.*

At the beginning of each interview with middle school students, teens were asked to draw symbols representing what they do and have learned in WHEEL Council. This activity was intended to develop rapport with students, and to make them feel comfortable talking about these issues with one another in this setting. Practically all the drawings were related to students' awareness, knowledge, and resistance to ATOD use. After the students completed their drawings, each was asked to show their drawing to the rest of the group and explain what they drew. The first student to explain his drawing in the first group interviewed said,

*I drew myself and some guys wanting to sell me drugs. Hey man, want some drugs? I'm thinking remember what they taught me at WHEEL Council. I told them, no sir, I'm drug-free. On the bottom there is (staff member names) showing me what the effects of drugs do to you. This is (male staff name), talking. Now this happens when you do drugs. That's (female staff name) saying, so remember, don't do drugs, and don't drink alcohol. Bottom, this is me again. That's some guy asking me if I want some alcohol, some beer. I told him no, that's what they taught me here.*

Through their drawings, students described drug users and experiences they had with family and friends who use ATOD. Some of their stories were lighthearted and humorous, while others were expressed in a serious, somber tone. Other stories were fictitious, but illustrated their knowledge and perceptions of users and ways to resist. Students, through these exercises, described drug users as being messed up, with big eyes, red eyes, crazy eyes, messed up teeth, messed up hair cuts, a low self-esteem, lazy, in jail, and with destroyed dreams, impaired physical conditions, and broken families.

A majority of students interviewed had personal encounters with drugs and/or alcohol in their schools with peer groups, in their homes with family members, and/or in the community. Some students described family members who smoked marijuana, were addicted to alcohol, were in jail, had offered them drugs, and smoked tobacco. Others shared experiences in which a schoolmate offered him or her drugs at school. Some of their stories were positive, and showed how their relationships with peers and family members helped them resist ATOD. One student shared,

*My dad is always telling me don't do drugs. He says it destroys dreams, you lose your family, and go to jail and all that stuff.*

Students also shared different ways they had responded when offered drugs, and the repercussions of resisting. Students said they had resisted by ignoring, running away, and by taking the drug from the individual offering and later throwing it away. As a result of their

resistance, they stated that they were teased; some students expressed that peers wanted to fight with them if they resisted. One student said he “was jumped” for resisting and another said he cried after an encounter. Yet students did not appear to regret refusing, and seemed to have a clear understanding of the repercussions of ATOD use, and the importance of resistance.

When asked why their peers choose to use ATOD, a numbers of reasons were rendered. They attributed drug and alcohol use to curiosity, a desire for social acceptance within peer groups, a way to get attention within families, a way to deal with boredom, to escape from their problems at home and at school, or to simply have fun. One student stated that drug-use might be a way to release anger, and another suggested that sometime teens might be “forced” to use drugs.

Students’ experiences with sexual activity and HIV were less elaborate. In our interviews we discussed their knowledge related to sexual activity, disease prevention, readiness, friends’ experiences, and associated lessons they learned with their families and participating in WHEEL Council. When asked about readiness, students referred to education level, employment stability, age, some mentioned marriage, and one student brought up the need to feel comfortable before having sexual relations with someone.

Several students shared discussions they had experienced with their parents regarding sexual activity, disease prevention, and HIV. One student said,

*My mom told me about it. I am curious about everything. When I was small, in 3<sup>rd</sup> or 4<sup>th</sup> grade, I used to ask, how do babies come? Do they just get born like that? How do they first come in your stomach? And she told me about it and stuff.*

Students also said that they had learned a number of related issues at WHEEL, including the dangers and repercussions associated with unprotected sex, the importance of using and how to use condoms, the effects of drugs and alcohol use on prenatal development, the importance of

sharing knowledge with friends, and misconceptions about contraceptive medicines. Students attributed sexual activity among their peers to family problems, pressure from a boy or girlfriend, and a desire to feel “grown-up”.

The quality of responses between girls and boys also differed. Boys gave shorter answers to the questions and seemed less likely to know a middle school student involved in sexual activity. Girls, on the other hand, were generally more engaged in the topic, which seemed to be more relevant within their social circles. One young lady said,

*I know a lot of girls have a question: they say they're scared to know that they're not a virgin until they're married. A lot of girls think they're not going to be married.*

Alternative ways of expressing affection were mentioned in one group of female students. Students in this group suggested that a couple could “talk to him about it” or “hold hands” as ways to express affection.

The final question in each interview queried students about ways they would change the WHEEL program if they were in charge. Several responses were given. A few of these responses were common across groups, while others were less common and particular to either a group or individual. One common suggestion was to alter the curriculum so that new material was offered each semester. One student said,

*We keep on repeating the stuff we did last year. For example, we read about Juan Bobo every year. And we already know what's going to happen.*

Another common recommendation was to increase the amount of activities. Two types of activities were recommended. First, several students recommended to increase the amount of curricular activities—innovative ways to make course material more “fun” and engaging. Specific recommendations included having more plays, integrating technology to show the effects of drugs, make a video, use more imagination, involve guest speakers who have had

personal experiences with drugs, more games, and curriculum related to gangs. The second type of activities recommended was field trips. A few students recommended going to a jail to see people who were “all messed up”. Another student recommended going to "a museum or a place that teaches you and shows the parts and things about drugs, how they look inside, how it smells, and how it feels”.

A few less commonly stated recommendations were rendered as well. A couple students thought critically about ways in which the program could be improved administratively to provide relevant curriculum to new and returning students. One child recommended that "older kids teach newer ones, one on one”. Another student suggested using only particular sections of the curriculum each semester to avoid repetition. Recommendations were also offered to give students more flexibility in terms of their meeting times, to meet more often, to recruit more widely, and to work conjointly with teens and parents. Reflecting an interest to increase the broader impact of the program, one student said,

*Ask the kids [...] that use drugs. Go to their houses and talk about drugs, that they are bad. Talk with the guys that used drugs.*

Finally, one student emphasized the importance for program staff to maintain close and personal relationships with the students. She specifically mentioned the importance of preserving a trusting and comfortable relationship.

### *Madres*

As mentioned previously, the interview with mothers, held on January 16, was conducted entirely in Spanish, and turned out to be more conversational than the other interviews. Participants engaged each other with greater frequency, asking one another questions, challenging and affirming one another’s assertions, and candidly yet respectfully disagreeing on occasion. These discussions often veered from a priori themes and prompts within the interview,

but they were acknowledged and even engaged by the interviewer. Plenty of laughter, simultaneous talk, and whispering also occurred, making it difficult to discern and transcribe all the dialogue from the audio recording. Perhaps the conversational quality of this interview was attributable to the interview being conducted in the mothers' native language, because the group was quite large, and/or because these mothers knew each other and were quite invested in the program. One mother in particular had four children, all of whom had participated in WHEEL. Of the seven *madres*, two had participated with WHEEL for five years, three for three years, one for two, and one mother was a first-year participant. Four of the interviewees had not had a child participate in the program (their children were not yet of age), and the other three had at least one child, who currently participates or had done so in the past. One of the mothers had one child, one had two, one with three children, three had four children, and one mother had five children.

When asked why they decided to join WHEEL Council, a number of reasons were given. One of the first responses was "because they taught English at the beginning and computation". This response sparked the first disagreement within the group. Another mother interjected, "first [the program] began with drugs, the prevention of drugs first inside the school, then they began to include computers". Other mothers responded that they participated in WHEEL because their children like the program, and it has helped them communicate about these issues. Furthermore, mothers responded that they joined the program because they were interested in the content—to learn about the effects of drugs, how to talk with their children about drugs, dangerous substances within the home, to have better communication with their children, and to learn more about HIV. One mother triggered group laughter by responding that she joined to simply "kill time". Another said she joined out of curiosity. Finally, another mother responded that she joined because the program was in Spanish.

*A mí, lo que me motivó que era en español porque no hay muchos programas así en español y ellos estaban dándolo en español. Y cuando empezó yo tenía poco tiempo que había llegado y por eso me motivó por qué hablaban en español. [For me, that which motivated me was that it was in Spanish, because there are not many programs like this in Spanish, and they were offering it in Spanish. And when I began [the program] it had been a short time that I had arrived. And that's why I was motivated, because they spoke in Spanish.]*

Later in the interview, mothers briefly engaged each other about their children's reasons for joining the club. A few mothers said that their children had joined to earn WHEEL Bucks to buy candy and other items. Another mother, however, said that this was not the case for her daughter, but that her daughter was interested in learning and being involved in the program. They said they initially heard about the program through the school, from flyers, program staff, and through other programs they participated in at the school.

These mothers expressed a series of things they liked about the program. They stated that they enjoyed learning about drugs and their effects through drawing, learning how to talk to their children and others about drug addiction, and learning about sexual disease prevention. Mothers expressed that the program gave them confidence and knowledge to talk with their children about drugs, and to be more aware of the problems their children face at school and in the community. As a result of their participation in the program, mothers said they were more active in the community. They also indicated that they liked computation and English classes, and their personal relationship with program staff. They shared that their participation with WHEEL Council gave them strength to talk with their children and with others about these issues.

