Comprehensive School Health and Comprehensive Guidance and Counselling Programs: A Call for Collaboration

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ABSTRACT

Four hundred and seven grade 10, 11 and 12 students, 170 parents, and 25 school personnel were surveyed regarding the health and guidance related needs of adolescents. The results were analyzed and compared within both the Comprehensive School Health (CSH) and Comprehensive Guidance and Counselling (CGC) frameworks. Within the CSH framework student self-reported priority needs related to school building and grounds, safety and accident prevention, and academic skills. Within the CGC framework student self-reported priority needs related to career information and planning, academic skills, and relationships with school staff. Significant differences were noted between students and both adult groups. The results suggest a need for collaboration between CSH and CGC program developers as well as between students, parents, and school personnel.

RÉSUMÉ

Une enquête a été menée auprès de 407 élèves de dixième, onzième et douzième année, ainsi que 170 parents et 25 membres du personnel des écoles, afin d'étudier leurs opinions sur les besoins des adolescents relatifs aux services de santé et d'orientation. Les résultats ont été analysés et comparés dans le cadre des services complets de santé en milieu scolaire (*Comprehensive School Health - CSH*) et des services complets d'orientation et de counseling (*Comprehensive Guidance and Counselling - CGC*). Dans le cadre du *CSH*, les élèves ont identifié eux-mêmes des besoins prioritaires concernant les bâtiments et terrains scolaires, la sécurité et la prévention des accidents ainsi que les habiletés scolaires. Dans le cadre du *CGC*, les élèves ont identifié eux-mêmes des besoins prioritaires concernant les compétences scolaires, les relations avec le personnel des écoles ainsi que les informations relatives aux possibilités et choix de carrière. Des différences notables ont pu être observées entre les élèves et les deux groupes adultes. Les résultats suggèrent la nécessité d'une collaboration entre ceux qui élaborent les programmes *CSH* et *CGC* ainsi qu'entre les élèves, les parents et le personnel des écoles.

The psychological and physical well-being of adolescents has been an area of growing concern in the past decade, particularly in light of increasing social, political, cultural, and economic changes within society (Hacker & Wessel, 1998; Stantelli et al., 1998; Wolfold-Symons, Cinelli, James, & Groff, 1997). Issues related to unemployment, latch-key children, single parents, divorce rates, crime, and drug use all impact the wellness of Canadian youth (Patterson & Janzen, 1993). In light of the impact that these issues have on student school performance, as well as their overall well-being, educational systems can no longer maintain a narrow academic focus (Allensworth, 1994; Gysbers,

Lapan, & Blair, 1999, Flaherty et al., 1998; Walsh, Howard, & Buckley, 1999). Faced with the challenge of helping raise children and adolescents in increasingly demanding environments, educational systems around the world have altered their mandates to include programming that addresses the whole-person needs of students, including their academic, physical, psychological, and social needs (Dryfoos, 1998; Gysbers, Lapan, & Blair, 1999; Nader, 1990).

In North America, two educational initiatives designed to address the holistic needs of adolescents are Comprehensive School Health and Comprehensive Guidance and Counselling initiatives. The main focus of Comprehensive School Health (CSH) initiatives is to provide students with school health services and instruction as well as to create healthy school environments (Allensworth, 1994; Defriese, Crossland, MacPhail-Wilcox, & Sowers, 1990; Kolbe, 1986). These school-based health initiatives are generally guided by partnerships between various stakeholders including health authorities, doctors, school nurses, educators, parents, and community members. Comprehensive Guidance and Counselling (CGC) initiatives primarily address student's needs within the career, personal/social, and educational domains (Gysbers & Henderson, 1997; Diachuck et al., 1995). The primary coordinators for guidance and counselling school-based initiatives and programs are school guidance counsellors who collaborate with teachers, school administrators, parents, and community members.

Although CSH and CGC initiatives emerge from different theoretical models, and have somewhat different mandates, they share several common philosophical underpinnings. First, both address the "whole-person" needs of children and adolescents including their physical, social, and psychological needs. Second, both emphasize the importance of all school staff members being involved in comprehensive program development and encourage the infusion of health and guidance curricula into all academic classes. Third, program development, implementation, and evaluation is regarded as a collaborative endeavour among students, parents, teachers, administrators, school support staff, and community members, who are all viewed as essential and valuable contributors. Fourth, both initiatives share a commitment to a "bottom-up" approach which ensures that all stakeholders, particularly students, are provided with a voice in all aspects of programming.

