

**LEVELS OF DEPRESSION AMONG DELINQUENT FEMALES AND
ACADEMICALLY GIFTED FEMALES: TREATMENT IMPLICATIONS**

By

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ABSTRACT

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ABSTRACT

This study examines levels of depression between two groups of adolescent females: delinquent females and academically gifted females. The purpose of this study is to determine the difference in levels of depression, as measured by the Beck Depression Inventory II (Beck, Steer & Brown, 1996) and a survey created by the author based on symptomology for depression as cited in the Diagnostic and Statistical Manual, 4th Edition, (American Psychological Association, 1994) for these two groups. The hypothesis for this study is that there is no statistically significant difference between depression levels for adolescent females who experience a history of delinquent behavior as compared to those who are academically gifted. It is supported by results of the Beck Depression Inventory II (Beck, Steer & Brown, 1996) and the symptom survey. This study analyzes data collected by surveying academically gifted girls from a mid-sized Wisconsin school district and delinquent girls from a local private for-profit human

services entity that works with delinquent females. In addition to comparing levels of depression between these groups, this study examines the nature of the depression by correlating scoring typology information from the Beck Depression Inventory II (Beck, Steer & Brown, 1996).

Data was collected via administration of testing and survey material to the group of participants. Descriptive statistics were used to analyze the data. Results showed that there was no statistically significant difference between the levels of depression exhibited by both groups. The levels of depression were categorized as mild to moderate. A comprehensive review of literature on depression and adolescent females is also included.

Recommendations for further research include sampling a more diverse population, expanding testing to include a more comprehensive analysis of depressive symptoms and gathering a larger sample of participants.

Acknowledgements

This paper is dedicated to females who are struggling to maneuver their way through an often turbulent period of time: adolescence. Both groups of young women examined in this study are struggling with not only their adolescence, but symptoms of depression. It is my hope that some day our society will recognize the symptoms of depression more readily in young women, rather than be distracted by their behavior—whether exceptionally positive or negative. Through immediate treatment of the real presenting issue, these young women will be better able to live their lives authentically, and be true to themselves.

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CHAPTER ONE

Introduction

Research aimed at measuring levels of depression in adolescent girls has uncovered similarities between two otherwise dissimilar groups (Obeidallah & Earls, 1999; Sands & Howard-Hamilton, 1995). Both adolescent females engaged in delinquent behavior and adolescent females identified as academically gifted show increased levels of depression when compared with adolescent female population in general (Obeidallah & Earls, 1999; Sands & Howard-Hamilton, 1995). Other similarities between the two groups include increased levels of self-doubt, poor peer relations, negative self-concepts, poor adjustment, poor coping skills, low self-esteem, and social withdrawal (Alsop, 1997; Cauffman, 1998; DeMoss, Milich, & DeMer, 1993; Kataoka, 2001;). Despite such similarities there exists no common treatment modalities.

Research has identified a link between anti-social behavior and depression. Researchers speculate that depression exists as a precursor to anti-social behavior and influences anti-social tendencies by altering the subject's perception of consequences as well as their personal safety (Obeidallah & Earls, 1999). Depressive symptoms, such as limited interests, low self-esteem, and social withdrawal may result in rejection by pro-social peers, and subsequent withdrawal from pro-social institutions and community activities (Obeidallah & Earls, 1999). In a study of girls who displayed anti-social behaviors, those suffering from mild to moderate depression engaged in higher levels of aggressive behavior than those who were not depressed (Obeidallah & Earls, 1999). Further examination of this link is crucial in order to understand the role of depression in

delinquency and to develop effective delinquency prevention programs (Obeidallah & Earls, 1999).

Despite declines in overall juvenile delinquency since the 1990's, the number of adolescent females involved in the juvenile justice system has steadily increased. According to statistics generated by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), juvenile female offenders account for twenty five (25) percent of all juvenile arrests. This represents a nineteen (19) percent increase since 1990. In the state of Wisconsin, female offenders constituted 27.7 percent of the juvenile offender population, just slightly above the national average. Criminal offenses involving both violence and property have increased for juvenile females despite decreases in similar measures for juvenile male offenders (OJJDP, 1998).

The increase in juvenile female offenses has left officials pondering the effectiveness of classical intervention strategies and program components (Chesney-Lind & Shelden, 1992). Studies have examined the nature of criminal behavior among males, but far less attention has been devoted to determining the nature of such behavior in females (Obeidallah & Earls, 1999). As a result, gender specific programming and treatment strategies are also lacking. In order to most effectively combat juvenile female delinquency, practitioners need information on the nature of problems and issues faced by juvenile female offenders, as well as gender specific treatment modalities proven to be effective with young women.

Studies have also shown elevated levels of depression in gifted adolescent females. Issues common to this group include problems with relationships, appearance, and self-regard (Pipher, 1994; Sands & Howard-Hamilton, 1995). When compared to

gifted boys, gifted girls reportedly experience feelings of anxiety, frustration and worry more frequently than boys (Sands & Howard-Hamilton, 1995). High levels of self-doubt, struggling peer relationships, negative self-concepts, poor levels of adjustment and / or coping abilities may all result in increased levels of depression in gifted adolescent females (Sands & Howard-Hamilton, 1995).

A review of the literature shows that both adolescent female offenders and adolescent gifted females experience increased levels of depression, as measured by the Beck Depression Inventory II (BDI-II) (Beck, Steer & Brown, 1996), when compared to the rest of the adolescent female population.

This study will examine levels of depression between two groups of adolescent females: delinquent females and academically gifted females. In addition to investigating characteristics and needs specific to these two groups, research on treatment modalities for depressed juvenile females from the existing literature will be presented.

Purpose

The purpose of this study is to determine the level of difference in depression as measured by the Beck Depression Inventory II (BDI-II) (Beck, Steer & Brown, 1996) and a symptom survey created by the author (adapted from the DSM-IV, American Psychological Association, 1994) for adolescent female offenders, as compared to adolescent gifted females.