*Yo siento que aquí, desde que yo vine a este programa, [aun que] están muy chiquitas, [...] yo hablo más con ell[os]. Y aquí me ha ayudado mucho. Más bien, aquí puedo hablar con ellos. [I feel that here, since I've come to this program, even though my children are young, I talk more with them. And here they have helped me a lot. Because here I can talk with them.]*

A few mothers also stated that they appreciated that their sense of community, associated with their Hispanic culture, was reflected in the program. One mother, in particular, expressed how important cultural preservation was to her.

*Porqué estamos aquí ya no nos vamos a olvidar de lo que tenemos ahí a o lo que fuimos allá. A nuestros hijos les tenemos que inculcar las raíces que nosotros [para] que ellos sigan... [Just because we are here does not mean that we are going to forget what we have there and what we were there. We have to instill our roots in our children so that they continue.]*

When asked about what they did not like, mothers refused to be critical. They simply said that they liked everything.

During the interview, mothers were handed curricular materials and were asked what they thought of them. Some were reticent and said that they were more interested in the verbal discussions than the readings. Others said that they liked the artistic activities and informative content. A few recalled learning about the brain and how drugs damage cellular activity, the effect of tobacco on lungs, and other effects of drugs.

The group seemed to agree unanimously that their children are offered ATOD at school and in the community. A few mothers who volunteered at their children's middle schools said they were certain drugs were being offered and that they knew of circumstances in which drugs have been found and children caught. When asked why some middle school children use drugs, they attributed it to curiosity, because they feel alone, their parents work and leave them alone, they have easy access, to feel sure of themselves, to feel socially accepted, or to get their parents attention. One parent caused laughter by responding that sometimes a child does drugs because “he is shameless”.

Throughout the interview mothers expressed that sex and related discussions were difficult topics to talk about within their families, but that their participation with WHEEL gave



them the necessary tools to do so. They agreed that children this age were curious, and asked a lot of questions. Some stated it that they wanted the program to teach more on how to converse with their children about sex, HIV, and related topics.

*Pero si nos enseñan, si hay clases de esto, de cómo enseñarnos y educarnos y explicar a nuestros niños sería más fácil para nosotros y para ellos para que nos entiendan y nos comprendamos los dos. [But if they teach us, if there were classes and they taught and educated us about how to explain to our children, it would be much easier for us and for them, so that they understand us and we comprehend each other.]*

One mother shared an experience in which she was not sure how to answer her son's questions.

*Como el día viene llegó el niño diciéndome algo acerca de la mujer y, entonces, yo la verdad no supe ni contestarle. Le digo, ay mi amor, es que eres muy chiquito después yo te digo. Like one day he came telling me something about women and I truthfully did not know how to answer him. I told them, oh honey, you are still young. Later I will tell you.*

When asked whether they thought middle school children were having sex, one mother responded, after a period of silence, that she believed they were and had known 12-year-old girls to be pregnant. They attributed teen sexual activity to television, a lack of communication between parents and children, peer influences, and curiosity. And these mothers doubted that active teens were using any form of protection. Yet, they shared experiences in which they spoke with their sons and daughters about the importance of taking proper precautions (e.g., using condoms) before engaging in sexual activity. Moreover, they shared that their participation with WHEEL Council helped them to overcome embarrassment, feel more certain, be more informed, and open communication with their children in order to talk about these issues. They emphasized that during their upbringing, they did not have similar discussions with their parents.

*Mi experiencia mía fue que cuando yo estuve allá en la secundaria, el primer año que me dieron ciencias naturales [...] y [al] decir[le a mi] mamá, me dijeron que esto y el otro. Me regañaron casi me pegaron. Qué pasó? Nunca volví a decirles nada. My experience was that when I was in middle school, the first year I had natural sciences [...] I asked my mom, and they told me this and that. They scolded*

*me, and nearly hit me. What happened? I never said anything to them again about it.*

They said that they were “free” because they had learned to talk with their children and each other about these issues and, in turn, were able to communicate with neighbors and encourage them to get informed and communicate with their children.

Mothers offered some recommendations to improve the program—how they would run it if “they were in charge”. One responded by saying she would not change anything. A few suggested more content and discussions concerning sexual activity, and how to talk to their children about these issues. Another suggested having a day care at the center so that they could bring their children and get more out of the lessons. Furthermore, others suggested extending the program by meeting every week—two or three times a week. When asked whether they would come that frequently, they said they would “if they picked us up.”

#### *High school students*

The final interview was conducted on January 17 with five high school students—two female and three male—who had participated with WHEEL in the past. Each reportedly spent two years in the program. Two of the five attended the same high school, while the other three each attended different schools. The interview, therefore, represented a reunion of sorts for this group. They especially seemed to enjoy reminiscing about activities and experiences they shared together with WHEEL. The greatest amount of dialogue during the interview occurred when students reflected on their summer campouts, remembering and sharing humorous stories with one another. On the other hand, perhaps because these students had not been involved in WHEEL related discussions for some time, responses to many of the prompts regarding ATOD and sex/HIV were often less elaborate than those from middle school interviewees.

When asked why they had joined the program during middle school, high school students said they did so to be with their friends, to have fun, to avoid boring recesses, to relax, earn WHEEL Bucks, express themselves, and “to keep us away from bad things”. Overwhelmingly, when queried about what they liked about the program, students referred to activities and field trips. They referenced camping trips, sporting events, games, and trips to Disneyland. They also said that they liked the “real-life” examples and situations discussed in class, and that the program, overall, was more fun than they had anticipated. They liked playing games, making friends, learning about the physical effects of drugs, and doing plays. When asked what they did not like, a few said that some of the lessons were a little bit boring, and that reading during lunch was sometimes burdensome.

Students confirmed the direct relevance of WHEEL curriculum to their school settings.

They suggested that drugs are commonplace in high school, and that their peers use drugs because of family problems, to gain social acceptability, because of pressures within the family, and because teens are often curious and/or ignorant. They felt their experiences with WHEEL Council had empowered them, giving them critical information to refuse drugs, and compelling them to share this knowledge with family and friends to “save more lives”. One female student said, *It hurts to see your friends all cracked up.*

A male student explained,

*Yeah, I have a friend, and she would do coke. I would ask why you have to do it. I see her, and she just walks by. She's like brain dead. She has all service up of her eyes. She's all skinny.*

At one point in the interview, students were asked whether their friends were having sex. They laughed, and all agreed that they were. One student said, *24/7, all day, every day.*

Another student suggested that sometimes girls convince the guys to have sex. When asked whether their sexually active peers use condoms, disagreement within the group arose.

Some said their friends don't use condoms because they don't have the money to buy them, they were “too embarrassed” to buy them, or because it's inconvenient. Yet, students in the group understood the repercussions of unprotected sex, and shared their perspectives on sexual activity and readiness.

Responding to the prompts, students offered a few ways the program could be improved. They recommended more field trips, more activities, and to make the program “more fun”. One student said he would not change anything but, "would do it the same". Finally, another student suggested more discipline. He said he would suspend teens that acted out and disturbed other students during class. He said that reprimanded students might leave the program, but eventually would return.

### *Emergent Themes*

After coding the data descriptively according to the interview protocol areas of general feedback, substance abuse, sexual activity and HIV, and recommendations, we reviewed and recoded the data according to emergent themes in the data. Eighteen (18) of twenty (20) codes generated were subsequently organized into groups of four, six, or eight sub-codes to three reciprocally related, overarching themes: *Relationship*, *Delivered Curriculum*, and *Embodied Curriculum*. Some sub-codes were part of their overarching code; others were properties of their overarching code, and the three overarching codes were in mutual association with each other. One code, *Positive peer influence*, was a sub-code to two overarching codes (See Appendix F: WHEEL Council Thematic Code Map).

The *Delivered Curriculum* is defined as resources that support developing and strengthening positive relationships that comprise the *Relationship* theme. Interaction between *Relationship* and *Delivered Curriculum* provide for an *Embodied Curriculum*, which is defined

as indicators normally accepted as preventive mechanisms against drug and alcohol abuse and risky sexual behaviors, as reflected in participants' responses during the interviews. Program features are continuously modified through mutual feedback among the three overarching themes.

*The centrality of positive relationships.* A major theme that permeated all the interview data regarded linkages between relationship building between equals and prevention. The comments of all respondents—staff, current students, former students, and mothers—contained sentiments that having positive relationships is instrumental in the prevention of risky behavior in young adolescents. Repeatedly, throughout the interviews, teens cited a friendship as a reason for joining WHEEL Club, and mothers attributed their participation in WHEEL activities to personal contacts made by WHEEL personnel or educators in their children's schools. In their comments, it was evident that these relationships were built on trust and free will. On no occasion did anyone report that they were somehow coerced into participating. They were always invited.

