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Joven Noble: Evaluation of a Culturally Focused Youth Development Program

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Abstract

The purpose of this study was to describe and evaluate a promising program model, the *Joven Noble* curriculum, for Latino adolescent males that promotes positive youth development and addresses prevention of a number of risk related sexual behaviors within a cultural context. A quasi experimental design was used that included a pre and post test assessment of n=683 adolescent males. About two thirds of the participants came from middle and high school while the other at risk youth were recruited from probation and community-based programs. Results revealed that youth exposed to the 10 week curriculum had significant increases in knowledge and decrease in behavior related to high risk sexual behaviors. Out of eight subscale measures (ATSS, Perceived Risk, HIV Knowledge, CAPS: Talk, CAPS: Comfort Talk, CAPS: Cool Sex, ATA, Cultural Esteem, and *Hombres Con Palabra*) seven yielded a significant and positive outcome results. The curriculum appears effective in shaping youth's attitudes and beliefs about high risk sexual behaviors.

Joven Noble: Evaluation of a Culturally Focused Youth Development Program

The growth of the Latino¹ population has outpaced that of other ethnic groups making them the fastest growing minority population within the United States (US). Latinos constitute 15% of the total U.S. population and have grown by 58% over the past ten years (Marotta & Garcia, 2003) and are expected to reach 29% of the US population by the year 2050. Socioeconomically, Latinos have a substantially lower median income than the general US population, approximately one in four live in poverty, and 33% lack health insurance (Marotta & Garcia, 2003). This is of particular concern given that socioeconomics has been shown to be an important indicator as to the extent that Latinos are able to integrate into the larger social context (Sinha, 1990). For example, Latinos have less access to health services, utilize services less often, and are often diagnosed in the late stages of mental health and health related conditions (Vega et al., 2007). Furthermore, given their socioeconomic status, Latino families oftentimes reside in urban locations which lack the infrastructure needed for access to resources and promotion for the well being of children and families. As such, Latino youth are often exposed to traumatic and violent behaviors in their family and community, and they experience educational challenges (Cervantes, Cordova, Fisher & Kilp, 2008). The U.S. Census (2007) reports that four in ten Latinos 25 years of age and older do not have a high school diploma. In addition, many Latino youth experience various forms of perceived discrimination which has been shown to have detrimental mental health consequences (Coker et al., 2009).

Behavioral Consequences: Substance Abuse and HIV/AIDS

¹ The term Latino will be used as a gender neutral term and also to refer to those who identify as Hispanic.

The Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) risk associated with substance use is present in many contemporary Latino communities. The use of licit and illicit substances has been shown to be a major contributor to mental health and health disparities experienced by Latino youth (Prado, Szapocznik, Maldonado-Molina, Schwartz, & Pantin, 2008). Findings from the *Monitoring the Future*, for example reveal that Latina/o 8th graders' use of licit and illicit substances was the highest among 8th graders across all substances, with the exception of amphetamines (Johnston, O'Malley, Bachman, & Schulenberg, 2006). Furthermore, Latino 12th graders reported the highest use of crack, heroin, methamphetamines, and Rohypnol (Johnston et al., 2006). This is particularly troublesome given that substance abuse and HIV/AIDS are intertwined epidemics with 40% of US AIDS deaths related to drug abuse (NIDA, 2008).

Although Latinos account for 15% of the total U.S. population, they accounted for 17% of new HIV infections in 2006, which is three times that of whites (CDC, 2008). Furthermore, during this same year, Latinos accounted for 19% of new AIDS diagnoses and 19% of persons living with AIDS (CDC, 2008). This makes HIV/AIDS the fourth leading cause of death among Latino women and men ages 35-44 (CDC, 2008). As of 1998, 20% of the cumulative number of AIDS cases reported among adolescent and adult females has been among Latinas with 64% stating they contracted the disease through intravenous drug use (IDU) or sex with an intravenous drug user(s). This high-risk sexual behavior among teenagers has become a public health concern as prevalence rates among female students have increased progressively from grades 9 through 12 with 32%, 46%, 60% and 66% respectively (Kann et al., 1995). Furthermore, Latino youth are

the most likely to report not having used a condom during their last sexual intercourse (CDC, 2008). These trends in substance abuse, acquisition and transmission of HIV/AIDS among Latino youth underscore the need for prevention and early intervention (PEI) efforts targeting this population.