Null Hypothesis

There is no statistically significant difference between depression levels for adolescent females who experience a history of alleged delinquent behavior as compared to those who are academically gifted.

Definitions

For purposes of this study, the following definitions apply:

Juvenile female offenders are girls between the ages of 13 - 17 who have been convicted of or alleged to have committed a violation of a criminal or civil statute in the State of Wisconsin.

Academically gifted juvenile females are those girls between the ages of 13 - 17 who have been identified as academically gifted by the Eau Claire Area School District's Gifted and Talented Program. According to definitions adapted from the Wisconsin State Department of Public Instruction, the district defines intellectually gifted students as "children who show early and rapid development of language ability; large vocabulary; strong powers of reasoning, analysis or synthesis; and advanced ability in critical thinking and problem solving" (ECASD, 1996, p. 4). Multiple criteria are used to identify intellectually gifted students, including but not limited to achievement testing, IQ tests and talent characteristic checklists. (ECASD, 1996).

Depression is a condition evidenced by symptoms as identified by the Beck Depression Inventory II (BDI-II) (Beck, Steer and Brown, 1996) and a survey developed from the Diagnostic Statistical Manual, Fourth Edition (American Psychological Association, 1994). Some symptoms of depression identified by the include a "persistent sad or irritable mood, loss of interest in activities once enjoyed, significant change in appetite or body weight, difficulty sleeping or oversleeping, psychomotor agitation or retardation, loss of energy, feelings of worthlessness or inappropriate guilt, difficulty concentrating, and recurrent thoughts of death or suicide" (NIMH, 2000, p. 2).

CHAPTER TWO

Review Of The Literature

Adolescence and Depression

Adolescence is a time marked by change for young girls, when girls "begin their quest to develop an adult identity" (Sadker, 1994, p.99). Adolescence in women's development has been compared to early childhood in men's development; a time of relationship difficulties which heightens susceptibility to psychological distress (Brown & Gilligan, 1992, p. 219). It is also noted as a time where concepts of identity and intimacy are of primary importance (Gilligan, 1993, p. 151). For girls, adolescence often marks a radical decrease in the positive self-esteem and self-regard of girls (Orenstein, 1994; Sands & Howard-Hamilton, 1995). Females often find themselves confused by the conflicting messages society sends them, such as images regarding beauty portrayed by the media. As a result, early adolescence among females is marked by a sharp rise in the onset of depression (Obeidallah & Earls, 1999). According to the National Institute of Mental Health (NIMH) (2000), "a number of epidemiological studies have reported that...up to 8.3 percent of adolescents in the U.S. suffer from depression" (p. 1). Other estimates put the prevalence of anxiety and depression among adolescent in a range from 2 % to 5% (Reiff, 2001). Additionally, adolescent girls are twice as likely as their male counterparts to suffer from depression (NIMH, 2000) and more likely to be suicidal (Gilligan, Rogers, & Tolman, 1991; Orenstein, 1994).

Because adolescence is a developmental stage often characterized by drastic changes in behavior, depression in adolescents is often unrecognized. Symptoms of depression are often viewed as normal mood swings associated with adolescence

(NIMH, 2000). The higher prevalence of clinical depression in girls has been attributed to sex-role socialization, situational factors and hormonal differences (Flansburg, 1991). Adolescents are not equipped with the life experiences and maturity that help adults develop coping mechanisms during turbulent times. Because of such differences, adolescents suffering from depression are often unable to properly identify their emotions. As a result, depressed adolescents "may act out and be irritable toward others, which may be interpreted simply as misbehavior or disobedience" (NIMH, 2000, p.2).

While adolescence is a transitional time marked at times by turbulence for female adolescents, the crisis is magnified for groups of girls who are experiencing special circumstances which set them apart from the norm. Levels of depression in such groups of girls are also often magnified. Female offenders and gifted females are two examples of specialized populations of adolescent females who experience depression at higher rates than the general adolescent female population.

Female Juvenile Offenders

Female juvenile offenders constitute a growing portion of our population. Both the number of adolescent girls engaging in delinquent behavior and the nature of the offenses being committed by adolescent girls are growing at alarming rates. In 1994 in the State of Wisconsin, 27.7 percent of juvenile delinquents were female. This represents an increase from 26.5 percent in 1993 and 25.4 percent in 1992 (Office of Juvenile Justice and Delinquency Prevention, 1998). The number of incarcerated juvenile females in Wisconsin also saw a dramatic increase from 82 in 1988 to 161 in 1995 (Office of Juvenile Justice and Delinquency Prevention, 1998).

Nationwide, the statistics regarding female juvenile delinquent behavior are equally alarming. Between 1989 and 1993, crimes committed by juvenile females increased by 23%. The violent crime index increased 55% for juvenile females during this same period of time (Cauffman, 1998). This increase in juvenile female delinquency, notably violent crime, in the face of overall reductions by males is concerning and suggests a possible discrepancy in the measures being taken to address delinquent behavior in males and females. Possible explanations for the increase include consideration of the link between "traumatic experiences, mental health problems and delinquent behavior" (Cauffman, 1998, p.1).

Depression in Female Juvenile Offenders

Recent research has begun to examine the nature of depression among delinquent females and has identified a possible link between untreated mental health issues and anti-social behavior. Researchers hypothesize that depression may influence tendencies toward anti-social behavior on different levels (Cauffman, 1998; Obeidallah & Earls, 1999). First of all, because of the impact of depression, girls may not be fully considering the consequences of their behaviors or weighing the potential risks to their personal well being via their participation in anti-social behaviors. Secondly, symptomatic depressive behaviors, such as withdrawal, low self-esteem and limited interest in activities, may put depressed females at risk for rejection by pro-social peers, in turn increasing their risk of association with anti-social peers (Obeidallah & Earls, 1999). Studies have found a high correlation between mental health problems and substance abuse among juvenile female offenders, with substance abusing girls being more likely to commit crimes (Kataoka, 2001). The role of depression in delinquent

activities is important in the development of programs designed to prevent and treat serious delinquency in females.