The substance of relationship-related interview responses reflected four sub-categories, which were coded *Other Adult Relationships*, *Adult Role Models*, *Parental Participation*, and *Positive Peer Influence*. Responses reflective of *Other Adult Relationships* reflected the presence of support from three or more non-parent adults. Responses reflective of *Adult Role Models* reflected the presence of parents or other adults modeling positive responsible behavior in teenagers' lives. Comments coded as *Parental Participation* reflected the presence of a family life of high levels of love and support, and comments coded *Positive Peer Influence* reflected respondents' having or being friends who modeled responsible behavior.

Participants' comments regarding adult role models and other adult relationships in their lives placed adults in self-directed, meaningful work. Outside advice was available, if asked for, but for the most part, adult participants in WHEEL activities reported that no one told them what to do or how to do it with regard to the program. Representative of this sentiment is this statement made by one of the staff: "*we don't have someone micromanaging us as long as we deliver.*" The effects of the working arrangements for staff were reported by parents, who carried program outcomes into their families and the community. The mothers interviewed spoke in terms of empowerment, not in terms of dependence on WHEEL Council for approval. One parent's statement reflects the connection between parental interactions with staff and how they equip parents to lead in their families and be involved in their community:

*Pues aparte de que podemos ayudar a otras personas que en verdad están metidas en los problemas de la drogadicción con sus hijos [...] como poder ayudar a sus hijos quienes están en este problema. O agencias que les pueden ayudar también para el problema de la drogadicción. También nosotros por parte de Dora podemos enterarnos a donde mandarlos para que vayan a quienes les ayuden. [We can help others who are experiencing drug addiction problems with their children. Or [identify] agencies that can also help with the problem of drug addiction. Through [name of staff] we find out where to send them so that they go to those who will help them.]*

*¿Cómo nos involucra más? Porque hacemos, cada año lo hacemos, marchas. Caminamos por las calles, este, cada año lo hacemos con cartelones. Nosotros estamos ahí promoviendo... [How do we involve ourselves more? Every year we march. We walk through the streets with placards. We are stimulating [awareness]....]*

Student participants in the program report the presence of adult role models in their comments about program staff, parents, other adults, and friends with whom they spend time and from whom they seek advice with regard to risks and effects of substance abuse and sexual activity:

*"They teach us what is not right and what's good for you."* This statement is corroborated by similar statements made by staff members and mothers.

A consistent perspective on parental participation pervaded the interview data.

Representative of staff comments include:

*All the parents that we had said that they wanted us to have that information for their kids because surprisingly parents didn't feel comfortable approaching that subject with their kids.*

Also,

*[t]he majority are moms and they're more talkative, and it's new information for them, so they receive it pretty well,*

and

*...dicen de que ellos que pasen por el curso entonces sienten más capacitados para responder las preguntas adecuadamente y con información correcta [they say that they complete the course and feel better prepared to respond adequately to questions and with correct information].*

Parents' comments indicative of the intended outcome included:

*Sí, nos dan las fuerzas para hablar con ellos... más seguridad y más ánimo hablar más abiertamente con ellos [los niños]. [Yes, they give us the power to talk with them... more security and more courage to talk more openly with them [the children].]*

The effects of parental participation are expressed by the teenagers in comments such as

*Mom talks to us about drugs now, My mom doesn't let me watch movies where they use drugs,*

Also, in one instance, a student reported that she and her mother are together trying to make another family member stop drinking. Their joint effort was reported as a result of their participation in WHEEL Council activities.

These relationships also support the development of positive peer influence among teenagers, which is not only a part of relationships but also a property of an embodied curriculum discussed below. WHEEL Council provided opportunities for these respondents both to be a positive influence and to have positive peer influences from others. Participants reported

WHEEL Club's instrumentality in their having positive peer relationships through comments such as:

*You get to meet them at WHEEL Council, and meet your friends. You have more friends to hang out with.*

*I joined in summer; my sister told me about it; my sister and brother were in it before.*

*[You] can hang out with friends. Not all your friends live in the neighborhood. They come around here sometimes and stop by.*

Comments representative of recognition of a relationship between being a positive influence and prevention included the following:

*When I was in 5<sup>th</sup> grade, my brother was in a gang, and mom was worried. I joined WHEEL Club to learn about drugs and what they do, so I could help my brother.*

*Now I figured it out. I can tell my cousin what drugs can do to you.*

*They're showing us to take the right path, to be an example for younger kids.*

***How the delivered curriculum provides for teaching and learning.*** Though relationships are essential mortar in building positive attitudes and behaviors, without a well-structured curriculum, relationships can have limited effect. Participants in this study also spoke of a variety of curriculum resources, which the research team dubbed *delivered curriculum*. From the data emerged five aspects of the delivered curriculum: Age appropriateness, content, creative activities, materials, organization, and curricular approach.

In a number of instances, the participants expressed concern about the age-appropriateness of some of the materials. Staff, current students, and former students all felt that the vocabulary was advanced for younger students and difficult for them to understand. They reported that the story books were age-appropriate for older students. For instance, the concern of two staff members is summarized here:



*The 8<sup>th</sup> graders are sophisticated to understand the parts of the brain. When you try to do that with a 4<sup>th</sup> grade class, their attention span goes to nothing. They like the stories and everything, and the 8<sup>th</sup> graders are too cool to read the stories.*

*Maybe we give the 4<sup>th</sup> graders not so many big words, not so complicated. The material itself is good. Make it different levels, I think. Gear it more to the age.*

A similar concern was voiced by students, who also stated that the books have big words that are difficult to understand.

With regard to curriculum content itself, no one expressed dissatisfaction. Most considered the content informative and helpful in equipping themselves to not engage in drug or alcohol abuse or unprotected sexual activity. For example:

*We teach them the real facts as opposed to what their friends are telling them that their [drugs'] effects are.*

*We learned about meth, and we learned about the definitions of them.*

*We get to learn about drugs, and we get to see how life will be, and we have fun.*

*I like the inhalants part [of the book] because it shows you pictures and shows what kinds of effects it gives you.*

*...[t]he effects of drugs: If someone in your family uses, it affects the rest of the family.*

Of particular interest was the acronym, SODAS, that stands for Stop, Options, Decide, Act, Self-praise, which was explained during the staff interview. Students in all of the interview groups were not only able to recite it; they frequently explained how they implemented it upon encountering offers of drugs, alcohol, tobacco, or sex. Representative responses include the following:

*You have to do something like SODAS. Stop, Options, Decide, Act, Self-Praise.*

*I really liked when they show us SODAS, Stop, Options, Decide, Act, Self-Praise. People want to do drugs and some don't; they [users or sellers] want to convince them to do them.*

Parents, current students, former students, and staff were consistent in their reflections over the creative activities in delivered curriculum. On numerous occasions, participants recalled positive experiences drawing pictures of the brain as part of learning about the effects of drug and alcohol abuse on brain function. Spanish-speaking mothers also reported learning about various drugs and their effects by drawing pictures of them.

Teenagers also reported positive experiences using creative approaches that engaged cognitive, affective, and psychomotor domains. For example, teens participated in role plays to demonstrate and practice various strategies to resist offers of drugs and alcohol and invitations to have sex. Teens and mothers also reported liking drawing the brain by tracing each other's two fists and then coloring them in. During this time, participants also learned about brain chemistry and how drugs disturb brain chemistry and impair brain function. The mothers also reported drawing pictures of various types of drugs:

*Es que nos ponen en una clase y tenemos que dibujar cada droga y qué efectos tiene cada droga... [They put us in a class, and we have to draw every drug and what effects each has...]*

*Y éste, ya entre todo teníamos mucha risa y aprendimos de cada cosa que se hace la droga... [Through it all we laughed a lot, and we learned every thing that the drug did...]*

This helped them internalize their appearance and effects, so that they would know what they are and do, were they or their children to find them.

The respondents also commented on the curricular approach used in this program. It was essentially a multi-modal approach that appeared to be driven by reactive need to create fresh approaches to maintain engagement with students who have participated for more than one year. It is also a curriculum that acknowledges that, as one student respondent put it, “*We’re all working together to learn*” and one mother, “*Aprender a aprender [Learn to learn]*.” Staff expressed concern, however:

*We try to do the curriculum. We were talking about meth. Maybe we'll read and play a trivia game with them, and the next time we'll implement in a different way. It is still the same material; we implement in a different way. [We] try to switch it up and get kids to want to stay.*

*[We] found Faces of Meth video so we can show the kids. They've heard it a lot of times but haven't seen it. [We] show them how people change over time. [We] read poems by people on drugs. The video was cool; they liked it.*

This concern shared by staff was echoed elsewhere in comments made by other respondents, which will be reported below.

Respondents also commented on organizational arrangements that facilitated teaching and learning using holistic approaches that use different methods to reach different types of participants. For example, one staff member commented:

*We'll incorporate movement into lessons or music, art, writing to try to reach all different kinds of students who learn in different ways.*

Also, to mitigate difficulties encountered when students see the same material as they did during a previous program cycle, one staff member mentioned this curricular approach:

*We try to ask them to, as opposed to make them, participate in the lesson, [or] have them help implement the lesson. That works sometimes, but it's too many kids who have gone through the program. .*

For the most part, youth workers are free to investigate and find related resources to amplify the lessons contained in the WHEEL story books.

