Providing Physical Fitness Programs to At-Risk Youth

Thomas R. Collingwood

Physical fitness programs can meet many needs of at-risk youth. The application of structured physical training programs has been shown to positively affect many risk factors for serious problem behaviors of at-risk youth, such as increased self-esteem, increased well-being, increased acquisition of “life skills” like goal-setting and planning, increased values development, and lowered depression and anxiety. In turn, fitness programs have positively affected at-risk youth problem behaviors such as lowered substance abuse and criminal behavior. This article discusses the needs of at-risk youth, a rationale for the use of structured physical fitness programming as a vehicle to help at-risk youth, and guidelines for the application of structured physical training programs with this population. Those guidelines will cover: (a) recommended program components, (b) leadership factors, (c) organizational factors, and (d) program delivery factors.

This article is about the application of structured physical training programs for at-risk youth. In implementing many programs for troubled or at-risk youth over the years, I have found structured physical training that increases physical fitness can be a core intervention. Physical fitness programs have been applied in a variety of educational, recreational, therapeutic, correctional or substance abuse prevention settings. The results of exercise as a vehicle to impact the youth in these settings constantly reinforces the value of physical training. Experience has taught me that physical training can be as critical as other educational or therapeutic strategies for not only changing health behavior, but also for impacting values and psychological functioning.

The aim of this article is to provide a framework for justifying, designing, and delivering structured physical training programs for at-risk youth. The material is based on actual experience in being responsible for applying physical training programs with at-risk youth. That responsibility of “making a difference” demanded a different perspective for delivering programs. As opposed to the traditional teaching model of providing material and leaving it up to the student to acquire material, a stronger leader led approach is required because the needs and consequences of learning are much higher for at-risk youth. A more focused and structured effort to achieve desired outcomes is required.

Thomas R. Collingwood is president of Fitness Intervention Technologies, Richardson, TX 75080.
A Perspective on “At-Risk Youth”

Before we can fully explore the role of exercise in helping at-risk youth, we must first clarify what we mean by the term in order to understand the needs of at-risk youth. The term “at-risk” has many connotations. In the past, many terms have been applied to this population to include “disadvantaged youth,” “alienated youth,” “problem youth,” or “troubled youth.” Whereas the terms may have changed over the years, there has been a consistent pattern of needs. “At-risk” can be a very broad term, but it generally refers to a focus on the environmental and personal hazards of youth that demand attention.

For the sake of this article, “at-risk” youth will be defined as youth who live in a negative environment and/or lack the skills and values that help them becoming responsible members of society. Their environment and deficits place them at risk for developing serious problem behaviors. Those behaviors can be defined to include substance abuse, delinquency, violence, emotional disturbances, and educational/vocational difficulties. With that perspective, at-risk youth are not just inner-city or minority youth. The term can be applied to a broader segment of adolescents.

The Carnegie Corporation (1989) conducted a study to address the status and needs of American youths. The conclusion was that approximately 50% of American youth are at-risk for developing harmful behaviors. In other words, the potential problems for at-risk youth are generalizable across the total population. The Carnegie Report defined the harmful behaviors as criminal behavior, substance abuse, dropping out of school, violence victimization, unwanted pregnancy, and poor health and fitness.

The Carnegie Report reflects my experience in that the harmful behaviors are not so much a series of unique problems as they are symptoms of a general underlying problem. That single problem can be viewed as a developmental deficit. In other words, many of the problems are due to a given youth not having developed a responsible and health-enhancing life-style—of which the development of physical fitness through physical training can be a major component.

The framework presented in this article is based on the experience of applying structured physical fitness programs with a broad range of youth. Whereas the term “physical fitness programming” refers to exercise and educational efforts to develop a healthy life-style, the focus here is on the structured physical training component. Consequently, fitness programming and physical training will be used as interchangeable terms. Programs have been applied to rural, suburban, and inner-city youth as well as with youth who have targeted problems such as substance abuse and delinquency. Programs have been installed in schools and neighborhoods and within treatment and correctional institutions. A common conclusion can be drawn from these experiences that suggests the basic youth needs and the basic program needs are much the same. Experience does not bear out the notion that socioeconomic or ethnic status dictates the classification of being at-risk and is the root cause that must be addressed. Instead, there needs to be a focus on the core needs of youth. The frame of reference presented here is that the core needs and root causes of at-risk youth problems are a lack of the skills and values to be responsible.