Female Gifted Adolescents

Identification of gifted girls is a task complicated by a lack of universal standards. Criteria for determining giftedness vary by state, by county and even by school district. Some districts do not even have standardized criteria for giftedness. Furthermore, "gifted" is a term that could be used to refer to academic, musical, artistic or athletic giftedness. The same issue compounds comparison of the literature. Each study uses the term in a slightly different manner. The reviewed literature for this study focused on academic giftedness.

Depression in Female Gifted Adolescents

Emily Hancock (1989) speaks of a societal expectation specific to females: "a demand for perfection" (p. 187). This pressure to be the perfect student may create psychological stress for a girl, which is compounded by issues common to adolescence. For gifted female adolescents, "the issues of autonomy and gender role socialization are salient concerns; when these problems become exacerbated, confusion and depression may result" (Sands & Howard-Hamilton, 1995, p. 1). Life for a gifted adolescent girl is often complex and frustrating. It is a time when "peer relationships, appearance, and self-concept are in a state of flux" (Sands & Howard-Hamilton, 1995, p.1). Academically gifted females often experience feelings of isolation from the population at large. They are "often the girls most rejected by peers" (Pipher, 266). Many girls still think being bright is in conflict with being popular (Sadker, 1994). This may be due in part to a lack

of social supports for gifted youth, as they often report feeling different at home compared to how they feel at school (DeMoss et.al., 1993).

Peer group pressures that emphasize gender role conformity and sex role stereotyping discourage young girls from non-conformity in both social and academic realms. Socialization experiences directly interfere with creative productivity. Priorities in middle school and high school are not always congruent with academic success (Sadker, 1994). As a result, those girls that challenge stereotyped gender roles and sex roles by exceptional academic achievement often feel ostracized by their peer group. Feelings of self-doubt often emerge. "Their self-doubt, associated with poor peer relations, could again increase negative self-concepts, poor adjustment or coping abilities, and depression" (Sands & Howard-Hamilton, 1995, p. 2).

Depression is a problem that is not uncommon among gifted adolescents (Alsop, 1997; DeMoss, Milich, & DeMer, 1993; Sands & Howard-Hamilton, 1995). In particular, high achieving adolescents "who are gifted in figural creativity have been found to be at significant risk for depression" (Sands & Howard-Hamilton, 1995, p. 2). Girls with high grade point averages have also been found to be more depressed than boys. Girls often suffer from low self-esteem and psychosomatic symptoms (Sands & Howard-Hamilton, 1995). Counseling for gifted girls with depression may include family therapy. "Problematic family adaptation to intellectual giftedness" is cited in the literature as an issue facing gifted girls and their families (Alsop, 1997, p. 1) and may contribute to feelings of depression among the girls.

At the same time, the success a gifted girl experiences at school may increase her feelings of "academic connectedness," the second most common predictor of resiliency

(Flansburg, 1991, p. 4). Feeling competent at school may help gifted girls more effectively rebound from psychological distress.

Treatment

Understanding the role of depression in these two groups raises significant implications for treatment, particularly within the group of delinquents. The review of literature yielded support for feminist therapy interventions (Sands & Howard-Hamilton, 1995). Because of the striking differences between these two groups of girls, most notably in their behaviors, the recommended treatment for a well-behaved, compliant, academically gifted adolescent would not seem at first glance to be the most appropriate mode of treatment for a female offender. This is evident in the lack of existing resources in the community for the delinquent group. However, if one examines these groups looking for similarities, several are apparent. Increased levels of self-doubt, poor peer relations, negative self-concepts, poor adjustment and/or coping skills, low self-esteem, social withdrawal and ultimately, increased levels of depression are common in both groups (Alsop, 1997; Cauffman, 1998; DeMoss, Milich, & DeMer, 1993; Kataoka, 2001; Obeidallah & Earls, 1999; Sands & Howard-Hamilton, 1995).

Research conducted by Kovacs (1996) identifies high rates of co-morbid disorders among youth diagnosed with Major Depressive Disorder (MDD). Eighty to ninety percent of the studied youth had a co-morbid Axis I or Axis II diagnosis. Thirty-three percent had a co-morbid anxiety disorder, which was usually related to separation issues from their parents. Fifteen percent of the youth had a co-morbid conduct disorder. On a positive note, Kovacs' (1996) research indicates that when treatment is administered, children and adolescents recover more quickly from MDD than adults. They are,

however, more likely, with a sixty percent cumulative probability, to experience a depressive episode in the future (Kovacs, 1996).

Therefore, early identification and appropriate treatment for depression is advisable for several different reasons. Adolescent females who are experiencing depressive symptoms are likely to withdraw from their peers, and may be at risk for alienation from pro-social peers and institutions. This, in turn, puts them at risk for identification with anti-social peer groups. Depression may be a predecessor to anti-social behavior, which puts individuals at risk for harm based on the actions of themselves or others (Obeidallah & Earls, 1999). Adolescent females are likely to be experiencing a co-morbid disorder, most likely anxiety or conduct disorder. Treatment of depression in adolescents is “important, challenging and long-term”. It requires careful monitoring, clinical care and education (Kovacs, 1996).

In summary, adolescence in general has been noted as a time of change and transition, which for some girls may be difficult. Further examination of the specific nature of depression in gifted and delinquent populations is necessary to assist both groups in making their way through adolescence. Gifted girls need to be empowered to achieve their fullest potential, academically and emotionally. Examination of the function of depression in delinquent activity may help to provide intervention at an appropriate level, which may also help these girls to achieve their fullest potential, while at the same time reducing delinquency.