***The embodied curriculum as evidence of learning.*** Finally, strong positive relationships and a substantive delivered curriculum are given breath and meaning in changed participants.

This section summarizes an embodied curriculum, i.e., what participants say they learned. Out of the data emerged patterns that suggested seven properties, or evidence of learning: (1) Cultural heritage: having knowledge of and be comfortable with own culture and that of others; (2) Future: optimism about a personal future; (3) Honesty: telling the truth even when not easy; (4) Integrity: acting on convictions and standing up for beliefs; (5) Planning and decision making:

knowing how to plan and make choices; (6) Power: having control over things that happen to oneself; and (7) Restraint: recognizing the importance of not being sexually active until ready, or using alcohol or other drugs. An eighth property is positive peer influence, which was reported previously as a component of relationship.

We make one cautionary note before continuing: what follows is what participants said they do, and the research team's contact with the participants was limited to the interviews. Thus, we lack sufficient grounding to make assertions about what participants learned. We can only report what they said they learned and triangulate within the data among participants the reasonableness of these self-reports. Also, many of the respondents, even when they appeared to have a preference for using English, were Spanish dominant, and the ability to express and understand nuances may have been limited for both interviewers and respondents. For these reasons, we offer one description of an embodied curriculum as articulated by respondents, and encourage consideration of alternative descriptions.

Encouraging an accepting environment requires attention to the participants' cultural heritage and identity. One staff member's remarks reflected acknowledgement of the importance of culture in prevention:

*Identifying where they're coming from, learning that they're in a different culture but there are similarities and differences, and accepting who you are; and accepting what you like and what you don't and realizing that you have the power to change and even though you might be different you still have similarities with other people. I guess accepting the culture that they are in now: they are bicultural....*

Teens also reported WHEEL Council's openness with regard to cultural heritage and identity. One teenager put it this way: *We can say what our culture is.* Much of the literature on Latino education suggests educational environments where that type of openness is not the norm.

The mothers also felt cultural heritage and identity very important, but they were also cognizant of reminding their children of the customs and traditions of their ancestral heritage, even in the face of pressures of their children to forget them and their own challenges of taking on the ways of the new environment:

*A nuestros hijos les tenemos que inculcar las raíces de nosotros. Que ellos sigan...es como decir, nosotros hablamos español y ellos ya van a hablar puro inglés....Sí, ya se les va a olvidar todas las raíces, todas las costumbres que les estamos dejando. Y no podemos dejarle ahí. Tenemos que seguir. [We have to instill our roots in our children so that they continue. We speak Spanish, and they are going to speak pure English. Yes, they are going to forget their roots, all the customs that we are leaving behind. And we cannot leave it there. We have to follow.]*

From what the respondents' reported, in WHEEL Council, cultural heritage and identity are integral to the program and valued and respected.

Over the course of the interviews, participant comments included thoughts that reflected optimism about a personal future that governed decision making about substance abuse and other risky behaviors. For instance, among staff the research team documented comments such as: *It's teaching them about setting future goals and looking at their culture.* With respect to starting families, teenagers indicated that it was their intention to wait until they were old enough and graduated from high school, or at least have a GED, and have the financial means to support a family. Some teens also expressed the hope to attend and graduate from college. Mothers' response to the question, why is it important to talk about sex, was

*Porque tiene que ser importante para su salud de ellos, y de nosotros también. Para el futuro de ellos también. [Because it has to be important for their health and ours too. Also for their future.]*

Not only did participants talk about a program that delivers on its promises; participants talked about instances when the program equipped them to be honest. They told the truth, even when it was difficult to do so. Many spoke candidly of family circumstances that included

criminal and substance abusive behaviors. Some teens also spoke of their honesty in these circumstances:

*My aunt used to smoke a lot, and they didn't know a lot about drugs. I used to tell my cousin, "If your mom's smoking, get away from her. It might affect you, and you might get asthma. I told my aunt that too, and she stopped smoking.*

*Half of my friends are in gangs, and I told them to be careful because they could offer you drugs...*

*I would tell my parents, older brothers. They didn't know some of this stuff. They learned too.*

Mothers also noted a more open, honest, connection with their children as a result of their participation in the program:

*Hablamos más abiertamente...y con la verdad...y mejor comunicación. [We speak more openly...and truthfully...and better communication.]*

*Los niños están mucho mejor porque ellos van a entender que les está diciendo uno la verdad... [The children are much better off because they are going to understand that what one is telling them is the truth...]*

Participants also reported situations when they demonstrated integrity; they were better prepared to stand up for their beliefs as a result of their participation in the program. Sometimes the remarks were couched in hypothetical terms. Sometimes the remarks were about actual situations:

*There's some guy asking me if I want some alcohol. I told him no.*

*I say no; I'm too cool.*

*The brother of my friend offered me weed. I said no. He said a bad word.*

*This kid got the beer, and I said no, and he was trying to force me. I just ran away.*

Participants also credited the youth workers at WHEEL Council for equipping them with strategies to stand up for what they believe and not engage in substance abuse or sexual activity for which they were unprepared. One teenager put it this way: "There are two roads to take. WHEEL Council teaches us to take the good road." This sentiment stayed with respondents who

are now in high school and no longer participate in WHEEL Council. One student said that she still uses strategies she learned at WHEEL: *“I say I can’t do that now. My mom’s asking for me.”* Peer pressure is still out there for high school students, and positive peer pressure is the preferred alternative among these teens.

Participants also reported that WHEEL Council equipped them to plan and make decisions and not have the planning or decision making done for them. Illustrative of this point is this statement made by one of the staff:

*They’re not going to find out for the first time what different drugs are when they enter high school, and be ignorant of the effects on their bodies...they won’t be ignorant of what’s going to happen to their bodies. Hopefully [WHEEL Council] will teach them to make their own decisions.*

WHEEL Council not only talks about equipping students to plan and make decisions about their future. They also follow-up with solid action:

*The schools graduate at promotion... We pick the top 8<sup>th</sup> grade students that we’ve had and give them scholarships. Sometimes, if we can, we’ll give all the 8<sup>th</sup> graders a scholarship, depending on how many 8<sup>th</sup> graders [there were] that year. We present them with an award and a scholarship to high school for clothes, books, [and] school supplies for high school.*

Teens also recalled the SODAS acronym that they learned in WHEEL Council as a tool for planning and decision making. Some were also candid in their desire not to end up like friends and relatives who used drugs or alcohol or engaged in sexual activity that resulted in pregnancy. In the words of one teenager: *“Don’t make the same mistakes of other people.”*

The mothers, likewise, reported counseling their children to think before acting:

*Fíjate con quien andas. ...las mujeres no son para que tú las agarres y luego las botes como que si fueron trampa. Así que, fíjate con quien van a andar, y tienen que ser una pareja siempre. [Pay attention to who you go out with... women are not for you to take and then kick out as if they were a trap. Pay attention to whom you go with; you’ll have to be a couple forever.]*

Participants also reported WHEEL Council activities as empowerment tools. As a result of what they learn through the program, participants reported having control over things that happen to them. Armed with information and strategies, participants reported that they will not drink, smoke, take drugs, or engage in sexual activity before they are ready. One student's comment is representative of the general consensus: "*We learned what to do in a situation, instead of just getting help.*" The mothers reported similarly. The following statement by one mother is representative of the mothers:

*...puede tener mejor comunicación con ellos [hijos] porque así es que se organiza—que nos den la información completa con ellos, uno aprende más con ellos todavía.... [they can have better communication with their children, because that's how it's organized—they give us the complete information with them [the children]; one learns more with them.]*

Almost unanimously, students reported that their participation in WHEEL Council has prepared them to exercise restraint. For instance:

*I would try to remember all the things that would happen to me [if I used drugs], and I couldn't risk my own life. I'll say no because life is worth more than not being bored.*

*Before WHEEL Council came in, I used to like the smell of permanent markers. When WHEEL Council came in, they said it was bad for you. I stopped sniffing.*

Many also reported that they would wait until they were married to have sex, or, if they were not going to wait, they would think twice and protect themselves: "*No glove, no love.*"

## **Discussion**

During the interviews, participants also expressed concerns about challenges that affected their lives and the program. They were also asked to comment on how they would do things differently, if they were in charge. Also, during the course of the interview, participants voiced their ideas using creative and powerful images. These occasions were captured through three



additional codes: *Lessons Learned*, *Challenges*, and *Recommendations*. *Lessons Learned* were the *aha moments*: unexpected things and experiences that surprised the participants about the program. *Challenges* were program features that participants did not like, and. *Recommendations* encompassed participants' comments on what they would do if they were in charge of the project. We draw from these categories of data in grounding this last section of our discussion of participants' impressions of WHEEL Council. Their impressions indicate these findings: (1) WHEEL Council is fulfilling a real need in the community that it serves; (2) WHEEL Council activities are a mechanism for strengthening connections within and among families through open communication about important topics; (3) The WHEEL Council curriculum, though informative and of high quality, offers too short a sequence of activities to support a multi-year program; and (4) Modification of certain WHEEL Council curriculum, arrangements, and supports may facilitate deeper and more meaningful participation by more people in the community.