The degree of behavioral deficits and problems may vary, requiring a variety of program strategies. However, the issue is always one of focusing on the indi-
vidual for being responsible for his or her own behavior regardless of environment or socioeconomic status. With that view of the problem, the solution then becomes one of defining how we enable youth to acquire the skills and values for being responsible? A structured physical training program is one intervention that can aid in providing a solution.

**Risk Factors**

A more specific definition of at-risk problems needs to be made before a clear view of how physical fitness or physical training can be of value for helping at-risk youth. A model that is now being applied to address at-risk youth problems is the risk factor approach. There is a recognition that many of the at-risk youth problems, such as mental health, substance abuse or delinquency, are developmental and life-style problems. This approach is similar to the epidemiological study of cardiovascular disease. By defining risk factors, it is possible to define behaviors or habits that may be altered through interventions.

Studies have evaluated patterns of at-risk problem behaviors, such as substance abuse and delinquency (Bry et al., 1982; Mayer, 1988; Newcomb et al., 1986; Oetting & Beauvais, 1984) to define predictive risk patterns. Some of the factors that have been isolated have included antisocial behavior, lack of self-esteem and low self-concept, maladjustment, anxiety, depression, stress, poor school attendance and performance, lack of religiosity, poor parental and peer relationships, early substance use, sensation seeking, peer and parental substance use.

It also has been shown that risk factors tend to cluster. Of significance is that there appears to be a link between the behavioral, psychological, and social problems of youth and their physical fitness and health. Unhealthy behaviors tend to cluster together and so do healthy behaviors (Hars et al., 1984; Jessor, 1989; Stoker et al., 1978; Winnail et al., 1995). Those results indicate that health-compromising behaviors, such as unhealthy food choices, sedentary living, poor safety procedures (lack of seat belt use), cigarette smoking, drug use, alcohol use, and aggressiveness blend together. On the other hand, high levels of physical activity, good nutrition habits, lack of smoking, alcohol, and drug use tend to cluster together.

Beyond the general category of health behaviors, there is data to document a relationship specifically between being “at-risk” and physical fitness level. Physical fitness data on more than 600 at-risk youth from a variety of settings indicate that fewer than 25% can reach the 50 percentile norms for their respective age and sex classification (Collingwood, 1992, 1996b; Collingwood et al., 1991). Anecdotal impressions also indicate that many at-risk youth are behind in general motor skill development. A conclusion could be drawn that lack of physical fitness is a risk factor.

**Deficits**

As was mentioned previously, a way of viewing the problems of at-risk youth is that they reflect a developmental deficit. In other words, these youth may lack certain skills or values that should be developed during the adolescence maturation period. Within that framework, the well-recognized problems and risk factors can be viewed as symptoms of behavioral deficits. A valuable focus is provided by defining the causes of problems as behavioral deficits because it is then possible to direct a solution toward behavior acquisition. The experience of providing
programs to at-risk youth has helped to crystallize several categories of deficits that can be conceptualized into four basic areas: life skills, values, life-style, and traits.

At-risk youth appear to lack basic observation, goal-setting, and planning skills to deal with their world. A term that is often applied to these skills are *life skills*. In many respects, their world is one of disarray in which they only react as opposed to being proactive. There are data to support this category of deficits. The Texas Youth Council (1976) assessed the physical, intellectual, and emotional life skills of youthful offenders and nonoffenders. The study found that incarcerated offenders had fewer life skills than offenders on community probation. In turn, the nonoffenders had the highest levels of skills.

Another deficit area appears to be *values behavior*. Anecdotal feedback from fitness leaders providing programs (Collingwood, 1996a) suggest that the values that consistently appear to be lacking are respect, responsibility, and self-discipline. It isn’t so much the lack of values as it is lacking the behaviors representative of those values.