One of the basic tenets of CSH and CGC programs is that in order to provide students and communities with appropriate services and resources, a comprehensive needs assessment is a vital first step (Collins, 1998; Diachuk et al., 1995; Gysbers & Henderson, 1997; Lessard, 1998). The needs identified from the assessments form the basis of programming and as such must reflect the views of all stakeholders, particularly students themselves (DeGraw, 1994; Dryfoos, 1998; Rye & Sparks, 1991). This student-focused and collaborative approach to programming is a radically different way of identifying and meeting student needs compared to more traditional methods which rely on school administration and teaching staff perceptions of student needs (Bickham, Pizarro, Warner, Rosenthal, & Weist, 1998; Dryfoos, 1998). The need for student input is

particularly relevant in light of research demonstrating that student and adult perceptions of adolescent needs are often significantly different (Collins, 1993, 1998; Hiebert, Kemeny, & Kurchak, 1998).

Despite the many similarities between CSH and CGC, these programs are generally developed and implemented in isolation from one another. The research presented in this paper attempts to address this situation. A comprehensive needs assessment of students, their parents, and school staff members was conducted in a large high school in Western Canada. Two of the primary research questions guiding the study were: "How do the profiles of students needs compare within the CSH and CGC frameworks?" and "How do adolescents' self-reported needs compare to parents and school staff reports of adolescents' needs?".

METHOD

Participants

The sample consisted of 409 high school students, 170 parents, and 25 school personnel. As all students were required to take Social Studies, all students who were enrolled in Social Studies in the second semester were invited to participate. The student sample represented approximately 37% of the total student population and consisted of roughly equal representation among students in grades 10, 11, and 12, and between male and female students. Demographic information revealed that 94% of the student sample spoke English as their first language and 88% had lived in Canada all of their lives.

All students who completed the needs assessment were given a copy of the parent form to take home. Of the 170 parents who returned the survey, 130 (76 %) were mothers, thus, parent data in this study primarily reflect the views of mothers. Of the parent sample, 90% spoke English as their first language and 80% had lived in Canada all of their lives.

All school personnel were provided with packages containing the school personnel form of the survey. A total of 25 members of the school staff, 12 males and 12 females (one staff did not indicate gender) chose to participate, representing 46% of the total high school staff. There were 21 teachers and four support staff. Of the school personnel sample, 96% spoke English as their first language and 80% had lived in Canada all of their lives.

Instrument Development and Procedure

The survey instrument used for this study was based on the "Health Needs Survey" developed by Collins (1993, 1998) and modified later for use in guidance settings (Hiebert et al., 1998). This instrument has demonstrated a stable factor structure and adequate reliability with high school students (Collins, 1993; 1998; Hiebert, Collins, & Cairns, 1994). A steering committee consisting of ten students, three school staff, three parents, and three members of

the research team, adapted the instrument to the current population by reviewing all items and modifying them as needed to make them relevant to the school and its student population.

The final form of the instrument consisted of 239 items. There were 16 subscales grouped into the three CSH clusters of services (physical well-being, ronment (school building and grounds, involvement with other students, involvement with teachers and staff, issues outside of school).

Each of the 239 items was also analyzed to determine how they fit into the CGC framework. An expert panel consisting of seven educators and leaders in the field of school guidance examined each item to determine if it fell into one of the following four components of the CGC framework: personal/social, educational, career, or general counselling concerns. This procedure was conducted twice and consensus was reached for each item. The final version included 13 separate guidance subscales, grouped into the four CGC clusters: career; personal / social (counselling, sexuality, family / home life, health promotion, physical well-being, mental / emotional health, interpersonal relationships, issues outside of school); educational (school performance, academic skills, relationships with teachers and staff); and general counselling concerns.