### **Challenges addressed through WHEEL Council**

Across the board, all participants interviewed acknowledged that drugs and alcohol were readily available in the community and that adolescents were at risk with respect to substance abuse, teen pregnancy, and sexually transmitted and drug-related diseases. Teens reported openly experiences that they had had in school and on the streets in encounters with those trying to sell them drugs or participate in other risky behaviors. Their reports were corroborated by similar reports made by staff and the mothers.

Among the staff, one participant recalled that some of the students themselves had self-disclosed smoking marijuana, but that it was hard to judge to what extent WHEEL Council

participants have abused drugs themselves. According to one staff member, “You can do a survey; it’s hard to say to what extent they’re truthful in what they’re saying.” That idea notwithstanding, the general consensus of the staff group was that alcohol abuse is probably the biggest overall problem and that drug abuse is more likely among adults.

The staff also reported that their presence in itself appeared to be a catalyst for self-disclosure:

*It seems everywhere we go, even when shopping for incentives in the community, when we’re local around here, once they find out we’re non-profit, they self-disclose like crazy that they’re in rehab, they’re sober this many days. It happens when we get the vans washed, pump gas. Everyone is recovering from something.*

On the other hand, with respect to alcohol abuse, one staff member offered this explanation:

*I know for the males, it’s denial. They don’t see it as a problem, and it’s almost accepted as far as alcohol. If you’re going to have a part, expect everyone to show up with beer instead of presents. It’s accepted. Dad’s going to drink on the weekend. Dad drinks every night when he gets home. It’s just par to the routine that they live. And probably because it’s legal to buy it, then it’s not something bad.*

and

*Some of them left home to come to a new country and dealing with being away from their family, and not being able to say ok, that’s wherever I go to visit and I’ll be back. They go and who knows if they’ll be back. [...] they’re pretty much alone here.*

The mothers offered additional insights into the realities that challenge families in this community. Some of the challenges came with them from Mexico; others emerge during their residence in the U.S. For instance:

*Porque como nosotros venimos de otros países que no se hablaba abiertamente, absolutamente nada. O sea, para uno... estas viejas tan ignorantes pero es que uno no sabe. Allá no les enseña a uno nada. Uno sabe que va a tener el sexo el día que se case o el día que... y eso todavía... q que vas a casarse, ¿verdad? Pero, de ahí, no pasa. Entonces, tiene uno con sus hijos y sigue uno igual. No se les explica nada. No sabe nada. Y aquí como que hay tanta información por la televisión, por el Internet, todo... [Because, like us, we CAME from other countries where they didn’t talk openly, absolutely nothing. Or it may be, for one... these old women who are so ignorant, but it’s because they don’t know. Over there they didn’t teach*

*anyone anything. One knows that one is going to have sex the day that they marry or the day that... and still that ... you are going to get married, right? But here it doesn't happen [that way]. Then, everything continues the same with one's children here. They don't explain anything. They don't know anything. And here there is so much information on television, on the Internet, everywhere...]*

and

*... yo oigo mucho de los comentarios de mis amigas en las clases de ocho y el siete y se les está ofreciendo drogas. Pero esta gente no habla porque tiene miedo. Pero sí se les están ofreciendo... [I hear a lot from my friends in the 7th and 8th grade that they are being offered drugs. But these people don't speak up because they are afraid. But yes, they are offering...]*

and

*Los abuelos le daban drogas para que fuera a venderlas a los niños en la escuela. Es, y, y el niño si les estaba vendiendo a todos los de 8 grado. [Grandparents give [the teenager] drugs to sell to school children, and the teenager was selling to everyone in the 8th grade.]*

and

*...en las escuelas supongamos, no hay suficiente involucración de los padres. Siempre nosotros nos estamos quejando de que tenemos los problemas en las escuelas pero no nos involucramos en las escuelas. ¿Cuántos de nosotros ni sabemos cómo se llama la maestra del niño? [Let's suppose in schools there is not enough parental involvement. We are always complaining that we have problems in the schools, but we don't involve ourselves in the schools. How many of us even know the name of our child's teacher?]*

and

*Nos hemos hablado con el director y me dice: sabes que, usted es la única que está hablando....Cállase casi me dice. [We talked with the principal and he said to me: 'You know, you are the only one who is speaking up.' He almost told me to shut up.]*

One commentary on the challenges of developing unity of purpose was summed up by this

mother:

*Aquí a la gente le pides un peso. ¿Un peso? Yo, ¿por qué le voy a dar un peso?...Ni 50 centavos quieren dar. [Poorer and more united and obtain more funds. Here you ask people for one peso. One peso? Me, why am I going to give you one peso? They don't even want to give 50 centavos.]*

All of these comments, from those related to funding and acceptance by educators and neighbors, point to an understandable survival mentality that has played itself out repeatedly to the detriment of previous waves of immigrants to this country. This mentality makes it difficult to engage anyone in something longer term than satisfying immediate needs of survival. It also makes it easier to engage in risky behaviors because a lesser value placed on quality of life makes risky behavior appear less risky. We refer to Zoja (1984) for an alternative explanation: adolescents adopt risky behaviors to establish a cultural identity that is not in service to a dominant society that suppresses the minority. Though expressing cultural self-identity by way of substance abuse and sexual activity may be unhealthy under normal circumstance, the desire to express one's cultural identity is not in itself unhealthy. The staff, the mothers, and the students themselves, are all affected by this unfortunate set of circumstances, and in one way or another, all probably feel overwhelmed by it in their everyday routines. WHEEL Council provides for the development of alternative ways of expressing one's cultural identity that will not result in self-inflicted harm.

WHEEL Council's apparently unconventional, unconditional approach to fostering participation appears to serve to help neutralize the oppression. Though an incentive system called WHEEL Bucks does exist; it is there to reward participation, not to invite it. There are no preconditions to participation, such as required parental participation, and the mothers with whom we spoke participate freely. Some staff expressed concern that perhaps some students were motivated to join by the WHEEL Buck system; they were not in it for the program. However, when asked whether they knew about the WHEEL Bucks before they joined, the response was mixed. Some teens and mothers' knew beforehand, and others did not, and no one suggested that they would not participate without them. They apparently were receiving other,

more substantial benefits, and when the WHEEL Buck system was discontinued for the mothers we interviewed, they reported that they continued participating anyway. The participants' reports reflect that WHEEL Council is addressing a very real need in this community and is using a positive reinforcement approach that is coupled with unconditional acceptance of the participants, regardless of their situation in life. The result is a trusting environment that has attracted and engaged these participants.

### **Power through open lines of communication**

Another common thread to all respondents with regard to WHEEL Council was its effect in opening up the lines of communication within families and between families and the community. The staff spoke of an unexpected attachment to the students—an attachment that continued after students graduated from the program and went on to high school. Being with this program became more than a just a job to the two youth workers.

The project director also spoke of WHEEL Council's growth and presence in the community:

*I started 5 years ago, and there were maybe twenty students and no parents, and right now, pretty much the whole district knows who we are. And before: who [are you]? Where are you from? Where are you based? Now, welcome! People just stop by to say hi [who have] gone on to high school, or are parents in the class before. So I guess it's the attachment.*

The staff also spoke of their own professional and personal growth as a result of their involvement with the program:

*I guess just working in the community with the kids, it's a humbling experience. It makes me not take things for granted in my life. Everyone needs that now and then.*

and

*When I started working here, I heard about meth; I knew a few facts about different drugs, but [not] to what extent the effects were. I had no idea what meth could do to you. That was new to me. The book was new material for me.*

and

*It changed the way I see how prevalent the drug is. I thought it was a distant problem. To see how it changes the lives of our students. We know kids affected by meth, by alcohol abuse. It makes me realize that the problems are a lot closer than we think it is. Just that it needs to be dealt with a lot more than it is currently.*

Teens also spoke of growth in understanding of the dangers associated with substance abuse and sexual activity for which they were not ready, how to recognize the risks, and how to talk about these topics with family and friends. Talking about these topics at WHEEL Council or elsewhere did not necessarily imply they were not going to have fun:

*At first I didn't know what WHEEL Council meant or what it was about; they told us it had to do with drugs. They said they're going to show us drugs. I said I don't want to see drugs. They said they were going to teach it to you. I said ok. I want to learn.*

*I thought it had to do with wheels, but they told us it was going to be about drugs.*

*I didn't expect it when they told us; I have a sister and a brother. I didn't know there could be a lot of items that could be dangerous at home.*

*It was way different. It was more fun.*

The mothers joked a bit at first, but became more reflective of WHEEL Council's effect in helping them to open the lines of communication at home by providing them with necessary information and communication strategies:

*...antes no se hablaba de esto y cómo empezamos a venir aquí. Todo lo que aprendíamos lo explicamos en nuestros hogares. [...before they didn't used to talk about that and how we began to come here [from Mexico]. Everything that we had learned we explained in our homes.]*

*Alertarnos y alertarme a mí también. [To alert ourselves, and make myself aware too.]*

## Concerns

A unanimously held area of concern among all respondents was the curriculum materials. Respondents also expressed lesser concern about staffing and funding.

