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The Effect of a Character Education Program on Moral Development and Self-Esteem of At-Risk Youth

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The purpose of this study was to examine the results of a psychological and educational intervention with at-risk youth that could benefit from a character education program. All sessions and material used focused on improving moral development and possibly self-esteem in each child. In summary, the findings did not support the use of the present character education intervention with the targeted population sample. The study did provide encouragement to continue to design and investigate programs that could possibly benefit at-risk youth. Ancillary data was also discussed concerning the issue of a false sense of high self-esteem in at-risk youth. Implications for counselors are also discussed. Keywords: Character education, at-risk youth, moral development, self-esteem

INTRODUCTION

Juvenile crime continues to be an issue for parents, community agencies and juvenile justice. According to the Office of Juvenile Justice and Delinquency Prevention [OJJDP] (2019), over 800,000 juvenile arrests were made in 2017. Hockenberry and Puzzanchera (2019) reported that courts in the United States handled an estimated 818,900 delinquency cases and 87,900 status offense cases. In this country, 35% of parents are concerned about their child's safety at school and 20% of children reported feeling unsafe at school (Jones, 2018). Youth gangs continue to also be a concern for communities and schools. Egley and Howell (2011) report that gangs have increased over the past several years. Their study reported there were an estimated 25,000 gangs and 750,00 active youth gang members in the United States.

Parents, community leaders, the juvenile justice system and school systems all across the country have identified these juvenile criminal activities as being detrimental to our society as a whole (OJJDP, 2019). Typically, schools have used long-term suspensions to deal with youth that are involved with continuing criminal activity. Overall, these long-term suspensions have not addressed the underlying issues that are motivating these youth to engage in said behaviors. Subsequently, agencies such as the U. S. Department of Education (DoE) (2019) support the use of character education programs as interventions that may be beneficial in decreasing juvenile criminal activity.

Character Education, sometimes described as moral education, can be considered an important component of a child's total education and development. While the Center for the Prevention of School Violence (1997) contends that there is no one agreed upon definition of what *character education* means, character education has been a mainstay of education for almost a century. Most Character Education programs address strengthening an adolescent's set of core ethical values. These ethical values are rooted in the ideas and concepts dealing with moral development.

Niles (1986) reported that typically the level of moral development a person has achieved when he or she leaves school is indicative of the level used throughout the lifespan. Niles also reported that juveniles who were adjudicated, demonstrated lower than average moral judgment scores when compared to same age peers. Kohlberg (1984) suggests that criminal offenders are lower in moral development than non-offenders of the same social background. Others suggest that one of the main causes of juvenile destructive behavior is low self-esteem (Kaplan, 1975a; Yanish & Battle, 1985). Reasoner (2000) described the close relationship low self-esteem has with problems such as violence, alcoholism, drug abuse, school dropouts and low academic achievement. Murphy (1998) postulated that students will have little to offer others if they do not appreciate their own worth and dignity. Murphy goes on to suggest that teachers report a lack of respect for teachers, other students and themselves by current students as a major issue in schools.

One of the main reasons to examine moral development and self-esteem together comes from Kaplan's (1980) research that indicated once an individual has accepted the delinquent group as his or her reference group, the adolescent significantly experienced *higher* self-esteem than non-delinquent eighth graders by the ninth grade. This is plausible since an adolescent delinquent with delayed moral reasoning would have no cognitive dissonance between conduct and level of moral judgment. Kaplan (1975a) suggests that an at-risk adolescent may seek out a delinquent reference group to enhance her or his self-esteem. The delinquent group may favor and reward the adolescent for at-risk behaviors which, in turn, may enhance the adolescent's self-esteem. Redding (2000) also reports that juveniles have an increase in delinquent self-esteem and weakened connection to the community when they continue to commit crimes and are transferred to adult court. This troubling concept raises the question: When is too little too late to redirect an individual away from at-risk behaviors that could result in possible incarceration and the completion of the maladjusted self-fulfilling prophecy?