Latino Youth and Best Practice to Prevent Substance Use and HIV/AIDS

Despite the fact that Latino youth are at increased risk for substance abuse, unsafe sexual practices and HIV acquisition (Prado et al., 2006), there currently exists a dearth of best practice approaches developed specifically for Latino youth or adults that target substance abuse and HIV prevention (Cervantes, Kappos, Duenas & Arellano, 2003). For example, Szapocznik and colleagues (2007) identified only four drug abuse preventive intervention models that (a) utilized random control trials, (b) targeted Latino youth ages 12-17, and (c) where Latinos represented 70% or greater of the sample. Even more alarming is the fact that fewer HIV/AIDS basic and prevention and early intervention research has been conducted which target Latino youth (Prado et al., 2006). Of the limited research that exists, findings suggest that culturally appropriate preventive models are significantly more effective in recruitment and engagement of Latinos. However, more research is needed to determine the extent to which culturally appropriate preventive models produce better outcomes (Kumpfer, Alvarado, Smith, & Bellamy, 2002). Such models should emphasize culture in all five phases of prevention research, which include: (a) testing of etiologic models for Latino youth, (b) development of Latino-specific interventions and evaluation methods, (c) randomized control trials to compare generic, culturally-adapted, and culturally-sensitive versions of the program,

(d) evaluation of new cultural versions with other Latino populations, and (e) implement dissemination studies to determine effectiveness.

Joven Noble: Theoretical Framework

One promising program model that addresses prevention of a number of risk related sexual behaviors within a cultural context is *Joven Noble* (Tello, 2003). Developed in 1996, the *Joven Noble* rites of passage and character development program, is a youth development, support, and leadership enhancement program for ages 10-24. The program incorporates an approach and curriculum that is based on the philosophy that youth need other men/women, their family, and community to care for, assist, heal, guide, and successfully prepare them for true manhood/womanhood.

The *Joven Noble* youth development approach draws from four theoretical principals to integrate a strengths perspective approach and to avoid pathologizing Latino youth. Specifically, the *Joven Noble* intervention is informed by Positive Youth Development (Larson, 2006), risk and protective factors framework (Catelano & Hawkins, 1996; Szapocznik & Coatsworth, 1999), acculturation (Berry, 1990), and Latino cultural values (Falicov, 1998).

Risk and Protective Factors

Prevention science and empirical research has clearly demonstrated that a risk and protective factor model is essential in conceptualizing and developing a better understanding of youth behaviors (Catelano & Hawkins, 1996; Szapocznik & Coatsworth, 1999). The risk and protective factor model serves as both a unifying descriptive and predictive framework that includes biological, psychological/behavioral, and social/environmental characteristics (SAHMSA, 2002). It has been postulated that

the more risk factors a youth experiences in their development, the more likely they are to engage in substance abuse and co-morbid behaviors. Strengthening and placing an emphasis on protective factors, however, could potential buffer negative contextual challenges experienced by adolescents and facilitate resiliency.

Positive Youth Development. Positive youth development theory is interested in the ways in which adults, mentors, teachers, parents and other model figures support, empower and emphasize protective factors in the youths' development, which in turn, facilitates their potential for growth and encourages pro-social behaviors (Larson, 2006). From this perspective, youth are most motivated to work towards overcoming challenges in their development when there is perceived ownership of the decision making processes, thereby acting as agents of change (Larson, 2006).