A constant theme among respondents about the curriculum was the repetitiveness of the materials. One staff member's remarks represent this concern:

*What I don't like is the repetitiveness in the curriculum; because it's a good curriculum. But the thing is that it repeats every semester so kids that have been there three or four years have gone to the same thing eight times and so they're bored, and that leads to attrition...*

Another staff member acknowledged that they do have latitude in curriculum implementation:

*It is up to us how we implement the curriculum; we try to choose lessons and even if we do it in a different way, they still have to read the book. For the kids who have done it before, as soon as they see the book, they run.*

One way they have tried to diversify the curriculum is by diversifying the roles students play. For instance, program staff members have attempted to give students peer teaching responsibilities, but sometimes the approach is taken as favoritism by the newcomers to the program and causes them to leave.

The teenagers made similar remarks about the curriculum materials. Though the content, itself is interesting and engaging the first time, it is difficult to maintain interest using the same stories and activities again and again. Repeatedly, the teen respondents spoke of stories that repeat and lead to boredom. The most vivid description of the repetitiveness of the curriculum was made by one young man who said the materials were like playing with a Play Station that was missing a memory card. With the memory card, the game remembers and will pick up where the player left off before. Without it, the game always starts from the beginning every time the player picks up the game.

Though not a widespread concern, one student did mention that staffing changes were disruptive:

*First [name of former youth worker], they put [name of current youth worker]. They change the persons. At first we got used to [name of former youth worker]. I'm not saying we didn't like [name of current youth worker]. We didn't get to know her.*

The mothers asked for more information and strategies to help them talk with their children:

*Y fíjate que si habría un programa cómo explicarnos de cómo hablar con nuestros hijos acerca del sexo, sería mucho mejor, ¿verdad? [Just think if there were a program to explain to us how to speak with our sons and daughters about sex; it would be much better, don't you think?]*

Program funding is also of concern. One mother said:

*Nos quieren cerrar a todos porque nos falta dinero...pero necesitamos que nos ayuden más... [They want to close us down because of lack of funds...but we need more of their help.]*

## **Recommendations for improvement**

Respondents were as clear about how they would change things if they were in charge, as they were in describing certain things about WHEEL Council that they did not like, particularly in the area of curriculum. Some recommendations related to the content, and others related to its delivery or organization directly with students.

*I would change the curriculum, but I'd extend it and maybe have a year 1, year 2, year 3.*

*They start to take the stuff for granted; some just come for the incentives.*

*Make it a two or three year curriculum*

*New material every year in the three year sequence. That would help in attrition problem, boredom. It would help with attention span. We wouldn't have to deal with different levels. It would help a lot.*



*Powerbook time: Get a little more for the older kids. Have a different level for 7<sup>th</sup> and 8<sup>th</sup> grade. It's hard for 4<sup>th</sup> to 8<sup>th</sup> grade. Certain books are perfect for certain ages. We have one book for four years. It doesn't work for everyone from 4<sup>th</sup> to 8<sup>th</sup> grade.*

Teens offered a number of recommendations for curriculum revision. Most appeared to recommend development of additional resources that drew from real life and were more experiential in nature:

*Have them meet people who've had these problems.*

*If you could take a picture of them, download on the computer. Draw make it look like on drugs. Before and after shots.*

*Maybe if there was a new story for the people in the third year.*

*More field trips.*

*More activities.*

*More games.*

*More information.*

*Ways to make it so that kids could understand.*

*Drawing pictures how they end up being when they do those drugs. That's why I changed.*

*I would take them to a museum or a place that teaches you and shows the parts and things about drugs, how they look like inside, how it smells, how it feels.*

*Lessons again and again and again. Start the new year with fresh lessons, not the same lessons.*

*New books and materials.*

*Teach new things that we don't know about drugs or sex.*

*Have them act in a play.*

*Make them imagine. Make them walk around.*

*Take them to a jail.*

*More guest speakers. Somebody who was involved in drugs and changed his or her mind. They thought about it and how it affected their lives.*

However, despite the repetitiveness of the curriculum, in general, the participants were satisfied with the program. As one student put it, *I would do it the same*. One mother said: *No quitaría nada, sino que agregaría más temas. [I wouldn't cut anything, just add more topics.]*

Sometimes staff made curriculum related recommendations that focused more on organizational arrangements and recruitment:

*It would be nice to have our own classroom and a bigger office. ... Sometimes when we're talking about HIV on the stage in the cafeteria [during lunch], .it's kind of uncomfortable.*

*We'd like to have a bigger outreach. I don't know what the answer is. Being in the life skills class, or if it's more effective in the WHEEL Club, but just trying to reach the kids self-select to WHEEL Club are kids who are in every program and are the good kids. How do we reach the kids who go behind the alley or are drinking weekends?*

These staff comments are generally consistent with one mother's suggestion that younger children than sixth graders be able to participate: *Porque hasta el seis tienen que entrar? Por qué no antes? [Why [wait] until 6th grade to begin? Why not before?]* Also, one mother suggested that child care be available to help her participate better in the parent education classes.

The teenagers also had concrete recommendations for improvement beyond diversifying the curriculum itself:

*I would give them an option. Sign up during lunchtime or afterschool. If you miss a session, you can make it up after school.*

*Maybe 3 days a week.*

*Do a month of recruiting. Give them a week. If the parents don't let them, then talk to the parents about the program. Maybe permission slip will help. If you talk with parents, they will trust.*

*New kids could be after school. Older kids could teach newer ones one-on-one.*

*If they're not comfortable talking with parents about drugs, have a special thing teaching students how to talk with parents about drugs. If they're using and want to stop but don't know how to ask parents because they might get mad or something.*

*I'd have more discipline....Have them listen or suspend them from the club.  
...[Poor behavior] stops us from learning.*

The respondents were less clear about how they would improve other things. Both staff and mothers recognized the need for additional funds so that the program would continue and grow, but little was said about how funds would be raised beyond applying for grant support. Somewhat inconsistent with the staff's initial assessment that parents appreciate their work with the teenagers in talking with them about things that the parents are not well equipped for is this statement made by one of the mothers:

*Pero si nos enseñan, si hay clases de esto, de cómo enseñarnos y educarnos y explicar a nuestros niños sería más fácil para nosotros y para ellos para que nos entiendan y nos comprendamos los dos. [But if they teach us, if there are classes in this, how to teach us and educate us to explain to our children would be easier for us and for them to understand us, and we may understand each other.]*

Another mother recommended an informal approach to parent education:

*Estoy muy interesada no más en la plática que la lectura. Bueno con eso no va a conmigo la lectura. ¿verdad? Por esto seré que me involucraba más en la plática que en la lectura. [I am interested equally in conversation and lecture. [But] those things [delivered by] lecture won't stick with me... They will stick when I'm involved in conversation.]*

On the basis of these data, WHEEL Club Phoenix Project appears to be at a crossroads. It is suffering a number of growing pains, all of which are good. The participants speak with one voice in favor of the program itself and its curriculum as far as it goes. They also state unequivocally that the program addresses a real need in the community and that the program has been a positive influence not only on the participants themselves, but also on the community at large. The participants recognize the need for visibility to get the word out about the dangers of substance abuse and sexually transmitted diseases and HIV and have marched in the streets to

make sure that the word does indeed get out. WHEEL Club Phoenix Project has demonstrated that it provides for continuity between old ways and new ways; it also provides for community with others who share the same language, culture, and problems adapting to their new environment.

But the curriculum is in great need of expansion, and additional funding is needed not only to continue the program as it is, but also to grow it, so that at some point in the future there will be no need for it in this community because the embodied curriculum resides in everyone.

It appears that the participants need to sort through a number of issues and prioritize them. These data point to a number of additional questions, for which there are no easy answers. For instance, what activities will make the best use of available funds? Might a stronger focus on parent education and empowering parents to advocate for their children at school have more long-lived effects in preventing substance abuse and sexually transmitted diseases and unwanted pregnancies by young people in the community than expanding the curriculum for the children? Would a more active parent education component provide for enlarging the reach of the paid staff by augmenting paid staff with volunteers? Is there a way of leveraging resources so that curriculum expansion, both for the children and their parents, is possible? Might greater use of information and communication technologies expand the reach of the project not only within the current setting but also to similar settings in other parts of the state and country? Would information and communication technologies help to give the project greater visibility that will attract additional funding? Would information and communication technologies provide program support by helping maintain the connection between program participants in the U.S. and cultural and other resources in their homeland(s)?

This is an exciting time for WHEEL Council Phoenix Project, though it may also appear to be challenging and sometimes scary to those closest to the project. However, in the short time that the program has been in existence, many young people and their families have benefited. The voices of the thirty-eight people in this report speak loudly and clearly for continuation and expansion of the program.