Ervin and Stryker (2001) encourage the development and use of programs that involve at-risk youth in activities that can promote positive nondeviant identities. Rosenberg and Owens (2001) suggest that adolescents with low self-esteem have difficulty making appropriate moral decisions. Rosenberg and Owens also report that adolescents with low self-esteem have lower confidence in themselves and in their own judgments. These positive values that are suggested to be important to the development of self-esteem are also endorsed by numerous character education programs as benefiting in the development of a student's character (U. S. DoE, 2019).

Mruk (1999) also reports that the use of a group format offers several advantages for the development of self-esteem. Groups are more cost effective, can be used to address larger

numbers of participants, and the mixture of each participant's style and life experiences is closer to the conditions of the normal population. According to Kohlberg (1981), moral education is more effective in the group setting versus the individual setting.

Kuhmerker et al. (1991) also reported that programs utilizing methods stated above have been effective in working with delinquent youths. Arbuthnot and Gordon (1986) suggest that it is possible to increase moral development in at-risk youth and that the increase is associated with a decrease in disruptive behaviors. Niles (1986) and Citron (1989) state that research is lacking in the area of at-risk youth, moral reasoning and self-esteem development. Studies have also not examined the relationship of moral development and self-esteem as they correlate with each other.

The proposed intervention will examine the results of a deliberate psychological and educational intervention with at-risk youth that have been identified as having potential to benefit from a character education program. At-risk youth are defined as adolescents who may have had multiple suspensions from school, trouble with the law, or continued behavioral problems at home and are at-risk for expulsion from school, criminal charges or out-of-home placement in detention or youth development centers.

There are numerous articles about moral development and just as many about the development of self-esteem. Harter (1983) contends that aspects such as moral worth have been overshadowed in the research dealing with self-esteem and that moral self-judgment would affect one's level of self-esteem. This raises an interesting question: why the paucity of research dealing with both the moral and self-esteem development of at-risk youth? In general, research dealing with the combination and possible relationship of these two constructs is very limited.

Murphy (1998) describes ethical self-esteem as part of good character and adolescents exhibit behaviors and feelings of self that result in good moral behavior. Lickona (1991) states that when a young person has healthy self-esteem, this person is able to follow their own judgment, be more resistant to negative peer pressure, and likely to treat others in positive ways. This program was designed to impact two facets of adolescent development: the cognitive facet of moral reasoning and the affective facet of self-esteem.

The research questions for the present study are as follows. Two questions focus on whether participants benefit from the character education program. First, are there pre to posttest differences for the treatment group and the control group on the moral development and self-esteem measures? Second, are there pre to posttest differences between the treatment and control group conditions on the moral development and self-esteem measures? One question focused on the relationship between moral development and self-esteem; that is, what is the relationship between the measures of moral development and self-esteem in both the treatment and control conditions? Using a quasi-experimental design, the purpose of the present study was to compare the pre-to-posttest differences between participants in treatment and control conditions on measures of moral reasoning and self-esteem.

Method

Participants

The participants in this study consisted of both females and males ranging in age from 12 to 17 years. These participants were in grades 7 through 11 and all were currently participating in a school program. Initially 53 adolescents participated in this study. There were a final total of 39 participants whose pre and posttests could be scored and used in this study. This was due to six participants (four from the control group and two from the treatment group) not completing the post tests (due to dropping out of the study). Another eight participants (five from the control group and three from the treatment group) were removed whose DIT protocols were discarded due to having “M” scores above the established cutoff. A power analysis was conducted to determine the number of participants needed and to avoid a Type I error. It was determined that a minimum *n* of 15 participants per group would have to be used to assume normality. The demographic information of the participants used in this study is included in Table 1.