Students were asked to respond to questions based on their own personal views and needs, e.g., "It is important to me personally for the school to provide the following. . . ." All questions were answered on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree" indicating the extent to which they thought the item represented a need for them. The adult versions of the instrument contained the same items, however, parents were asked to rate the items according to what they thought their own child needed and school staff were asked to answer with what they thought the students they taught needed.

RESULTS

Two sets of analyses were conducted. First, descriptive statistics were used to determine the priority needs of adolescents as indicated by students, parents, and school staff. Second, multivariate analyzes were conducted to determine statistically significant differences between the three groups. Both sets of analyzes were conducted on the CSH and CGC frameworks for comparative purposes.

Descriptive Results

Mean scores were calculated for all of the individual items and for the subscales in the CSH and CGC frameworks. Means in the top category of the Likert scale ($M > 3.5$) were considered as very strong. Means in the second category ($M = 2.5$-3.4) were seen as important. Mean scores in the lowest of the three categories ($M < 2.5$) were considered as currently being met or not important at the time of the study.

An examination of the CSH priority subscales revealed several similarities and differences (see Table 1). Subscales that were in the top third for all three groups

have been underlined while subscales in the top third for students and one other group have been italicized. Only one need area was ranked in the top third by all three groups, indicating that interpersonal interactions between students is a priority need. In addition, students and parents agreed that classroom instruction in the area of safety and accident prevention is a high need.

TABLE 1
Rank-Ordered Subscale Scores for CSH Framework

Priority	Group		
	Students	Parents	School Staff
1	Environment: School Building and Grounds (3.00)	Instruction: Mental and Emotional Health (2.94)	*Environment: Involvement with Other Students (3.16)*
2	*Instruction: Safety and Accident Prevention (2.68)*	*Instruction: Safety and Accident Prevention (2.93)*	Instruction: Interpersonal Relationships (2.87)
3	Instruction: Academic Skills (2.66)	*Environment: Involvement with Other Students (2.93)*	Services: School Performance (2.78)
4	*Environment: Involvement with Other Students (2.60)*	Instruction: Sexuality (2.90)	Environment: Involvement with Teachers and Staff (2.78)
5	Services: Physical Well-Being (2.58)	Instruction: Physical Well-Being (2.87)	Instruction: Sexuality (2.75)
6	Environment: Involvement with Teachers and Staff (2.57)	Services: Personal Counselling (2.82)	Instruction: Physical Well-Being (2.70)
7	Services: Personal Counselling (2.53)	Environment: Involvement with Teachers and Staff (2.72)	Environment: Issues Outside of School (2.70)
8	Instruction: Physical Well-Being (2.41)	Instruction: Academic Skills (2.66)	Instruction: Mental and Emotional Health (2.67)
9	Instruction: Mental and Emotional Health (2.41)	Instruction: Interpersonal Relationships (2.66)	Services: Personal Counselling (2.66)
10	Services: School Performance (2.32)	Instruction: Health Promotion (2.57)	Services: Sexuality Counselling (2.60)
11	Environment: Issues Outside of School (2.29)	Services: School Performance (2.42)	Instruction: Safety and Accident Prevention (2.60)
12	Instruction: Health Promotion (2.25)	Environment: School Building and Grounds (2.37)	Environment: School Building and Grounds (2.54)
13	Services: Counselling in Sexuality (2.23)	Services: Physical Well-Being (2.33)	Instruction: Health Promotion (2.51)
14	Instruction: Interpersonal Relationships (2.19)	Services: Counselling in Sexuality (2.33)	Instruction: Academic Skills (2.42)
15	Instruction: Sexuality (2.12)	Services: Family and Home Life (2.07)	Services: Family and Home Life (2.30)
16	Services: Family and Home Life (2.03)	Environment: Issues Outside of School (1.98)	Services: Physical Well-Being (2.26)

Note: Subscales that are in the top third on all three lists are underlined and subscales in the top third and common to students and one other adult are written in italics. Subscales above the solid line are higher than 2.5 and therefore are considered important.