Latino Culture. Researchers have identified key cultural values that are likely to have an important influence on the lives of Latino youth and their families (Falicov, 1998). Most noted in the literature are *respeto*, *familismo*, *personalismo* and *colectivismo*. *Respeto* refers to the ways in which all relationships are informed by a mutual respect towards one another. *Familismo* highlights the importance of *la familia* (the family), both vertical (i.e., generational) and horizontal (i.e., extended), particularly those that are close and cooperative in nature. *Personalismo* emphasizes the value of establishing intimate and meaningful interpersonal relationships. *Colectivismo* highlights the ways in which interdependence and working collectively are key to positive development and to reach goals for the common good of the entire family (Falicov, 1998).

Acculturation and Gender Socialization. Acculturation refers to a complex phenomenon and the ways in which change occurs as a result of contact between two or more distinct cultures (Berry, 1990). Acculturation may occur at both the group (e.g., family) and individual (e.g., psychological) level and is operationalized through numerous variables, some of which include language proficiency, cultural related behavioral preferences (e.g., watching English television), nativity status (US born versus foreign born), and ethnic identity (Berry, 1990). One key factor considered to be a challenge to healthy and positive acculturation is "machismo". For example, many Latino male youth associate the idea of manhood or "machismo" as being directly linked to physical dominance and sexual activity. This false "macho" stereotype, involves being sexually aggressive with little regard for the female participant or sexual partner (Quiñones-Mayo & Resnick, 1996). Many male youth believe it to be their right to be violent, aggressive and generally oblivious to the responsibilities associated with sexual activity. In contrast, true indigenous based machismo is characterized by true honor, valor, courage, generosity and a respect for others. The traditional machismo role encourages protection of and provision for the family, the pursuit of fair and just authority and respect for the role of wife and children.

The belief of the Latino culture and the common misunderstanding of what constitutes true "machismo" is, arguably, at the root of the problem of positive fatherhood among Latinos and is an indicator of the multigenerational process of internalized oppression (Tello, 2003). Many poor Latinos consider childbearing to be the only way to prove themselves as socially productive and worthy of respect (de la Vega, 1990). This widely accepted belief within the Latino community gives Latinas very little

authority over the sexual act and can lead to domestic violence if condom use or birth control is suggested. Ultimately, widely held cultural beliefs and the lack of consistent birth control among this population leave young Latinos susceptible to unplanned/unwanted pregnancies and sexually transmitted diseases.

Purpose of the Study

Curriculum Design: El Joven Noble (The Noble Young Man) Curriculum

Informed by a strength base approach theoretical framework, *Joven Noble* aims to enhance protective factors. The 10 week curriculum aims to promote the character development of young men, while targeting the reduction and prevention of (1) unwanted or unplanned pregnancies, (2) substance abuse, (3) community violence and increase ability of youth to act in a responsible; and (4) respectful way in reference to their relationships.

In order to increase not only the knowledge of the staff but also the delivery of the model, the 10 session was monitored in a number of ways. First, all staff participated in an intensive three day training that reviewed program philosophy and design. An additional two days were spent reviewing each curriculum lesson both in intent and delivery. Second, as the program was being implemented, weekly review sessions were conducted with staff to ensure delivery compliance and fidelity to the curriculum teachings. Third, one session was observed and monitored to further seek consistency across different program delivery sites.

The *Joven Noble* curriculum is divided into four core teachings (see Appendix A) of development: Conocimiento (Acknowledgement), Entendimiento (Understanding), Integración (Integration), and Movimiento (Movement). These four core teachings

directly target four parallel risk areas that contribute to self destructive behavior of Latino youth. It is designed to include the physical, emotional, mental, and spiritual aspects of each as a basis for direction. Each stage uses a mixture of activities and teaching experiences relating to a young person's self, family, and community while focusing on four main core teachings.

We summarize findings on *Joven Noble* and offer suggestions for future research and practice on prevention and early intervention which target substance abuse and HIV/AIDS among Latino youth.

Methods

A pre-test post-test quasi-experimental design was applied to the evaluation of *Joven Noble*. All male youth (n=683) involved in the evaluation study (were offered) participated in the full 10 sessions of the *Joven Noble* model. Participants were assessed before and after the full 10 sessions.