Table 1

Demographic Information on the Experimental and Control Groups

Age/Race/Gender	Treatment Group	Control Group
Mean Age	14 years, 6 months	14 years, 4 Months
African American	26% (n=5)	60% (n=12)
Caucasian	63% (n=12)	40% (n=8)
Hispanic	11% (n=2)	0% (n=0)
Females	47% (n=9)	30% (n=6)
Males	53% (n=10)	70% (n=14)

All participants were referred by professionals working with adolescents to both the experimental and control groups due to their being considered *at-risk* on the basis of having increased problems at school, home, or with the legal system that warranted a referral for either residential or outpatient counseling services. All participants were initially screened by a master’s level therapist to determine if they met the agency’s criteria for *at-risk* and were appropriate for services. The agency used in this study was a large non-profit organization that offered services such as outpatient counseling, character education and anger management groups, and residential placement.

Out of the 39 participants, 28 (72%) were referred from the Department of Juvenile Justice (DJJ), 4 (10%) from local school personnel and 7 (18%) from mental health agencies. The majority of the 28 participants referred from DJJ reported being involved in class 1-3 misdemeanors. Most of these charges were simple assault, breaking and entering, shoplifting and disorderly conduct. These DJJ adolescents were currently either on court probation or had their cases diverted at intake. The four participants referred from the local school system had all

been involved with behaviors that led to multiple suspensions such as fighting, truancy, and defiant behaviors towards school personnel. These adolescents were also at jeopardy of being long-term expelled from regular public school.

Several of the participants (6 or 15%) not only qualified due to having the potential to be in trouble with the law but also due to substance abuse. For most of these participants their use of illegal substances resulted in often times having charges in the juvenile justice system. Only 8 (20%) of the participants used in this study were in the custody of the Department of Social Services (DSS). The remaining 31 participants resided with their parents/legal guardians. Information concerning these 31 adolescent's living arrangements estimated that roughly 21 (68%) lived in single parent homes with the mother being the predominate parent in the home. Demographic data gathered on all clients served (including the participants used in this research) indicate that the majority of annual incomes of the families served are between \$10,000 and \$34,999 dollars. All participants were involved in this research on a voluntary basis. The adolescents and their parents/legal guardians consented in writing to participating in this study.

Instrumentation/Dependent Variables

The dependent variables in this study were (a) moral reasoning as measured by the DIT and (b) self-esteem as measured by the SES. The nonequivalent control group design was used for testing the hypotheses in this research. All of the participants were given the DIT and SES as a pretest and posttest prior to and following the intervention. The pre and post DIT and SES scores were compared to examine for significant differences.

The short version of the Defining Issues Test (DIT) measures cognitive structures for processing moral decisions and is a multiple-choice instrument. It is an objective paper and pencil test. Rest (1986) suggests that the DIT can be used with participants as young as 11 years old. The short version contains three moral-dilemmas, followed by a list of 12 issues for the participant to consider in trying to resolve the dilemma. The DIT can be administered to a group of participants at the same time and can usually be completed within 15 to 25 minutes. The DIT responses are in the form of rating and ranking statements. Rest (1986) reports that the P score validity from the short version correlated .93 with the P score from the 6-story version.

The Rosenberg Self-Esteem Scale (SES) measures an adolescent's global self-esteem. The SES is a 10 item instrument that uses a self-report format which requires the participants to report their feelings about themselves. Rosenberg (1965) reports that the SES can be administered individually or to a group of participants and can be completed within two or three minutes. Test-retest reliabilities range from .82 to .88, and Cronbach's alpha for various samples range from .77 to .88 (Blascovich & Tomaka, 1993). The SES is also associated with several self-esteem related constructs such as confidence (.65) and popularity (.39).