In this study, testing was conducted to examine the similarities in levels of depression between the two identified groups: academically gifted and delinquent

adolescent females. The methodology and results of these tests are outlined in the next two chapters.

CHAPTER THREE

Methodology

This chapter will discuss the subject selection process of the study, describe the adolescent females involved in testing, and explain the procedures used in testing. It will also include a discussion of data collection processes.

Subject Selection and Description

Two groups of adolescent females were tested for this study. The first group, academically gifted adolescent females, is comprised of students between the ages of thirteen through seventeen from a mid-sized school district. The researcher made contact with the Executive Director of Student Services, who in turn arranged for a joint meeting involving the Coordinator of the Gifted and Talented Program. They provided a list of girls between the ages of thirteen and sixteen who the district identifies as academically gifted and talented. Both an invitation for participation letter authored by the school district (Appendix A) and a voluntary consent form (Appendix B) were mailed by the school district to a population of 146 students. Of the letters mailed, 29 students and their parents consented to the study. Of the 29, 26 students who consented were tested. Three students were unavailable due to absences.

Subject selection and testing for the second group, adolescent females who have been alleged to be delinquent, proved to be more difficult. Initially, contact was made with the Director of Children's Court Services for Eau Claire County. He indicated that the request for participation and voluntary consent forms would be provided to all females between the ages of thirteen and seventeen who were processed through the juvenile intake office. It was estimated that an appropriate sample would be identified

within six to eight weeks. During the months of March, April and May 2001, the department processed only two cases that met the criteria of age and alleged offense. The Director of Children's Court Services described the period of time as "exceptionally slow."

At that time, contact was made with the coordinator of a private human services agency working with youth. The coordinator agreed to utilize a group of adolescent females from her correctional program. The researcher provided copies of voluntary consent forms (Appendix B). A group of seventeen subjects were identified from the existing caseload of seventeen delinquent females currently receiving programming at the agency. All subjects agreed to participate in testing.

Procedures

After receiving the completed voluntary consent forms from the Eau Claire school district, the researcher contacted the students and their parent or guardian via telephone. The research project was again explained to both the student and parent/guardian. A test administration time was arranged between the researcher and the student. In order to be convenient to the student this time was most frequently a study hall period at school. A schedule of testing times was completed and forwarded to the principals of all affected schools. The researcher then made contact with the testing subjects at the scheduled time and school. Students were tested in groups ranging from one to five, usually at the beginning or end of a free period at school, over a two-week period. Each subject was given both a Beck Depression Inventory (Beck, et al., 1996) (Appendix C) and a survey created by the author and based on symptoms of depression from the Diagnostic and Statistical Manual - Fourth Edition (1994) (Appendix C). Directions were reviewed with

the students, and they were asked to indicate only age and race on the test. They were reminded not to write their name on the test.

For the delinquents, the private human services organization was provided with copies of the Beck Depression Inventory (Beck, Steer & Brown, 1996) and the symptom survey. Once voluntary consent was received from both the client and her parent or guardian, the agency staff administered the tool. Clients were reminded not to put their names on the tools.

Instrumentation

The Beck Depression Inventory – Second Edition (BDI-II) (Beck, Steer & Brown, 1996) is a 21-item, paper and pencil inventory used to assess the severity of depression in adults and adolescents aged 13 years or older. The tool assesses symptomology as it correlates with diagnostic criteria for depressive disorders, as identified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition* (1994). It does not require any training to administer and it is hand scored to obtain the results.

Reliability measures of Internal Consistency showed a coefficient alpha of .92 for the original 500 outpatients used for tool design (Beck, Steer & Brown, 1996). Second samples of 120 college students were used to serve as a comparative norm group. Internal consistency for this group was at .93 (Beck, Steer & Brown, 1996). This demonstrates good internal consistency for the BDI-II. Test – retest measures were based on 26 outpatient clients measured over therapy sessions approximately one week apart. The test-retest correlation of .93 was found (Beck, Steer & Brown, 1996). This demonstrated good test-retest reliability. Several measures of validity were conducted,

comparing the BDI-I to other instruments that measure depression. A positive correlation was found between the BDI and other instruments that were found repeatedly to be positively related to depression, and include *the Beck Hopelessness Scale* and the *Scale for Suicidal Ideation* (Beck, et al., 1996).

The researcher created the second symptom survey based on symptoms for depression. It is a paper and pencil survey that indicates response to symptom statements as taken from the criteria for diagnosing depressive disorders. These criteria include feelings of sadness, decreased levels of interest in activities, significant weight loss or gain, change in appetite, difficulties sleeping, fatigue or loss of energy, feelings of worthlessness or guilt, difficulties thinking or concentrating and recurrent thoughts of death or self harm. It has not been subject to measures of reliability and validity.

Data Analysis

The quantitative data were analyzed using descriptive statistics, including frequencies, means, standard deviations, and Pearson Product Moment Correlational statistics.

CHAPTER FOUR

Results and Discussion

The purpose of this study was to examine levels of depression between two groups of adolescent females: delinquents and academically gifted. This chapter will discuss the statistical results of the research and data analysis. The chapter will end with a discussion of the results.

Demographics

Forty adolescent females participated in this study. Fifteen, or 37.5 percent, were delinquent. Twenty-five, or 62.5 percent, were academically gifted. The delinquent girls were clients of a private for-profit agency, Professional Services Group, in Wausau, Wisconsin. They are participating in correctional programming as a condition of their probation. They ranged in age from thirteen to sixteen years of age. The academically gifted girls were from the Eau Claire Area School District, where they attended one of the district's three middle schools or two high schools. They also ranged in age from thirteen to sixteen years of age. The age distribution is detailed in Table 1.