Overall, student subscale scores were lower than parent and school staff subscale scores. Only 7 of the student subscale scores had a mean of 2.5 or higher while 10 of the parent and 13 of the school staff subscale scores were 2.5 or higher. The highest ranked subscale for students was changes in school building and grounds which was ranked 12th by both adult groups. Interestingly, the third priority for students was academic skills which was 8th for parents and 14th for school staff. Although classroom instruction pertaining to sexuality was 4th for parents and 5th for school staff it was 15th for students. Services relating to family and home life were low priorities for all three groups ranking 16th for students and 15th for both adult groups.

TABLE 2
Rank-Ordered Subscale Scores for CSH Framework

Priority	Group		
	Students	Parents	School Staff
1	*Career* (3.01)	*Career* (3.26)	Personal / Social: Interpersonal Relationships (3.93)
2	Education: Academic Skills (2.64)	Personal / Social: Mental / Emotional Health (2.91)	Personal / Social: Mental / Emotional Helath (2.77)
3	*Education: Relationships with School Staff* (2.56)	Personal / Social: Interpersonal Relationships (2.72)	Persoanl / Social Councelling (2.76)
4	Personal / Social: Physical Well-Being (2.51)	*Education: Relationships with School Staff* (2.66)	Education: School Performance (2.74)
5	Personal / Social: Mental / Emotional Health (2.44)	Education: Academic Skills (2.63)	Education: Relationships with School Staff (2.73)
6	Personal / Social: Interpersonal Relationships (2.34)	Personal / Social: Interpersonal Relationships (2.58)	Personal / Social: Issues Outside of School (2.71)
7	Education: School Performance (2.34)	General Counselling Concerns (2.58)	Career (2.65)
8	Personal / Social: Councelling (2.31)	Personal / Social: Sexuality (2.57)	Personal / Social: Sexuality (2.65)
9	Personal / Social: Issues Outside of School (2.31)	Personal / Social: Physical Well-Being (2.54)	General Counselling Concerns (2.59)
10	Personal / Social: Health Promotion (2.28)	Personal / Social: Counselling (2.53)	Personal / Social: Health Promotion (2.48)
11	General Counselling Concerns (2.25)	Education: School Performance (2.44)	Personal / Social: Physical Well-Being (2.42)
12	Personal / Social: Sexuality (2.19)	Personal / Social: Family / Home Life (2.07)	Education: Academic Skills (2.39)
13	Personal / Social: Family / Home Life (2.07)	Personal / Social: Issues Outside of School (1.97)	Personal / Social: Family / Home Life (2.30)

Note: Subscales in the top third and common to students and one other adult are written in italics. Subscales above the solid line are higher than 2.5 and therefore are considered important.

The CGC subscales scores are presented in Table 2. No subscales appeared in the top third for all three groups. Two need areas, namely career and improving relationships between students and school staff, were ranked in the top third by students and parents. As with the CSH subscale scores, student subscale scores were generally lower than those of parent and school staff. Only 4 of the student subscale scores had a mean of 2.5 or higher compared to 10 of the parent and 9 of the school staff. Needs pertaining to career information and planning were ranked number one by both students and parents, but 7th by school staff. Mental and emotional health needs were ranked 2nd by both adult groups and 5th by students. Interestingly, students saw gaining more academic skills as important, but it was ranked 5th by parents and 12th by school staff. On the other hand, school staff reported that students needed to pay more attention to their school performance, while that item was 7th for students and 11th for parents. Needs relating to student's families and home lives were ranked as the last or second to last area of need by all three groups.

TABLE 3

CSH Subscale Score Univariate F and p Values and Post Hoc Significance for Differences Between Groups

Subscale	All Groups		Group Combinations		
			Students/ Parents	Students/ Staff	Parents/ Staff
	F	*p*	Significance	Significance	Significance
A: Services					
Physical Well-Being	10.31	< .01	* S>P	* S>St	-
Personal Counselling	13.11	< .01	* P>S	-	-
Sexuality	2.31	.09	-	-	-
Family/Home Life	1.44	.24	-	-	-
School Performance	5.69	< .01	-	* St>S	* St>P
B: Instruction					
Academic Skills	1.31	.27	-	-	-
Health Promotion	7.73	< .01	* P>S	-	-
Physical Well-Being	19.28	< .01	* P>S	-	-
Mental Health	23.79	< .01	* P>S	-	-
Safety/Accident Prevention	7.52	< .01	* P>S	-	-
Sexuality	41.81	< .01	* P>S	* St>S	-
Interpersonal Relationships	21.88	< .01	* P>S	* St>S	-
C: Environment					
School Building & Grounds	61.94	< .01	* S>P	*S>St	-
Involvement With Other Students	15.76	< .01	* P>S	* St>S	-
Involvement With School Staff	2.61	.74	-	-	-
Issues Outside School	13.78	< .01	* S>P	* St>S	-

Note: Asterisks indicate significant differences, $p < 0.05$.