Procedure

The character education program consisted of a five to six-session intervention. Most sessions lasted approximately 60 minutes. The groups met once a week for one hour over a five to six week period. The interventions were conducted at several of the agency's settings. The experimental groups were held at five residential settings for a total of five groups. The character

education was a voluntary program, and group size ranged from four to eight participants. The control group programs were conducted at the agency's counseling center and two of the residential settings. Of these four groups, there were two control groups (n=7) that were conducted at two of the residential centers. Control group participants were not involved in the psycho-educational character education programming. Control groups however did receive ongoing therapy in either individual counseling or group sessions to address their presenting issues and continued in counseling until their treatment was complete.

Much of the facilitator training and curriculum used in devising this program was taken from the series, *Character Education, Teaching Values for Life*, (Freeman, 1997), and from the *Kohlberg Legacy for Helping Professionals* (Kuhmerker et al., 1991). The training manual was mostly provided by Abraham's (1989) *The Effects of a Social Skills Training Group and a Moral Development Discussion Group on Male Juvenile Offenders* and Mruk's (1999) *Self-Esteem: Research, Theory, and Practice*. Murphy (1998) describes the benefits of using Kohlberg's cognitive developmental theory of character development in character education programs.

All sessions and the materials used focused on improving character development and self-esteem in each child. Each session started with an introduction to the subject that was addressed in the session (trustworthiness, respect, responsibility, fairness, caring, and citizenship) and sample questions to get the discussion started. The introduction was followed by an individual reflection on the topic; small group work; and joint work processing a moral dilemma specific to the session topic. The next section involves individual reflection activities in which the students are invited to participate in an activity that deals with the specific topic. The third section involves the students in small group work where they are asked to work together to address questions or issues about the topic.

The final section invited the adolescents to participate in the moral dilemma group specific to the topic. The dilemmas were either taken from existing material, or were created with the specific topic of the particular character education session in mind. The therapist, and any other adults involved in the groups (child care workers, teachers, counseling interns) were asked to participate in this section. Any supplies that may be needed for each session were also listed to aid in therapist preparation for the group session.

The control group participants met weekly for a total of five to six sessions. As stated earlier, the control group participants were involved in therapeutic programs that address problems/concerns such as anger management, oppositional and defiant behaviors, school and career issues, mental health issues, and overall adjustment issues. The facilitators of the control groups did not use curriculum involving moral dilemma questions or associated with moral development. The control groups mainly consisted of the use of traditional counseling theoretical techniques such as reality therapy and cognitive-behavioral therapy as needed to address the participants presenting issues.

Master's level counselors from the agency facilitated the interventions. There were a total of five counselors, including myself, that participated in this study. These counselors received training on facilitation of moral dilemma discussion groups, to identify the stage of reasoning

used in responding to a dilemma, and to challenge that reasoning with reasoning from the next higher stage. All of the counselors have had previous training in group counseling and have been conducting group counseling sessions for at least one year. The counselors were also instructed on how to administer the DIT and the SES to the participants. Counselors were randomly observed a minimum of one time to ensure that the intervention was being appropriately facilitated. All counselors attended weekly supervision meetings to discuss the progress of the intervention and review any specific events or issues in their respective groups.

Data Analysis

Results of the statistical procedures were examined for significance at the .05 level. Both measures' (DIT and SES) scores were examined to determine any significant differences between the pre and posttests. Hypotheses one through six were examined using F tests. The data were analyzed using SAS's© Generalized Linear Model procedure (Proc GLM) which computes the Analysis of Variance (ANOVA) tables for treatment and control groups, including Type I and Type III Sum of Squares, Mean Squares, F statistics, and P values. As for the seventh and eighth hypotheses; the relationship between increases in self-esteem and moral development was investigated using SAS's© Proc CORR. Spearman's rank correlation was used to test for correlations between the variables.

RESULTS

There were no significant differences between the pre and posttest scores for the treatment or control group on both the DIT and SES. There was a significant negative correlation between SES and DIT pretest scores for the control conditions, $r = -0.45$, $p = 0.04$. This negative correlation suggests that when one score increases the other decreases.