Table 1. Age Distribution of Participants

Age	Frequency	Percent	Valid Percent	Cumulative Percent
13	2	5.0	5.0	5.0
14	12	30.0	30.0	35.0
15	11	27.5	27.5	62.5
16	15	37.5	37.5	100.00
Total	40	100.0	100.0	

The ethnic background of the participants was primarily Caucasian. Thirty three of the respondents, or 82.5 percent, reported Caucasian as their ethnic background. Other ethnic backgrounds included Hmong, Black, Asian and Multi-racial. The ethnic background of respondents is detailed in Table 2.

Table 2. Ethnic background of participants.

Ethnicity	Frequency	Percent	Valid Percent	Cumulative Percent
Caucasian	33	82.5	82.5	82.5
Hmong	3	7.5	7.5	90.0
Black	1	2.5	2.5	92.5
Asian	2	5.0	5.0	97.5
Multi-racial	1	2.5	2.5	100
Total	40	100.0	100.0	

Results

Frequency counts, percentages, means and standard deviations on items 1 through 21 on the Beck Depression Inventory II (BDI-II) (Beck, Steer & Brown, 1996) and on items 1 through 9 on the symptom survey for the total group of respondents were completed.

The mean and standard deviation on the Beck Depression Inventory II (Beck, Steer & Brown, 1996) for the entire group at large shows a mean score of $M = 12.55$ and a $SD = 8.66$. According to the Beck Depression Inventory, scores ranging from zero to thirteen are classified as within the minimal range of depression. The symptom survey showed a mean score of $M = 2.75$ and a $SD = 2.22$. The number of symptoms present to

consider a diagnosis of depression would equal 3 or higher. Mean, median and standard deviation on the BDI-II and symptom survey are detailed in Table 3.

Table 3. Mean, Median, Standard Deviation based on Total Scores for BDI-II and Symptom Survey.

	BDI Total Beck Depression Inventory - Total Score	Symptom Survey- Experiences During Past Two weeks- Total Score
N = 40		
Mean	12.55	2.75
Median	10.00	3.00
Standard Deviation	8.66	2.22

In reviewing frequency distribution for individual item responses on the BDI-II, elevated responses were noted on items involving “sadness,” “past failures,” “loss of pleasure,” “guilty feelings,” “punishment feelings,” “suicidal thoughts or wishes,” “level of agitation” and “concentration difficulty.” The distribution of individual responses is detailed in Table 4.

Table 4. Response Frequency on Specific Items of BDI-II.

Item Response	Frequency	Percent	Valid Percent	Cumulative Percent
Sadness				
0 I do not feel sad	24	60.0	60.0	60.0
1 I feel sad most time	15	37.5	37.5	97.5
2 I am sad always	1	2.5	2.5	100.0
Total	40	100.0	100.0	
Past Failures				
0 not discouraged	22	55.0	55.0	55.
1 more discouraged now	14	35.0	35.0	90.0
2 no positive prospect	2	5.0	5.0	95.0
3 future is hopeless	2	5.0	5.0	100.0
Total	40	100.0	100.0	
Loss of Pleasure				
0 same pleasure now	27	67.5	67.5	67.5
1 don't enjoy as before	11	27.5	27.5	95.0
2 less pleasure now	1	2.5	2.5	97.5
3 no pleasure at all now	1	2.5	2.5	100.0
Total	40	100.0	100.0	

Guilty Feelings				
0 don't feel guilty	25	62.5	62.5	62.5
1 feel guilt / many always	14	35.0	35.0	97.5
2 guilty most of time	1	2.5	2.5	100.0
Total	40	100.0	100.0	
Punishment Feelings				
0 don't feel being punished	19	47.5	47.5	47.5
1 may be punished	9	22.5	22.5	70.0
2 expect to be punished	4	10.0	10.0	80.0
3 feel being punished	8	20.0	20.0	100.0
Total	40	100.0	100.0	
Suicidal Thoughts or Wishes				
0 no suicide thoughts	27	67.5	67.5	67.5
1 mere suicide thoughts	12	30.0	30.0	97.5
3 would kill self	1	2.5	2.5	100.0
Total	40	100.0	100.0	
Level of Agitation				
0 usual agitation	23	57.5	57.5	57.05
1 agitation more than before	12	30.0	.0.0	87.5
2 excessive agitation- no rest	3	7.5	7.5	95.0
3 excessive agitation- motion	2	5.0	5.0	100.0
Total	40	100.0	100.0	

The frequency distributions on the symptom survey shows elevated affirmative responses on several items including “difficulties sleeping,” “feelings of worthlessness or guilt,” “difficulty thinking/concentration/making decisions” and “recurrent thoughts of death/suicide.” The distribution of the symptom scores is detailed in Table 5.

Table 5 Response Frequency on Specific Items of Symptom Survey.

Item Response	Frequency	Percent	Valid Percent	Cumulative Percent
Difficulties sleeping				
1 yes	19	47.5	47.5	47.5
2 no	21	52.5	52.5	100.0
Total	40	100.0	100.0	
Feelings of worthlessness etc.				
1 yes	6	15.0	15.0	15.0
2 no	34	85.0	85.0	100.0
Total	40	100.0	100.0	

Difficulty concentrating etc.				
1 yes	19	47.5	47.5	47.5
2 no	21	52.5	52.5	100.0
Total	40	100.0	100	
Thoughts death / suicide				
1 yes	6	15.0	15.0	15.0
2 no	34	85.0	85.0	100.0
Total	40	100.0	100.0	

In comparing the levels of depression between the two groups, no statistically significant difference was found. This holds true when using both the Beck Depression Inventory and the symptom survey. Table 6 details this finding.