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## About the researchers

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## Appendices

### Appendix A: Summary of Participants

| Gender of Student | Grade                                | Years in Program        | Date Interviewed | Program Type      |
|-------------------|--------------------------------------|-------------------------|------------------|-------------------|
| Female            | 8                                    | 1                       | 1/8/2007         | Afterschool club  |
| Female            | 8                                    | 2                       | 1/8/2007         | Afterschool club  |
| Female            | 8                                    | 2                       | 1/8/2007         | Afterschool club  |
| Male              | 8                                    | 1                       | 1/8/2007         | Afterschool club  |
| Male              | 8                                    | 2                       | 1/8/2007         | Afterschool club  |
| Male              | 8                                    | 3                       | 1/8/2007         | Afterschool club  |
| Male              | 6                                    | 1                       | 1/9/2007         | Lunch club        |
| Male              | 6                                    | 1                       | 1/9/2007         | Lunch club        |
| Female            | 8                                    | 3                       | 1/9/2007         | Lunch club        |
| Female            | 7                                    | 1                       | 1/9/2007         | Lunch club        |
| Female            | 7                                    | 3                       | 1/9/2007         | Lunch club        |
| Male              | 7                                    | 2                       | 1/9/2007         | Lunch club        |
| Female            | 6                                    | 1                       | 1/10/2007        | Life Skills class |
| Female            | 6                                    | 1                       | 1/10/2007        | Life Skills class |
| Female            | 6                                    | 1                       | 1/10/2007        | Life Skills class |
| Male              | 6                                    | 1                       | 1/10/2007        | Life Skills class |
| Male              | 6                                    | 1                       | 1/10/2007        | Life Skills class |
| Male              | 6                                    | 1                       | 1/10/2007        | Life Skills class |
| Female            | 6                                    | 1                       | 1/10/2007        | Life Skills class |
| Female            | 7                                    | 2                       | 1/11/2007        | Lunch club        |
| Female            | 7                                    | 2                       | 1/11/2007        | Lunch club        |
| Male              | 8                                    | 2                       | 1/11/2007        | Lunch club        |
| Female            | 7                                    | 3                       | 1/11/2007        | Lunch club        |
| Female            | 9                                    | 2                       | 1/17/2007        | Past participant  |
| Female            | 9                                    | 2                       | 1/17/2007        | Past participant  |
| Male              | 10                                   | 2                       | 1/17/2007        | Past participant  |
| Male              | 9                                    | 2                       | 1/17/2007        | Past participant  |
| Male              | 8                                    | 2                       | 1/17/2007        | Past participant  |
|                   | <b>Child(ren)<br/>in<br/>Program</b> | <b>Years in Program</b> |                  |                   |
| <b>Mothers</b>    |                                      |                         |                  |                   |
| M                 | No                                   | 1                       | 11/16/2007       | Parent education  |
| S.                | No                                   | 2                       | 11/16/2007       | Parent education  |
| P                 | No                                   | 3                       | 11/16/2007       | Parent education  |
| L                 | Yes                                  | 3                       | 11/16/2007       | Parent education  |
| R                 | No                                   | 5                       | 11/16/2007       | Parent education  |
| A                 | Yes                                  | 5                       | 11/16/2007       | Parent education  |
| R2                | Yes                                  | 3                       | 11/16/2007       | Parent education  |
| <b>Staff</b>      |                                      | <b>Years in Program</b> |                  |                   |
| D                 |                                      | 5                       | 12/22/2006       | Staff             |
| A                 |                                      | 3                       | 12/22/2006       | Staff             |
| K                 |                                      | 1                       | 12/22/2006       | Staff             |

## **Appendix B: Staff Interview Protocol**

Warm-up: Introductions; draw and discuss symbols

### ***General Feedback***

Why do you choose to work at the WHEEL club?

Tell us something you really like/liked about your involvement in WHEEL club activities (e.g., Story Book, Teen Zine, fotonovelas).

How does your work compare to what you thought it would be like when you first started?

What do you think about the story books?

Does your work in the WHEEL club change your relationships with your family and community?

### ***Substance Abuse***

Do you think teens use drugs and/or alcohol?

Why would it be important for families and teens to talk about drug and alcohol abuse?

Has your work with WHEEL club changed your understanding and perceptions about drug and alcohol abuse?

What experiences have you had at home and in the/your community related to drug and alcohol abuse? How have these changed as a result of your work with WHEEL club?

### ***Sexual Activity and HIV***

Do you think students at the WHEEL club school site(s) are having sex? Why or why not?

Of those having sex, do you think they are using condoms? Why or why not?

How has your work with the WHEEL club changed your understanding and perceptions about teen sexual activity and HIV?

### ***Other***

If you were in charge, how would you change the WHEEL club?

## Appendix C: Teen Interview Protocol

### Introduction by WHEEL staff:

We want to find out what you think of the WHEEL Council's programs, so we can tell others about the WHEEL Council, and see what we are doing that works and what doesn't work so well. We won't record any answers by anyone's names, no one will know what you have said, and nothing you will say will affect your work with us in the WHEEL Club or at school.

Warm-up: Introductions; draw and discuss symbols

Para Comenzar: Presentarse el uno al otro; dibujar y hablar de los símbolos

### **General Feedback | *Reacciones Generales***

#### *(Motivation)*

Why do/did you choose to come to the WHEEL club?

¿Por qué decides/decidiste tú venir al club de WHEEL?

#### *(Likes/Dislikes)*

Tell us something you really like/liked about WHEEL club activities (e.g., Story Book, Teen Zine, fotonovelas, Health Walk, trips, other events).

Dinos algo que te gusta/gustó a ti acerca de las actividades del club (por ejemplo, los libros de cuentos, Zine de Jovenes, fotonovelas).

Tell us about something you disliked about WHEEL club activities

Dinos algo que no te gusta/gustó a ti acerca las actividades del club (por ejemplo, los libros de cuentos, Zine de Jovenes, fotonovelas).

#### *(Aha Moments)*

Tell us about something you learned or did at WHEEL that turned out to be different from what you expected it would be before you joined the club.

Cuéntanos algo que aprendiste o que hiciste en el club de WHEEL que resultó diferente de lo que habías anticipado antes de tomar parte en el club.

How does/did your experience with the WHEEL club compare to what you thought it would be like?

¿Cómo comparan/compararon tus experiencias en el club a lo que anticipabas de él?

#### *(WHEEL Resources: Storybooks)*

What do/did you think about the story books (*allows teens to thumb through the books*)

¿Qué opinas/opinaste tú acerca de los libros de cuentos (*permite a los adolescentes hojear por los libros*)?

- Stories to Live or Die By: Meth Inhalants, Ecstasy
- Storytelling PowerBook / Libro del Poder de la Narración
- HIV Storybook / Libro de Cuentos VIH
- Fotonovelas: Angelica's Hope / Ricardo's Pain / Huffing Marian with... / Walt Gonzo's Out

Tell us about one of your favorite stories. Why is it your favorite?  
Dinos algo acerca de una de tus historias favoritas. ¿Por qué es favorita?

*(Changes in relationships)*

*Family*

Tell me about a specific time that something happened with your family when something you learned at the WHEEL Club helped.

Dime de una vez específica que algo haya sucedido con tu familia y algo que aprendiste en el club de WHEEL te ayudó.

*Friends*

Tell us about a time when your involvement with WHEEL Club influenced how you relate to your friends.

Dinos de una vez que tu participación en WHEEL haya tenido influencia en las relaciones con tus amigos.

What do you do now with your friends in your free time?

¿Qué haces ahora con tus amigos durante tiempo libre?

## **Substance Abuse**

*(Assertiveness)*

Has anyone offered you drugs (like meth, marijuana, etc.) or alcohol? What kind of drugs? Do you see this much around school?

¿Te ha ofrecido alguien drogas o alcohol? ¿Qué tipo? ¿Ves este tipo de cosas mucho por la escuela?

*(Reasons for substance abuse)*

Why do you think kids your age use drugs and/or alcohol? How do you know that?

¿Por qué crees que los adolescentes de tu edad usan las drogas y/o el alcohol?

*(Reasons for talking about substance abuse)*

Why do you talk about drug and alcohol abuse at WHEEL Club?

¿Por qué hablan los adolescentes y las familias acerca del abuso de las drogas y el alcohol en el club de WHEEL?

*(WHEEL as a prevention mechanism)*

Tell us about a time when the WHEEL club helped you refuse drugs and/or alcohol? How?

Dinos de una vez que te haya ayudado el club de WHEEL a negarse de las drogas y/o el alcohol.

## **Sexual Activity and HIV**

*(Awareness)*

Are any of your friends having sex? Why or why not?

¿Están algunos de tus amigos haciendo el sexo? ¿Por que sí o no?

Do you think they are using condoms? Why or why not?  
¿Crees tú que están usando condones? ¿Por que sí o no?

*(WHEEL as a prevention mechanism)*

Why do teens and families to talk about sexual intimacy and HIV at WHEEL Club?

¿Por qué hablan los adolescentes y las familias acerca de la actividad sexual y el VIH por el club de WHEEL?

Tell us about the WHEEL Club and your decision making about being sexually active. Has your participation in WHEEL Club changed your mind regarding having sex? Explain.

Dinos acerca del club de WHEEL y tu decisión de hacer el sexo. ¿Ha cambiado tu decisión acerca la actividad sexual por participar en el club de WHEEL? Explica.