Ancillary Analysis

Although not covered in the original research questions, several ancillary analyses were conducted in an exploratory manner since the data generated for the experimental research questions were not significant.

Comparisons by age and gender. The differences in number of male and female participants in the treatment and control groups was not significant, $t(38) = -1.1$, $p = .28$; and the average age differences (14.68 treatment group vs. 14.45 control) were also not significant, $t(38) = -0.55$, $p = 0.58$.

Score increases. There were no significant differences in score increases between treatment and control conditions on both the DIT, $t(38) = 0.37$, $p = 0.72$ and SES, $t(38) = 2.1$, $p = 0.51$.

Effect of age. A regression analysis was used to investigate how well a participant's age predicted their pretest score on the DIT. Since age is a continuous variable, it was regressed on each of the six score variables separately. In this present study, age was a significant predictor of the DIT-difference score ($p = .04$). For the DIT-difference, $\text{DIT-difference} = -52.23 + 3.55 \times \text{age}$, so the increase in DIT scores significantly increases with age. Age was not shown to be a significant individual predictor of the other five scores.

DISCUSSION

This project was a small-scale implementation and evaluation of a psychological and educational intervention with at-risk youth through their participation in a character education program. According to anecdotal reports, it was well received by the participants and the staff members involved in the program. This was original research focusing on moral development and self-esteem development in at-risk youth.

As noted earlier, no significant findings were reported in pretest to posttest differences for the treatment and control groups on the moral development (DIT) or self-esteem (SES) measures. The mean DIT pretest and posttest scores for both the treatment and control groups were below Rest's (1988) range of sample means for junior high students. Rest suggests that numerous variables such as a socioeconomic status, IQ and, one possibly applicable to this research, the "criminality-delinquency" dimension may account for lower than average scores on the DIT. This dimension suggests that persons who exhibit criminal or delinquent behaviors tend to function at Kohlberg's preconventional level.

The SES pre and posttest scores for both the treatment and control group fell within the range of high self-esteem, which is similar to the research of Kaplan (1975a, 1976) and Rosenberg and Rosenberg (1978). There was a significant negative correlation between SES and DIT pretest scores for the control conditions. This was actually a negative association in that the higher the pretest scores on one measure would be associated with lower pretest scores on the other measure. When broken down by gender, the pretest difference is in the control group's females. No other correlations among the treatment or control groups were significant. While there is no clear explanation for the negative correlation found in the control group's females, one could postulate that for these females there may be some type of dissonance between a possible false sense of high self-esteem and their struggles with moral development. These findings, although significant, did not indicate large differences in these female control group participants' overall pretest to posttest scores on self-esteem or moral development verses the other participants.

The ancillary analyses indicated that overall age and gender between the treatment and control groups were not significantly different factors in this study. The average age of 14 was within the acceptable parameters for use of both the DIT and SES. While there were slightly more females in the treatment group (9/19) than the control group (6/20), this was found to not be statistically significant.

These analyses also indicated that there were no significant differences in pretest or posttest scores between the treatment and control groups. This finding was beneficial in determining how similar the treatment and control groups were in their initial (pretest scores) moral and self-esteem development. The control group's mean DIT pretest score was 14.50 and SES pretest score was 29.35. The treatment group's mean DIT pretest score was 18.94 and SES pretest score was 30.74. These findings indicate that both the treatment and control groups were in fact very similar on their pretest scores, suggesting that the groups were somewhat equal in both moral

development and self-esteem. There would have been reason for concern if one group had scored significantly different on their pretest scores versus the other group. Such scoring could have been an indicator that the groups were initially not equal and could have posed a possible validity threat for this study.