Table 6. Independent Sample Tests

	Laverne's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2 tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
<u>BDI Total</u>									
Equal variances assumed	1.077	.306	1.525	38	.136	4.24	2.78	-1.39	9.87
Equal variances not assumed			1.709	37.912	.096	4.24	2.48	-.78	9.26
<u>Survey Total</u>									
Equal variances assumed	1.247	.271	1.147	38	.259	.83	.72	-.63	2.29
Equal variances not assumed			1.227	35.641	.228	.83	.67	-.54	2.19

When the individual items on each of the tools are examined, areas of difference are noted. In the Beck Depression Inventory, difference is noted at a level of statistical

significance for the item measuring punishment feelings. Eight of the delinquent participants, 53.3 percent, indicate feeling as if they are being punished. 18 of the gifted participants, 72 percent, report having no feelings of being punished. Response distribution is detailed in Table 7.

Table 7. Response distribution Beck Depression Inventory Item 6: Punishment Feelings

	Beck Item 6: Punishment Feelings				Total
	0 don't feel punish	1 may be punished	2 expect to be punished	3 feel being punished	
1. Delinquent Count	1	3	3	8	15
Expected Count	7.1	3.4	1.5	3.0	15.0
% within DEL-GIFT	6.7%	20.0%	20.0%	53.3%	100.0%
2. Gifted Count	18	6	1	0	25
Expected Count	11.6	5.6	2.5	5.0	25.0
% within DEL-GIFT	72.0%	24.0%	4.0%	.0%	100.0%
TOTAL Count	19	9	4	8	40
Expected Count	19.0	9.0	4.0	8.0	40.0
% within DEL-GIFT	47.5%	22.5%	10.0%	20.0%	100.0%

In the symptom survey, difference is noted at a level of statistical significance for the following items: depression / irritability, fatigue / loss of energy and difficulty thinking / concentrating.

On item one, seven of the delinquent participants, 46.7%, report experiencing feelings of depression or irritability most of nearly every day during the past two weeks. Eighteen of the gifted participants, 84%, deny having any of these feelings during the past two weeks. On item six, 9 of the delinquent participants, 86.7%, report feeling fatigued and having loss of energy nearly every day during the past two weeks. Nine of the gifted participants, 52%, deny any feelings of fatigue or loss of energy during the past

two weeks. On item eight, 11 of the delinquent participants, 73.3 percent, report having difficulties thinking and concentrating or making decisions nearly every day during the past two weeks. Seventeen of the gifted participants, or 68%, deny having difficulty in that area. Distribution for these responses is detailed in Table 8, Table 9 and Table 10 below.

Table 8: Symptom Survey Response Distribution Item 1

	Item 1: Have you felt dressed/ irritable most of/nearly every day?		Total
	1 yes	2 no	
1. Delinquent Count	7	8	15
Expected Count	4.1	10.9	15.0
% within DEL-GIFT	46.7%	53.3%	100.0%
2. Gifted Count	4	21	25
Expected Count	6.9	18.1	25.0
% within DEL-GIFT	16.0%	84.0%	100.0%
TOTAL Count	11	29	40
Expected Count	1.0	29.0	40.0
% within DEL-GIFT	27.5%	72.5%	100.0%

Table 9: Symptom Survey Response Distribution Item 6

	Item 6: Have you had fatigues/loss of energy nearly every day?		Total
	1 yes	2 no	
1. Delinquent Count	2	13	15
Expected Count	5.6	9.4	15.0
% within DEL-GIFT	13.3%	86.7%	100.0%
2. Gifted Count	13	12	25
Expected Count	9.4	15.6	25.0
% within DEL-GIFT	52.0%	48.0%	100.0%
TOTAL Count	15	25	40
Expected Count	15.0	25.0	40.0
% within DEL-GIFT	37.5%	62.5%	100.0%

Table 10: Symptom Survey Response Distribution Item 8

	Item 8: Diff thinking/ concentrating / making decisions		Total
	1 yes	2 no	
1. Delinquent Count	11	4	15
Expected Count	7.1	7.9	15.0
% within DEL-GIFT	73.3%	26.7%	100.0%
2. Gifted Count	8	17	25
Expected Count	11.9	13.1	25.0
% within DEL-GIFT	32.0%	68.0%	100.0%
TOTAL Count	19	21	40
Expected Count	19.0	21.0	40.0
% within DEL-GIFT	47.5%	52.5%	100.0%

Discussion

The limitations of the study are as follows:

- 1) There was a low response rate for the survey. Both the delinquent and academically gifted groups were obtained from small populations, and low return rates contributed to a small sample size.
- 2) The participants in the study were primarily Caucasian females. Cross-cultural analysis is limited.
- 3) The research sample was composed of adolescent females. The Beck Depression Inventory (Beck, Steer & Brown, 1996) was normed on outpatient adults and college students.
- 4) The researcher encountered difficulties in obtaining a sample of delinquent girls. The final sample was of girls who have already been convicted of a crime by a juvenile court. As a result, the tested group of females was already involved in court-mandated programming, including, in many cases, counseling. The preferred method would have been of girls at risk of becoming delinquent or involved at earlier stages of the system. Results may be skewed in either direction due to this factor.

Demographics illustrate both the small sample size and the under-representation of minorities in the study. Of the 40 respondents, only 15 were delinquent females. A better representation of the population would be acquired by expanding the sample size, particularly with the delinquent group. Despite the low number of minority participants, it is significant that they are over-represented in the delinquent group. All seven of the

minority respondents were from the delinquent group. The overrepresentation of minorities in the delinquent group may warrant further investigation.

Beck Depression Inventory II

The results from the Beck Depression Inventory demonstrate no statistically significant difference in levels of depression between the two groups. The mean score for the group at large was 12.55. According to the Beck Depression Inventory, scores ranging from 0-13 are classified as minimal. Scores ranging from 13-19 are considered mild (Beck, et al., 1996). This data supports literature that indicates depression is an issue facing both the gifted and delinquent groups. While the results of this study are not generalizable to the entire population of adolescents due to sample size and other confounding variables in the study, the data seems to support an elevated prevalence of depression within the sample. Thirty five percent of respondents emerged with mild or higher ranges of depression. That is significantly higher than the 8.3 percent incidence rate cited by the National Institute of Mental Health (2000) for adolescents in general. Thus, the data seems to suggest an elevated incidence of depression between these two groups, when compared to adolescent females as a whole.