Inferential Results

In order to compare the perceptions of students, parents, and school staff regarding adolescent needs, the 16 CSH subscale scores were grouped into three clusters: service, instruction, and environment. Three MANOVAs were performed using the student, parent, and school staff groups as independent variables and the subscale scores within each of the 3 clusters as dependent measures. The results revealed significant main effects for services, F (2, 1192) = 15.11, p = < .01; instruction, F (2, 1172) = 9.69, p = < .01; and environment, F (2, 1142) = 35.46, p = < .01.

Follow-up univariate tests indicated that the main effect for groups came from 3 of the 5 subscales in the service cluster, 6 of the 7 subscales in the instruction cluster, and 3 of the 4 subscales in the environment cluster (see Table 3). Post hoc Tukey tests indicated significant differences between students and parents on 11 subscales and between students and school staff on 7 subscales. Parents and school staff differed significantly only on the school performance (services) subscale.

TABLE 4

CSH Subscale Score Univariate F and p Values and Post Hoc Significance for Differences Between Groups

Subscale	All Groups		Group Combinations		
			Students/ Parents	Students/ Staff	Parents/ Staff
	F	*p*	Significance	Significance	Significance
A: Career	15.65	< 0.01	* P>S	* S>St	* P>St
B: Personal / Social					
Counselling	7.23	< .01	* P>S	* St>S	-
Sexuality	15.56	< .01	* P>S	* St>S	-
Family / Home Life	1.36	.26	-	-	-
Health Promotion	4.91	.01	* P>S	* St>S	-
Physical Well-Being	0.35	.71	-	-	-
Mental / Emotional Health	21.27	< .01	* P>S	* St>S	-
Interpersonal Relationships	19.24	< .01	* P>S	* St>S	-
Issues Outside of School	16.47	< .01	* S>P	*S>St	* St>P
C: Education					
School Performance	4.96	.01	-	-	* St>P
Academic Skills	1.71	.18	-	-	-
Relationships With Staff	1.63	.20	-	-	-
D: General					
Councelling Concerns	16.98	< .01	* P>S	* St>S	-

Note: Asterisks indicate significant differences, $p < 0.05$.

The CGC subscales were examined in a similar manner. The 13 CGC subscales were grouped into four clusters: career, personal/social, educational, and general counselling concerns. The personal/social and educational subscales had 8 and 3 separate subscales respectively. The career and general counselling subscales were analyzed using separate ANOVAs. The personal/social and education clusters were analyzed using MANOVAs because they contained multiple subscales.

The results indicated significant main effects for the career, F (2, 226) = 15.65, p = < .01, personal/social, F (2, 1134), p = < .01, educational, F (2, 1164), p = < .01 and general counselling concerns, F (2, 241) = 16.98, p = < .01. Follow-up univariate tests revealed that the main effect for groups on the MANOVAs came from 6 of the 8 personal/social subscales and one of the 3 educational subscales (see Table 4). Post hoc Tukey tests indicated significant differences between students and parents and between students and school staff on eight subscales. Parents and school staff differed significantly on 3 subscales: career, issues outside of school (personal/social), and school performance (educational).