Instruments

For the purpose of this study, a demographic questionnaire was assembled to gather information on age, gender, and socioeconomics. Further, the demographics section gathered information on the participant's nativity, language spoken and grade level, which could be used as a proxy for acculturation (Ruiz, 2007; Corral and Landrine, 2008; Perez-Stable et al., 2001; Yu et al., 2002). Pre and post questionnaires were developed and provided in both English and Spanish.

Aside from socio-demographics, the pre and post questionnaire included: Cross-site Sexual Behavioral, Opinions About Sexual Behavior and HIV/AIDS, HIV/AIDS Knowledge, Children and Adolescent Prevention Scale (CAPS), Attitudes Toward

Abstinence (ATA), Cultural Esteem, and *Hombres Jovenes Con Palabra*. Since HIV/AIDS Knowledge and CAPS scales measure several attributes, each scale was broken down into subcategories. The first scale was divided into Perceived Risk and Increased HIV Knowledge. CAPS was divided into three parts: Talk; Comfortable Talk; Cool Sex. Overall, these sets of questions assess common cultural stereotypes, myths and misconceptions as part of the Joven Noble curriculum.

Furthermore, for purposes of the outcome analysis, scales were constructed based on risk and protective factors identified in the literature (Arthur et al., 2007; Chapman & Werner-Wilson, 2008; Hall et al., 2005). Intermediate risk [Cross-site Sexual Behavioral (CSB), and Attitudes Toward Safe Sex (ATSS) Perceived Risk, and HIV Knowledge] and protective factors [CAPS: Talk, CAPS: Comfort Talk, CAPS: Cool Sex, ATA, Cultural Esteem, and *Hombres Joven Con Palabra*] were conceived in this research project as those malleable behaviors or attitudes that mediate the relationship between the targeted behavioral outcomes (e.g., utilization of male reproductive services) and antecedent risk and protective factors such as age and family structure (Arthur et al., 2007; Chapman & Werner-Wilson, 2008; Hall et al., 2005).

Participants

The average age was $\bar{x} = 16.34$ with a $SD = 2.4$. Also, $n = 109$ or 17.9% of the youth indicated they were foreign born, while 501 or 82.1% reported they were born in the US. The primary language spoken at home was Spanish with $n = 376$ or 62.1% participants, while $n = 221$ or 32.4% indicated English and $n = 8$ or 1.3% indicated 'other.' Also, $n = 515$ or 92.3% of the youth reported they were Latino, while $n = 43$ or 7.7% did

not identify as Latino. On average the grade level of participants was 10th grade (15.3%). Students ranged from 6th grade to 12th grade (middle to high school), plus n= 19 (3.2%) students who were not enrolled at the time of their participation in the program. Participants were also unemployed, looking for work and had an annual household income between \$15,001 to \$20,000.

Table 2. Demographics

	Frequency	Valid Percent
Born in the U.S. (N=610)		
No	109	17.9
Yes	501	82.1
Primary Language (N=605)		
English	221	32.4
Spanish	376	62.1
Other	8	1.3
Are you Latino? (N=558)		
No	43	7.7
Yes	515	92.3
Grade (N=593)		
6 th	2	0.3
7 th	30	5.1
8 th	56	9.4
9 th	169	28.5
10 th	91	15.3
11 th	103	17.4
12 th	123	20.7
Not in School	19	3.2
Employment Status (N=529)		
Employed full time	28	5.3
Employed part time	100	18.9
Unemployed, looking for work	256	48.4
Unemployed, not looking for work	101	19.1
Unemployed, disabled	3	0.6
Unemployed, retired	3	0.6
Other	38	7.2
Household Income (N=301)		
0-\$5,000	59	19.6
\$5,001-\$10,000	41	13.6
\$10,001-\$15,000	42	14.0
\$15,001-\$20,000	33	11.0