Additional testing and research could focus on the factors contributing to an elevated depression level in adolescent females. Both groups of girls demonstrate exceptional behaviors, either positive or negative. Further research could consider the role societal pressures play in contributing to symptoms experienced by these groups.

In the delinquent group, feelings of punishment are noted as elevated. While these feelings can be symptomatic of depression, they may also be explainable. All of the delinquent respondents are, in a sense, being punished--they have been convicted of

committing a crime, and as a result of that crime are participating in correctional programming. Obeidallah & Earls (1999) suggest that depression is a precursor to delinquent behavior. In considering the responses by the delinquent group to this item it is difficult to ascertain what came first- the depression or the delinquent behavior. Future research and testing of girls who have been identified as being "at-risk" for delinquent behavior is necessary to examine any possible link between depression and delinquent behavior, as well as feelings of perceived punishment among "at-risk" girls, prior to any real consequences being imposed. Correctional models could also be examined to determine differences in depression between groups of girls subjected to punitive modalities as compared to those subjected to more therapeutic, relational building models. Programs that exasperate feelings of punishment may be further compounding symptoms of depression, rather than resolving them. Which may in turn increase anti-social behavior, rather than decreasing it.

Anxiety is noted as a problem for both the delinquent and the gifted group. For the gifted girls, this anxiety could be related either to their pressure to achieve (Hancock, 1989), or their difficulty establishing relationships (Pipher, 1994). Both the groups of adolescent females could benefit from therapeutic interventions that emphasize relationships. Sands and Howard (1995) advocate for a feminist approach to therapy when working with academically gifted girls. Further research could investigate levels of depression in groups of girls participating in feminist therapy, which does emphasize relationship building. In particular, it would be interesting to note the success of a feminist therapy approach in work populations examined in this study.

Symptom Survey

The results from the Symptom Survey (adapted from the DSM-IV, American Psychological Association, 1994) demonstrate no statistically significant difference in levels of depression between the two groups. However, the Symptom Survey was created by the author and has not been subjected to any validity or reliability testing. The survey demonstrates that 52.5 percent of the respondents presented symptomology at the level necessary to consider diagnosis. Again, this illustrates a prevalence of depressive symptoms within the sample group that is much higher than incidence of depression among the general population.

Delinquent participants reported an increased level of depression or irritability during the past two weeks. This suggests that while similar levels of depression exist between the two groups, a higher number of delinquents report feeling depressed or irritable during the past two weeks. A number of extraneous variables may impact this response. The delinquent group is involved in correctional programming similar to probation or parole for adults. The programming is very rigid in nature, and involves adherence to strict rules. It also has a counseling component to it that involves the respondents communicating with staff and being held accountable for any rule violations. The delinquent's level of irritability may be heightened due to the high degree of structure and accountability in the program. Further research could be conducted into correctional models of treatment, to investigate how the level of rapport a client has with her probation agent impacts her success. If a client has a therapeutic level of rapport established with probation agent, she may be more able to successfully resolve clinical issues, which are impacting behavioral outbursts.

Difficulties thinking and concentrating could be indicative of a learning disability or another disability such as attention deficit disorder. A high number of the delinquent participants reported having difficulties in this area. Further research could be conducted to examine the presence of such disabilities in the delinquent group and to consider any correlation between the identification of such disabilities and depression.

Research conducted by Alsop (1997) spoke to the counseling issues faced by families of academically gifted girls. Families are noted as not wanting their daughters to be viewed as “different” than other girls. This same issue may present difficulties for the families of delinquent girls. This is a similarity in treatment of these groups. They are both being viewed as “different” from the norm, and the girls as well as their families may be struggling with this. The issues may be different, but the dynamics may be very much the same.

As the results indicate, this research contains highly significant findings. There is a similar level of depression present between the two groups in this study. Differences also exist that are valuable for future research including the correlation between academic performance or learning ability and depression, as well the correlation between depression and criminal behavior.

CHAPTER FIVE

Summary, Recommendations and Conclusions

The purpose of this study was to determine the level of difference in depression for adolescent female offenders as compared to adolescent gifted females. This chapter will summarize the study and provide recommendations for future research. The chapter will end with an overall conclusion of the study.

Summary

This study compared the level of difference in depression as measured by the Beck Depression Inventory II (BDI-II) (Beck, Steer & Brown, 1996) for adolescent female offenders as compared to adolescent gifted females. The study focused on correlation in levels of depression between the groups as measured by the Beck Depression Inventory and a Symptom Survey developed by the author.

Forty adolescent females participated in the study. Fifteen, or 37.5 percent, were delinquent and involved in programming with Professional Services Group, a non-profit human services organization from Wausau, Wisconsin. Twenty-five, or 62.5 percent, were academically gifted and enrolled as students in the Eau Claire Area School District. All respondents completed two inventories designed to measure symptoms of depression: the Beck Depression Inventory - II (BDI-II) (Beck, Steer & Brown, 1996) and a Symptom Survey created by the author based on diagnostic criteria for depression from the Diagnostic and Statistical Manual- Fourth Edition (American Psychological Association, 1994). These instruments were used together to assess the correlation in levels of depression between the two groups.

The data was collected and analyzed using descriptive statistics. Frequency counts, percentages, means, and standard deviations were conducted on each item of both instruments. Pearson Correlational Coefficient Matrixes were conducted on the two instruments. The results demonstrated no statistically significant difference between the levels of depression for the two groups, which supported the hypothesis for this study. Results also indicated an elevated prevalence of depression when compared to adolescence in general. Feelings of punishment were identified by the delinquent group more frequently than by the gifted and at a statistically significant level of difference.

Recommendations for further study

For future research, a larger and more diverse sample size would increase the reliability and validity of the data. A larger population may generate a higher response rate, as well as show greater variability in the results.