The regression analysis found that age was a significant predictor of DIT scores. In this study, the participants DIT scores increased with age which is a common finding in many studies dealing with moral development in adolescents (Kohlberg, 1984; Niles 1982; Rest, 1986). Rest (1986) contends that changes in moral development can occur at any age, 12 and above, and that a main or primary predictor of moral development is a person's cognitive developmental ability. These increases in DIT scores were related to age but they did not indicate a significant change in DIT pretest to posttest scores. As mentioned earlier, the averages in this study remained below the standard average category for DIT scores.

Limitations

Attempts were made to minimize threats to the validity of this study. Selection and attrition are foreseeable concerns since the participants were not randomly assigned and the attrition rate for "at-risk" adolescents in community programs can be troublesome. The sample size dropped from 53 to 39 for a loss of 14 participants. Threats to validity as listed in Heppner, Kivlighan and Wampold (1992) were reviewed in order to examine the possible explanations for the nonsignificant results. After examining the four types of validity and the threats to each, it was determined that most of these threats were minimized and may not be the explanation for the nonsignificant results. The study still met the requirements for assuming normality and avoiding a Type I error.

One limitation of this study is generalizability to other populations and settings. While this study did encompass the use of male and female participants in outpatient counseling settings along with residential settings, the use of the findings is limited to these settings. Programs for at-risk youth take place in numerous other settings from schools to recreation centers. The process in which the participants are referred to counseling services could also be a limitation. Many of these adolescents are referred for services for the first time and may have been part of a court or school requirement in order to have their charges or suspensions dropped or reduced. The participant's motivation to participate in therapy may, on the surface, be driven by their desire to complete the requirements for court or school. In actuality, the majority of clients qualify for at-risk services and have issues with behaviors that place them in the at-risk category. The paucity of research in this area and the need to develop and examine an intervention that could be used with this population far outweighed the inability to utilize a truly random sample. The participants could be viewed as somewhat random in that outside referral sources made the referral to a specific program.

Along with these factors, there are the issues that are involved in placing a child in a residential program. For many of these residential adolescents, this is not the first time they had received counseling, and they probably had several failed attempts at outpatient therapy. These are well-documented issues and may have influenced the outcomes of this study. The use of all of the participants described in this study was determined a necessity to ensure that as many programs

as possible that provide counseling for at-risk youth were examined and to increase the generalizability of the study.

A third limitation is the possible need for a longer program to study and follow up the progress of the participants. The use of a six-week program has been shown to be effective with populations similar to the one used in this study. It is possible, however, that a longer program that uses the same curriculum as this study may address the many facets of moral and self-esteem development and may lead to an improvement in both areas. Six weeks was perhaps too little time to significantly influence the measures of moral development and self-esteem.

Link to Earlier Research

The findings of this research were not as hoped for, yet there seems to be a link between this research and the research dealing with self-esteem and delinquency. As mentioned earlier, the SES mean scores for both treatment and control groups fell within the high range of self-esteem while the DIT mean scores were characterized as low scores of moral development. The general perception would be that these at-risk youth would have low self-esteem due to the trouble they have been involved in either with the legal or school system.

Kaplan's (1975a, 1976) work dealing with deviant behaviors, which was supported by researchers such as Rosenberg and Rosenberg (1978) and Harter (1983), describes how many adolescents who exhibit deviant behaviors are actually involved in the search for increases in their self-esteem. Kaplan's (1980) research indicated that once an individual has accepted the delinquent group as his or her reference group, they significantly experienced higher self-esteem than non-delinquent eighth graders by the ninth grade. Kaplan describes this *substitution* as an individual rejecting the society and groups that has disparaged him and turning to a more delinquent group which actually rewards delinquent behaviors. Thus, the adolescent is striking back at society through delinquent acts and increasing their self-esteem by the acceptance, respect and approval of their delinquent peers. At the same time, this adolescent is lacking in moral development. This is plausible since an adolescent delinquent with delayed moral reasoning would have no cognitive dissonance between conduct and level of moral judgment. It is unclear if this theory was manifested in the present study. The unexpectedly high scores on self-esteem and low scores on moral development do bring into question the need for further research with at-risk youth.