Summary

Within the CSH framework adolescents' self-reported needs were highest in the areas of school building and grounds, safety and accident prevention, academic skills, and involvement with other students. Parents perceived the highest needs of their sons and daughters to be in the areas of mental and emotional health, safety and accident prevention, involvement with other students, and sexuality instruction. School staff saw students needing the most support in areas related to involvement with other students, interpersonal relationships, school performance, and involvement with teachers and staff. Within the CGC framework student needs were highest in the areas of career, academic skills, relationships with school staff, and physical well-being. Parents expressed the strongest needs for their children in the areas of career, mental and emotional health, interpersonal relationships, and relationships with school staff. School staff perceived the highest needs to be in the areas of interpersonal relationships, mental and emotional health, counselling, and school performance. Thus, the CHS and CGC frameworks highlight different areas of concern for students, parents, and school staff and operating in only one framework is liable to omit some areas student think are important. Overall, parent scores generally were more consistent with student scores than were those of school staff. Also parent scores were, on the whole, more similar to student scores than they were to school staff scores.

There were many noteworthy differences between students, parents, and school staff within both the CSH and CGC frameworks. Although the descriptive results suggested that student and parent groups were the most similar in their perceptions' of adolescents' needs, statistical analyzes revealed that parent and student scores were significantly different on 11 of the 16 CHS subscales, while student and school staff scores differed on 7 of the subscales. Parent and school staff scores differed only on the school performance subscale.

Examination of the CGC results reveals a similar pattern. Parent and school staff scores were significantly different from student scores on the same 8 of the 13 CGC subscales. However, the differences were not consistent. While parent scores on the career subscale were higher than student scores, student scores were higher than school staff scores. In the issues outside of school subscale the reverse was true, school staff scores were higher than student scores and student scores were higher than parent scores. In addition, parents and school staff differed on 3 subscales indicating that while they may have been more similar to each other than to the student group there were still important differences between the two adult groups. Taking both the CSH and CGC results into account, students' highest self-reported needs related to school building and grounds, safety and accident prevention, and academic skills, career planning, academic skills, and relationships with school staff.

DISCUSSION

The priority needs identified in this study confirm and extend results previously reported. Collins (1998) and Hiebert et al. (1998) found that adolescents top self-reported needs pertained to school physical plant, e.g., cleaner school, washroom improvements, better temperature and humidity control, and longer lunch room hours. In previous research and in the current study, adults saw these as being less important. One programming implication arising from this finding is that until some of the adolescents' environmental and physical needs are met they will be likely less motivated to work on other needs that adults think are more important.

Some themes that emerged as strong needs in this study corroborate previous findings. For example, previous studies also found that adolescents expressed high needs for receiving information and support related to career planning and academic skills (Collins & Hiebert, 1995; Violato & Travis, 1995). These results suggest that adolescents are self-motivated and proactive when it comes to planning for their futures. Many of the academic skills they want to improve will help them succeed in high school, but also will transfer to the work world, e.g., time management, organization, and concentration skills. The adolescents in these studies were also very planful, wanting to receive information about career opportunities and requirements, post-secondary training, and job related skills, e.g., resume writing, interview skills, so that they would be better prepared for the transition to work or further educational opportunities. The adolescents in this study were a responsible group who were proactive and future-oriented.

Promoting Collaboration

The results of this study suggest that needs assessments within the CSH and CGC frameworks produce somewhat different goals. Thus, collaboration between the two programs likely would result in more efficient and economical ways of meeting the whole-person needs of adolescents. Keys and Bemak (1997)

note that there has never been more of a need for collaboration, given the increased need for adolescent services and supports, the limited resources available to address those needs, and the fragmentation of service delivery models. Cutbacks, decreased resources, and redefinition of responsibilities in Education, Health, and Family and Social Services government departments have had enormous impacts on services and programs available to adolescents and their families (Diachuck et al., 1995). Collaboration is one way of making limited resources go further in developing initiatives designed to address adolescents' needs.

There are many benefits that can emerge from collaboration between CSH and CGC programs. First, given the diverse backgrounds and professional training of health professionals and guidance and counselling professionals, rich opportunities exist for sharing expertise and knowledge. For example, school counsellors and school nurses could plan and co-facilitate a healthy eating workshop. The counsellors expertise in body image and disordered eating and the nurses expertise in nutrition, meal planning, and healthy eating habit formation both complement each other and would result in a more comprehensive and dynamic workshop. Second, collaboration can help to avoid overlaps and gaps in services, as well as produce a more seamless, comprehensive, and economically efficient program. Third, knowledge of the services that each program provided helps individuals guide adolescents to appropriate services and supports. Fourth, both CSH and CGC have strong research and literature bases that can be utilized to produce a richer program. Thus, collaboration between CSH and CGC developers are likely to result in more comprehensive, efficient, economical, and seamless programming.