The sample size of delinquent girls also needs to be expanded. This study was impacted by difficulties in obtaining an adequate number of delinquent females to survey. A larger group of delinquent respondents would allow for more variability in responses, and lead to a higher level of validity and reliability.

The delinquent girls in this study were already convicted by the courts and sentenced to participate in the correctional programming offered by the private human services agency. Future studies may benefit from examination of symptoms in youth identified as 'at-risk' for delinquent behavior. This may control for feelings of punishment exhibited by the group and assist in the examination of a perceived link between depression and criminal behavior.

Conclusion

This study was completed to draw attention to a similarity between two groups of very different female adolescents: academically gifted girls and delinquent girls. One group may be perceived as academically privileged with opportunities abound, and the other group may be perceived as having behavioral and social difficulties, with limited potential for success.

Despite their outward appearance, these groups of girls are both displaying levels of depression that are suggested to be higher than those of non-gifted or non-depressed girls. This elevated level of depression is significant since research suggests a strong possibility for reoccurrence of depressive episodes. The value of this identified similarity is two-fold. First of all, it draws attention to the probability of depression among gifted girls. Secondly, it generates curiosity for the delinquent group about the order of occurrence- depression or delinquency.

It is my hope that this study will increase awareness of depression among parents, educators, and others who work closely with both gifted and delinquent adolescent females. Specifically, adults who are involved with these girls need to be aware of the prevalence of depression between these two groups and also to familiarize themselves with the symptoms of depression. Early identification and treatment of depression in adolescent females, whether gifted, delinquent, or somewhere in between, must be a priority if we are to ensure them the healthy future they equally deserve.

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APPENDIX A

INVITATION FOR PARTICIPATION

Dear Parents:

Your daughter has been identified as academically gifted by the Eau Claire Area School District. A graduate student in Guidance and Counseling from the University of Wisconsin-Stout, Holly Hakes, has asked the school district to assist her in a research project concerning adolescent females. Specifically, Ms. Hakes is examining levels of depression in selected groups of adolescent females. One of these groups of young women is the academically gifted.

For your daughter to participate in this research project, your consent is required. As a participant in the research study, your daughter would be asked to complete a depression-screening tool, known as the Beck Depression Inventory, and a survey, which identifies symptoms of depression identified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Ms. Hakes will administer these tools on an individual basis during free periods throughout the school day, and the time involved will not be more than 30 minutes. Participation is totally voluntary and anonymous. Results will not be able to be tied to any participant.

If you are willing to allow your daughter to participate in this research, please review the enclosed consent form. Once you and your daughter have reviewed the form, please sign it and return it to me in the enclosed postage paid envelope by March 7th. If you give consent for your daughter to participate in this project, we will give her name to Ms. Hakes and she will contact your daughter to make specific arrangements.

If you have any questions regarding this research, or would like to know more about it, please contact me at 833-3478.

Sincerely,

Fred E. Weissenburger, Ph.D.
Executive Director Student Services

C: Susan Savolainen, Coordinator
Gifted and Talented

APPENDIX B

CONSENT FOR PARTICIPATION

This research examines the level of difference in depression between adolescent females who are alleged to be delinquent as compared to adolescent females who are academically gifted. The goal of this study is to evaluate a screening instrument and a survey which measures data related to depression. Before participating in this study, it is necessary for both you and your parent(s) or guardian(s) to consent to your participation. Please read the following information with your parent(s) or guardian(s) and sign the form indicating your understand that your participation is voluntary. Then return the form to your designated school official or social worker. He/she will arrange for administration of the screening instrument and survey, which will take approximately 15 minutes.

RISKS

There is little or no risk to you in this study. Your responses are anonymous and confidential. Therefore, it would also be impossible to advise a participant of an elevated score on the depression screen. If you are experiencing difficulties with depression, please see your teacher, guidance counselor or social worker for further assistance.

BENEFITS

Although the results of this study may be of benefit to others in the future, there is no direct benefit to you by participating in this study.

QUESTIONS OR CONCERNS

Any questions or concerns regarding this research should be addressed first to the researcher, Holly Hakes at 715-726-0815 or research advisor, Dr. Sally Hage. Secondary contacts may be directed to Dr. Ted Knous, Chair, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW-Stout, Menomonie, WI, 54751, phone (715)232-1126.

I understand that my participation in this study is strictly voluntary and I may discontinue my participation at any time without any prejudice. I understand that the purpose of this study is to investigate levels of depression between adolescent females who have been alleged delinquent and adolescent females who are academically gifted. I further understand that participation in this study is both confidential and anonymous. My personal identity will be in no way linked to the administered test and survey. I understand that at the conclusion of this study all records which identify individual participants will be destroyed. I hereby give my consent for participation in this study, or as parent of a minor involved in the study, hereby give my consent for her participation.

Signature of minor participant: _____

Signature of parent / guardian: _____

Date: _____

APPENDIX C
RESEARCH INSTRUMENTS

1. BECK DEPRESSION INVENTORY II
2. DSM - IV SYMPTOM SURVEY

APPENDIX D

FOLLOW UP LETTER FOR PARTICIPANTS

Dear Participant,

I want to thank you for your contribution and participation in my research study. Your time and effort will help not only myself in completion of my graduate level thesis, but other young women by the information gathered in this study.

Completion of the surveys at times causes difficult feelings to surface in participants, such as sadness, hurt, anger and even suicidal feelings. If you find you are experiencing some of these feelings, I strongly encourage you to speak with your parents and/or guardians. I would also encourage you to seek help by calling your school guidance counselor, your social worker, your family practitioner, or any mental health provider.

As previously stated, no names will be used and information gathered will only be presented in an aggregate or collective format.

Again, thank you for your participation in this study.

With thanks,

Holly S. Hakes
616 Mansfield Street
Chippewa Falls, WI 54729