\$20,001-\$25,000	35	11.6
\$25,001-\$30,000	21	7.0
\$31,001-\$35,000	20	6.6
\$35,001-\$40,000	19	6.3
\$40,001-\$45,000	8	2.7
Over \$45,001	23	7.6

In addition, the majority of adolescents in this study (64%) came from schools (middle and high school) while the remaining 36% came from probation and community programs. However, when asked to rate the frequency of exposure to *at risk behaviors* a split case analysis did not show a dramatic difference between the two groups. The literature has shown that youth who reside in high risk communities, like our target population, tend to have difficulty in main stream settings and multiple issues including substance abuse, gang involvement, school failure, and dysfunctional families. Therefore, the following are the top 10 most frequently endorsed items of the population as a whole and were reported to have happened within the last two years: (1) 66.6% stated problems at school, (2) 58.9% stated gang violence in their neighborhood, (3) 58.5% stated yelling occurred at home, (4) 57.6% acknowledged underage drinking, (5) 55% stated family was having money problems, (6) 53.3% stated their parents had problems speaking English, (7) 50.8% stated they had a family member in jail, (8) 50.2% stated they had a friend in jail, (9) 48.8% stated they had used drugs, and (10) 42.9% stated they had been arrested. Among the endorsed items, drug and alcohol use were among the top 10 risky behaviors. Moreover, the engagement of drug and alcohol put them at-risk for HIV/AIDS infection.

Data Analyses

Reliability

A first step in the analysis was to generate estimates of reliability of the scales, which was determined using the Cronbach alpha statistic. Table 3, ranked strongest to weakest reliability, shows CAPS: Comfort Talk, CAPS: Talk and CAPS: Cool Sex to be at least 80% reliable. Perceived Risk, Cultural Esteem and *Hombres con Palabra*, are at least 70% reliable. Perceived Risk, Cultural Esteem and *Hombres con Palabra*, are at least 70% reliable. Both HIV Knowledge and ATA have 68% reliability. However, one exception was noted. With 34% reliability ATSS was unreliable and therefore it was not used in any of the outcome analysis. Overall, the acceptable reliability demonstrates that the survey provided psychometrically sound measures of these theoretical constructs.

Table 3. Reliability Statistics

Scales	Sample (N)	#of Items	Reliability
CAPS: Comfort Talk	683	5	0.89
CAPS: Talk	683	4	0.83
CAPS: Cool Sex	683	3	0.80
Perceived Risk	683	7	0.79
Cultural Esteem	683	11	0.76
<i>Hombres Con Palabra</i>	683	17	0.70
HIV Knowledge	683	10	0.68
ATA	683	12	0.68
ATSS	683	7	0.34

Participant Engagement in Actual Risky Sexual Behavior

The next step was to examine what actual risky sexual behaviors the youth were engaged in and whether or not they changed as a result of participating in the program. A cross tab Chi Square and McNemar test was performed on five key questions that examined risky sexual behaviors (see Table 4).

Table 4. Chi-square

Question	Pre		Post		X^2	McNemar Test
	No	Yes	No	Yes		
16 Have you ever had sexual intercourse (vaginal, oral or anal)?	148 61%	94 39%	101 42%	141 58%	6.83	***.000
18 During the last 30 days, have you had sex?	73 46%	86 54%	91 56%	71 44%	6.47	*.036
19 If yes, did you or your partner use a condom?	33 44%	42 56%	34 45%	41 55%	.24	1.00
20 Did you drink alcohol or use drugs before you had sexual intercourse the last time?	90 57%	68 43%	121 77%	37 23%	1.23	** .001
21 Have you ever had sex for money, drug, or other things?	82 52%	75 48%	144 92%	13 8%	5.96	***.000