Suggestions for Future Research

The literature (Niles, 1982; Rest, 1986) suggests that moral development interventions can work with at-risk and delinquent adolescents even though the current results did not support the effectiveness of the intervention examined in this study. The study did encourage continued examination of the relationship between moral development and self-esteem. This study may be the re-opening of a window into the examination of the relationship between Kaplan's (1975a) self-esteem theory and the at-risk adolescent's moral development. Changes in moral development and self-esteem may take longer for at-risk adolescents who could possibly be operating within Kaplan's theory and defense mechanism framework. Burke (1997) also reports the difficulty with developing successful moral development interventions for different populations and the inconsistency in the results of these interventions.

The fact that this character education program was well received by both facilitators and participants encourages the continued examination of the program as a viable curriculum for at-risk youth. Perhaps expanding the program into possibly three to six months may increase the chances of gathering significant outcomes. The challenge will be in trying to avoid participant attrition, which is a major concern when working with an at-risk youth population. The present character education program may be beneficial as a component of a larger curriculum that could address some of the other concerns faced by at-risk youth. Many times basic needs such as housing, clothing, consistency in parental/guardian relationships, and appropriate academic placement need to be addressed initially before any higher order (behavioral or emotional) changes can take place. These programs could be implemented in both residential and outpatient settings.

The use of qualitative analysis along with quantitative analyses may shed more light on the relationship between moral development and self-esteem. This qualitative aspect may also provide insight into the at-risk youth's possible false sense of high self-esteem and the lack of appropriate moral development. Dissonance the young person may be experiencing between the two variables could also be explored.

Implications for Counselors

This research has been a useful glimpse into the study of at-risk youth and the development of programming for these adolescents. The previous section on "Suggestions for future research" detailed various options available to the researcher seeking to develop programming in the areas of moral development, self-esteem, and at-risk youth. Based on this research, the implications for counselors directly working with at-risk youth include (a) showing awareness of the many facets of each adolescent's individual personality and the external forces in each child's life, (b) understanding the counselor's own preconceptions and expectations about this population and (c) exhibiting genuine interactions with each client.

The counselor would benefit from taking time to explore and understand what at-risk truly means for each adolescent and realize that one counseling approach will not come close to addressing the issues and needs of all at-risk adolescents. As seen in this research, the counselor working with at-risk adolescents should not expect to see many "a-ha" moments, as described in beginning group counseling books. The adolescent may not want anyone (peers, parents or counselors) to see that they could possibly be enjoying the group and having cognitive dissonance as they struggle with moral dilemmas. It may take some time for the adolescent to accept the changes in thought and behaviors that were originally motivated by inclusion in a therapeutic group.

The counselor could also benefit by knowing their own preconceptions and possible misconceptions about at-risk youth before getting to know each child and the child's strengths and weaknesses. This could aid the counselor in better assessing the child's full potential for growth. Furthermore, counselors working with at-risk youth should avoid giving up on the child's progress and development. Many times at-risk youth use defense mechanisms and oppositional behaviors that sometimes keep parents and professionals at an emotional distance.

In frustration, parents and professionals may either give up or use more punitive (less therapeutic) actions, which are many times more detrimental to the youth than positive. To maintain a therapeutic approach, the counselor may expect some resistance from this population, and remain patient and supportive concerning the growth of the group participants.

CONCLUSION

While the findings did not support the use of the present character education intervention with the targeted population sample, it did provide encouragement to continue to design and investigate programs that could possibly benefit at-risk youth. The paucity of research in this area was the foundation and motivation to conduct the present research. The relationship between moral development and self-esteem in at-risk youth remains unclear. A second aspect that remains unclear is what type of intervention could best be used to improve moral development and a true sense of self-esteem in this population. Further research is desperately needed to contribute to the body of knowledge of at-risk youth and to provide effective treatment to this under-researched population.

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