There also is a need for collaboration between the stakeholder groups within each orientation. This is evident in the data from this study pointing to the differences in student, parent, and school staff perceptions of adolescent needs and also is evident from previous studies. For example, Collins (1993) discovered that were significant differences between student and adult groups on 80% of the survey items. Hiebert et al. (1998) found that for junior high school students only 2 of the top 15 student self-reported needs were identified by either adult group and for 41% of the items there was no agreement between the student group and either adult group.

At first glance, these findings seem contrary to the concordance between student and adults reported by others (Isralowitz & Singer, 1982; Menanteau-Horta, 1986). However, Collins (1993) and Hiebert et al. (1998) asked adolescents to identify what they personally needed (or what their child or students they taught needed in the adult versions) whereas the Isralowitz and Singer (1982) and Menanteau-Horta (1986) studies asked participants to identify the most severe problems facing adolescents in general. Furthermore, these earlier studies did not address the non-crisis oriented and preventative concerns of students such as career planning and academic skill development. Thus, while students, parents, and school staff may agree on some of the general problems facing

youth, they disagree significantly on what adolescents need in order to deal with these problems, as well as the other non-crisis needs they have in their lives.

These results further emphasize the importance of engaging all stakeholders in needs assessment and program development so that many voices and perspectives are taken into account. Adolescents tend to be solution-focused, proactive, and future oriented, while parents and school staff perceive students to have more remedial, crisis-oriented, and problem-focused needs. These differing perceptions need to be viewed as important pieces that should be addressed. Building programs around student reports is likely to create more buy-in to the program. However, the perspectives of parents and school staff are not necessarily invalid or unimportant. Adults posses a variety of experiences, knowledge, and expertise that adolescents do not. This gives adults insight into what adolescents need to succeed in the future, as well as the long-term effects of risk-taking behaviours. Posavac and Carey (1989) suggest that if service providers recognize a need that is not identified by service recipients, the program will have to include an educational component in order to help service recipients see the rationale for the program.

CONCLUSION

One of the questions that invariably arises in this type of research is "Are adolescents capable of accurately identifying their own needs?" There are several ways to respond to this question. First, the realities that are experienced by adolescents are likely quite different, yet equally valid, from the realities that adults experience. At best, adults can only guess at the challenges, fears, concerns, and needs, that adolescents face today. Second, few adults would argue that the proactive, solution-focused, and future-oriented needs expressed by the students in this study are not important. It is a question of timing. Asking adolescents about their own needs and developing programs to address their reports lets students know that their voices have been heard and also helps adults gain insight into the unique realities of adolescents.

It is important also to appreciate that the findings in this study may not necessarily reflect the needs of adolescents in different contexts. Both CSH and CGC approaches emphasize that the specific needs of adolescents must be assessed in each community and school (Bickham et al., 1998; Collins, 1998; Rye & Sparks, 1991; Starr, 1996). Furthermore, the needs of adolescents are not static and change over time depending on a multitude of factors such as age, grade, family factors, peer relationships, available community services, school programs, and so on (DeGraw, 1994). Thus, comprehensive needs assessment results are most valid and useful for the specific population researched at the time of the study.

This study demonstrates the importance of two levels of collaboration. First, given the current cutbacks and limited resources available, there is a heightened need for service providers to collaborate regarding programs and service delivery

systems. CSH and CGC programs emphasize somewhat different areas of student need, even though there are many similarities in their theoretical frameworks and approaches. The benefits of collaboration between the program developers are numerous and should be given careful consideration. Second, a collaborative relationship must exist between the various stakeholders involved in CSH and CGC programs. As the results of this study demonstrate, adolescents' self-reported needs are significantly different from parents' and school staffs' perceptions of adolescents' needs. Incorporating the multiple perspectives of students, parents, and school staff members results in more comprehensive and appropriate programming. By adopting a collaborative approach, CSH and CGC personnel are better able to assess and address the diverse needs of adolescents.

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