*p<.05, **p<.001, ***p<.000

As seen from the analysis in Table 4, youth exposed to *Joven Noble* demonstrated significant improvement related to high risk sexual behaviors. First, four of the five key questions examining actual risky sexual behavior were significant at the p<0.05 level. For example, the number of youth who reported they were not drinking or using drugs before sexual intercourse increased by 20%. Also, by post-test the number of youth who had reported having sex for money, drugs or another reason decreased by 40%. Unfortunately, a higher percentage of youth reported being sexually active, increasing by 19%. The increase in sexual activity is likely the result of normal

developmental change and youth being more forthcoming about this discrete personal behavior. However, youth reported a drop of 10% when they were asked if they had had sex during the last 30 days. Overall, the *Joven Noble* model served its purpose and aided youth to become aware of their attitudes and behaviors by communicating their risky patterns. At the same time they were acknowledging that they were reducing their exposure to sexual risk related attitudes and behaviors.

Attitudinal and Behavior Outcomes

A next step of the analysis was to test other attitudinal and behavioral outcomes considered as risk or protective factors. A paired t-test analysis was conducted after replacing the missing values with the series mean. Paired t-test values were then utilized in computing the effect size (Rosenthal, 1991). The results are presented in Table 5.

Table 5. T-test of Mean Differences in Pre and Post test

Scales	Pre-Mean	Post-Mean	Std. Deviation	Std. Error Mean	t-test	Effect Size
HIV Knowledge (n=683)	6.01	6.81	2.19	0.83	-9.45***	0.37
ATA (N=683)	20.89	22.23	5.14	0.19	-6.83***	0.26
<i>Hombres Con Palabra</i> (n=683)	10.32	11.11	3.24	0.12	-6.36***	0.24
Perceived Risk (n=683)	14.27	15.24	4.33	0.165	-5.82***	0.22
CAPS: Talk (n=683)	2.10	2.42	1.51	0.57	-5.43***	0.21
CAPS: Cool Sex (n=683)	5.88	6.13	1.93	0.07	-3.39**	0.13
Cultural Esteem (n=683)	25.18	24.72	4.14	0.15	2.90**	0.11
CAPS: Comfort Talk (n=683)	8.17	8.08	4.39	0.16	0.56	0.02

*P<0.05; **p<=.01; ***p<=.001

First, statisticians disagree about how to attach verbal labels to effect sizes, for example small, medium or large. One expert, Cohen (1992), suggested that an effect size of 0.2 could be labeled small and an effect size of 0.5 could be labeled medium but there is no consensus about these labels. As seen from Table 5, the largest effect sizes are for (a) HIV Knowledge (0.34), (b) ATA (0.25); and (c) *Hombres con Palabra* (0.23).

As seen in Table 5 this program had a highly significant effect on youths' risky attitudes and behaviors. Out of eight measures seven yielded a significant paired t-test result. For six of those seven, the 2-tailed significance level was $p < 0.001$. The only measure that did not yield a significance t-test was CAP: Comfort Talk with a significance of 0.572. In particular, findings indicate that there were significant differences in ATA with a $t = -6.83$ ($p < 0.000$). Other risk related scores were also significant. Perceived Risk, with a $t = -5.82$ ($p < 0.000$) showed that there had been an increase in perceived risk by youth. The intervention showed it could also increase HIV Knowledge, with a $t = -9.45$ ($p < 0.000$). The change in behavior was also significant for CAPS: Increase Talk and CAPS: Cool Sex. Additionally, the intervention aided youth in their understanding of how a *Hombre Jovenes Con Palabras* should behave and think ($t = -6.36$; $p < 0.000$).

Discussion

The results of the evaluation indicate an increase in sexual abstinence, and significant improvement across a range of risk and protective factors among this high risk sample of Latino males. Additionally, the *Joven Noble* prevention intervention appears to promote abstinence among Latino male youth. The 10 week session of *Joven Noble* appears effective in shaping youth's attitudes and beliefs. We did also

observe that *Joven Noble* was less effective in changing youth's perceptions about their cultural identity or sense of cultural esteem. Specifically, data suggest that the *Joven Noble* curriculum was able to deter the youth from future risky behaviors. Prevention and youth development program models that are "emic" and derived from core cultural strengths are sorely needed. With a number of promising programs and practices used in community based settings for Latino youth, few have been empirically tested in controlled evaluation studies. While this does not represent a randomized controlled study, these findings make way for further studies of *Joven Noble* and make suggestions for other emic based risk related and youth development studies in communities of color. Our findings suggest that the core teachings of *Joven Noble* serve to make youth development and prevention messages more palatable and syntonic with Latino cultural values and beliefs.