### **Final Thoughts | *Pensamientos Finales***

*(Additional comments, recommendations, suggestions)*

If you were in charge, how would you change the WHEEL club?

Si fueras tú el/la encargado/a del programa, ¿cómo cambiarías al club de WHEEL?

## Appendix D: Parent Interview Protocol

### Introduction by WHEEL staff:

We want to find out what you think of the WHEEL Council's programs, so we can tell others about the WHEEL Council, and see what we are doing that works and what doesn't work so well. We won't record any answers by anyone's names, no one will know what you have said, and nothing you will say will affect your work with us in the WHEEL Club or at school.

Warm-up: Introductions; draw and discuss symbols

Para Comenzar: Presentarse el uno al otro; dibujar y hablar de los símbolos

### **General Feedback | *Reacciones Generales***

#### *(Motivation)*

Why do/did you choose to come to the WHEEL club?

¿Por qué decide/decidió usted venir al club de WHEEL?

#### *(Likes/Dislikes)*

Tell us something you really like/liked about your involvement in WHEEL activities (e.g., Story Book, Teen Zine, fotonovelas).

Díganos algo que le gusta/gustó a usted acerca de su participación en las actividades del club (por ejemplo, los libros de cuentos, Zine de Jovenes, fotonovelas).

Tell us about something that you dislike/disliked about WHEEL activities.

Díganos algo que no le gusta/gustó a usted acerca de su participación en las actividades del club (por ejemplo, los libros de cuentos, Zine de Jovenes, fotonovelas).

#### *(Aha moments)*

Tell us about something you learned or did at WHEEL that turned out to be different from what you might have expected before you joined WHEEL.

Díganos algo que haya aprendido o hecho con WHEEL que resultó en algo diferente de lo que había anticipado antes de tomar parte de WHEEL.

How does/did your experience with the WHEEL club compare to what you thought it would be like?

¿Cómo compara/comparó sus experiencias con el club a lo que anticipaba usted de él?

#### *(WHEEL Resources: Storybooks)*

What do/did you think about the story books (*allow parents to thumb through the books*)?

Tell us about one of your favorite stories. Why is it your favorite? ¿Qué opina/opinó usted acerca de los libros de cuentos (*permite a los padres hojear por los libros*)?

- Stories to Live or Die By: Meth Inhalants, Ecstasy
- Storytelling PowerBook / Libro del Poder de la Narración
- HIV Storybook / Libro de Cuentos VIH
- Fotonovelas: Angelica's Hope / Ricardo's Pain / Huffing Marian with... / Walt Gonzo's Out

*(Changes in relationships)*

*Family*

Tell us about something that happened in your family when something that you learned at WHEEL helped.

Cuéntenos de una vez específica cuando que haya sucedido en tu familia en que algo que aprendió en WHEEL Club le ayudó.

*Friends/Community*

Tell us about a time when your involvement with WHEEL Club influenced how you relate to your neighbors and the community.

Díganos de una vez cuando su participación en el club de WHEEL le haya influido en sus relaciones con vecinos y la comunidad.

## **Substance Abuse**

*(Awareness)*

Do you think teens are offered drugs and/or alcohol around school?

¿Cree usted se le ofrece drogas y/o alcohol a los adolescentes por la escuela?

*(Reasons for substance abuse)*

Why do you think teens use drugs and/or alcohol?

¿Por qué cree usted que los adolescentes usan drogas y/o alcohol?

*(Reasons for talking about substance abuse)*

Why do families and teens talk about drug and alcohol abuse at WHEEL Club parent classes?

¿Por qué hablan los adolescentes y familias acerca del abuso de las drogas y el alcohol?

*(WHEEL as a prevention mechanism)*

Tell me about a time when your child did some thing different that seemed to be related to attending the Wheel Club.

Díganos de una vez que su hijo/a reaccionó diferente y esta reacción apareció ser resultado de participar en el club de WHEEL.

What experiences have you had at home and in the community related to drug and alcohol abuse? How have these changed as result of your participation with the WHEEL club and perceptions regarding drug and alcohol abuse?

¿Cuáles ha tenido usted en casa y en la comunidad que trataron del abuso de drogas y alcohol?

¿Cómo afectó su participación con WHEEL a su comprensión y percepciones hacia el abuso de las drogas y el alcohol?

## **Sexual Activity and HIV**

*(Awareness)*

Do you think teens at your child's school are having sex? Why or why not?

¿Cree usted que los adolescentes en la escuela de tu hijo/a están haciendo el sexo? ¿Por que sí o no?

Of those having sex, do you think they are using condoms? Why or why not?

Entre quienes están haciendo el sexo, ¿cree usted que están usando condones? ¿Por que sí o no?

*(WHEEL as a prevention mechanism)*

Why would it be important for teens and families to talk about sexual activity and HIV?

¿Por qué hablan los adolescentes y las familias acerca de la actividad sexual y el VIH?

How has your experience with the WHEEL club changed your understanding and perceptions about teen sexual activity and HIV?

Díganos algo acerca de sus experiencias en el club de WHEEL que cambiaron su comprensión de y percepciones hacia la actividad sexual y VIH entre los adolescentes.

## **Final Thoughts | *Pensamientos Finales***

*(Additional comments, recommendations, suggestions)*

If you were in charge, how would you change the WHEEL club?

Si fuera usted el/la encargado/a del programa, ¿cómo cambiaría al club de WHEEL?



## Appendix E: Tables of Contents

### *Storytelling Power Book: You Have the Power to Create Your Life*

#### **Knowledge Power**

- How your brain works
- How to get natural highs
- What is addiction?
- What do drugs do to your brain and body?
- Substance Abuse Bing

#### **Skill Power**

- You always have options
- You can always delay

#### **Personal Power**

- Juan Bobo—It's okay to make mistakes
- The Children—Respect keeps you healthy
- What's your metaphor?
- Buffalo Woman—Love will get you through
- What's your symbol?
- Shaman's Story—You can't keep a good person down
- Ramayana—The hero-heroine story
- What's your story?

#### **Character Power**

- Sequoyah—Strength through adversity
- Thomas Paine—Strength through writing
- Molly Pitcher—Strength through dreaming
- Osceola—Strength through anger
- Who do I want to be? What's my future?

#### **Culture Power**

- What is culture?
- What is a subculture?
- What is bicultural?
- What is my cultural symbol?

#### **Future Power**

- What is a role model?
- Who is my role model?
- Where am I going?

## *Stories to Live or Die by: Inhalants, Meth, Ecstasy*

### **Introduction to Inhalants**

- The effects of inhalants
- Huffing scene and role play
- Your sense of smell is precious: Creative intelligence

### **Introduction to methamphetamine**

- Not everyone is doing it!
- Effects of Methamphetamine
  - How does methamphetamine affect the body right away?
  - How does methamphetamine affect the body over time?
  - What does HIV have to do with methamphetamine?
- Methamphetamines scene and role play
- The people could fly
  - Questions
- Creative intelligence

### **Introduction to club drugs**

- Effects of club drugs
- MDMA
- LSD
- Date rape drugs
- Club drug who am I game: Practical intelligence
- Free writing: Creative intelligence
- Ecstasy scene and role play
  - Cupid and Psyche
  - Questions
- Hidden dangers—Clandestine laboratories
- Interesting facts
- Street names

### **Your brain on Meth, Inhalants and Ecstasy**

- Parts of a neuron
- **Neurotransmission**
- The end of a neuron—the button
- Questions 1
- Questions 2
- **Inhalants and Myelin**
- **Methamphetamine and dopamine**
- **Ecstasy and serotonin**
- Questions 3

### **Answer key**

### **References**

*HIV Storybook: Science, Risk Factors, Relationships & Self-Efficacy*

**SCIENCE**

**Lesson 1**

Practical intelligence: Background information and facts

Movement for memory: Match the chart to the facts activity

**Lesson 2**

Technical application: Scenes to role play

**Lesson 3**

Story: John the True

Conceptual questions

**Lesson 4**

Creative project: Collage activity

What to remember

**RISK FACTORS**

**Lesson 5**

Practical information: Problem solving skills

Practical information: Delaying tactics

Movement and memory: Terms and matches—What do you know?

**Lesson 6**

Technical application: how would you use SODAS in these scenes?

**Lesson 7**

Story: The Dragon's Robe

Conceptual questions

**Lesson 8**

Creative project: A SODAS play

What to remember

**RELATIONSHIPS**

**Lesson 9**

Practical information

Movement for memory: Terms and matches—What do you know?

**Lesson 10**

Story: The white spider's gift

Conceptual questions

**Lesson 11**

Creative project

What to remember

**SELF EFFICACY**

**Lesson 12**

Practical information: Sexually transmitted diseases

Practical information: How to use condoms

Movement and memory: Questions and matches—What do you know?

**Lesson 13**

Story: Keep on stepping

Conceptual questions

What to remember

**Lessons 14-16**

Creative Project: Storytelling worksheet/Create your own story

References: Stories

## Appendix F: WHEEL Council Thematic Code Map