Future Recommendations

Furthermore, working with these youth presented various challenges including that fact that many of these youth are exposed to at risk behaviors in their community which made it difficult for many of these youth to complete the entirety of the program. In the future, evaluations should look at the difference, if any, between youth who received the full 10 week curriculum and youth who served as a control group, as well as the site of administration, whether it was a school, probation or agency site.

Limitations

Although the *Joven Noble* prevention intervention appears promising, findings from this study should be used in a tentative manner. That is, because this study was limited to males only, *Joven Noble* may or may not be an appropriate prevention

intervention for female youth. In addition, participants were recruited from the southwest, United States, and therefore may or may not reflect findings in other regions of the country.

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Appendix A

Joven Noble Four Core Teaching Outline

1. Conocimiento: Acknowledgement and Positive Cultural Identity Development

Chicano/Latino youth live in a world where they have to balance two cultures and many times come from families who have experienced generations of racism, discrimination and oppression (social/cultural detachment). Through these oppressive processes many youth have internalized a negative (false) self concept of who they are culturally and essentially have learned to “detach” (attachment disorder) from the true sense of who they are really in connection to themselves, their families, their relationships and their behaviors. *Joven Noble* focuses on a relationship based process, *acknowledging* youth from an indigenous, cultural perspective while reinforcing the true essence of who they are and *reconnecting* them to their true potential as *Jovenes Nobles*.

2. Entendimiento: Understanding of Their Sacred Purpose

In the indigenous beliefs of Latino culture every child is a blessing and has a “Sacred Purpose.” On the other hand through living in an oppressive society many Latino youth have come to believe they are high risk, delinquent prone and burdens to their families and society. Through generations of this thinking many youth have developed internalized oppressive ways of thinking and behaviors (attention deficit, aggressive/reactive behavior). A basic premise of healing, growth and development is the ability of the individual to have a vision of their true *Sacred Purpose*. If a person only has a negative view of himself/herself, his/her history and his/her culture then he/she has no avenue for growth and development. He/she must understand the history that has led to the creation of his/her present situation and in this process (narrative

reprocessing) and with the proper guidance he/she will be able to separate pain and dysfunction from the true essence and teachings that can lead him/her to manifest her/his "Sacred Purpose."

3. Integracion: Integrating Bilingual/Bicultural Values

Due to the multitude of economic, social and family stressors many youth live their life based on survival; getting by, getting over and not getting caught. The clash between the values of the families and that of society often leave youth in the middle feeling stuck, not learning, not growing (depression) and not motivated to do anything else. On the other hand, positive values, a love for life and a circle of support (*circulo de hombres*) are the basis for learning, healing, growing and leading others. As times change, people must learn "new ways" (based on ancient teachings), be able to analyze and process the changing world's demands without losing a sense of their culture and ethnic connection. Living with a sense of Spirit (spirituality) and *ganas* allows one to better deal with difficult and sometimes overwhelming pressures with a sense of hope and greater vision.

4. Movimiento: Safety, Security and Interconnected Trust

Fear is one of the greatest obstacles many youth face today. Living in dangerous neighborhoods, where gangs, drug use and violence are prevalent creates ongoing insecurity, anxiety (anxiety disorders, post traumatic stress) that many times spills into their relationships as well. Young people need ongoing adult mentorship and support to assist them to navigate their "rites of passage" into manhood/womanhood and to learn positive living skills that can help them in their day to day lives. At the same time they need ongoing resources (*circulo de apoyo*, circle of support: adult guides) where they

can feel safe and where they can learn to develop pro-social problem solving skills
where they can release burdensome issues in their lives.