The other major deficit that relates more directly to a lack of physical fitness is the lack of a *health-enhancing lifestyle*. A simplified view of habits suggests that habits are a summation of behaviors that either lead toward a health-enhancing or health-compromising life-style. Perry and Jessor (1985) note that the issue of health revolves around four areas: physical health, psychological health, social health (social effectiveness), and personal health (individual potential). They, in turn, found that individual youth’s health areas either cluster around total health-enhancement in all four areas or around health-compromising life-styles in all four areas. It appears that at most levels the at-risk youth life-style is the health-compromising life-style.

The final category of deficits can be best defined as *traits* that reflect a behavioral predisposition that contributes to the health-compromising life-style. Experience has shown that those traits which consistently appear to be common among at-risk youth participants include: a lack of delay of gratification and a pursuit of expediency, self-indulgence, passive observation to the environment, and an avoidance of challenge, irresponsibility, and lack of self-esteem and confidence.

The core of “deficit” risk factors arise, in part, from the developmental aspects of adolescence. How well a youth overcomes these deficits during that developmental period has a lot to do with whether many of the behavior problems emerge. A framework can be defined that summarizes a model for intervention which meets the needs of at-risk youth with direct implications for physical fitness programming. It is a model that reflects personal experience and that of others, such as Brendtro, Brokenleg, and Van Bockern (1990) and Jessor (1989), who have defined a parallel framework for viewing at-risk youth problems and needs from a developmental perspective.

**A Model for Intervention**

Risky behavior, such as substance abuse or criminal behavior, is not an isolated behavior but an integrated component of a health-compromising behavior cluster or syndrome. The adolescent is challenged with developmental choices between health-enhancing or health-compromising behaviors for physical, social, and psychological health. The adolescent stage of life represents a high-risk stage of life for developing a health-enhancing or health-compromising life-style. Various
behaviors developed during adolescence can be viewed as interrelated toward one or the other life-style (syndrome).

There are many developmental themes that influence that life-style choice. They include a search for identity, the development of a sense of autonomy, the development of a sense of self-control, the development of a sense of accomplishment, and the development of strategies to reduce physical and psychological pain, peer pressure, and stress. Risky behavior can be viewed as an attempt to address those themes. Unfortunately, many risky behaviors produce a false sense of security in dealing with those issues—in essence, they serve as avoidance behavior.

Given this developmental view of the behavioral problems, the intervention goals can be formulated as follows:

- The goal of intervention is to enable youth to develop a life-style for health. The health-enhancing cluster of behavior should be emphasized.
- The goal of intervention can be viewed as replacing health-compromising behaviors with health-enhancing behaviors.
- The goal of intervention should focus on those skills and values that equip youth with a health-enhancing life-style to serve as an alternative life-style to counteract the health-compromising life-style.

With this model, physical training can be defined as a concrete intervention that teaches the healthy life-style.

The Rationale for Physical Fitness Programs

The concept of physical training, as presented here, does not refer to recreation, leisure use of free time or sport participation. Recreation and sport programs have not been applied as core interventions but have usually been implemented as support programs to deal with at-risk youth problems. Systematic physical training refers to those activities designed to increase physical fitness. The physical training program is one that stresses organized exercise classes within a disciplined environment. Physical fitness is a desired result of participating in systematic and strenuous exercise, and is composed of the following four health-related elements:

- **Cardiovascular endurance** or aerobic power.
- **Strength**—consisting of both absolute strength and muscular endurance.
- **Flexibility**—referring to range of motion around a joint, with an ability to stretch, bend, and twist.
- **Body composition**—often referred to as percent body fat.

The rationale for implementing physical training programs is foundationally based on the proven effects of exercise to increase physical fitness. For that reason alone, there is a need to provide exercise programs to at-risk youth. The experience of actually getting programs to be accepted and installed, however, may require a greater level of justification and expanded rationale than potential fitness benefits.

Physical training can be used for purposes other than just increasing those fitness areas. In addition to impacting fitness levels, physical training can be used to develop positive values and life skills such as goal-setting and planning. It also
can have a bearing on many psychological factors such as the development of self-esteem and well-being. Physical training also may reduce the sensation of anxiety and depression.

**Relationship of Physical Training and Physical Fitness to Risk Factors and Well-Being**

The rationale for the application of physical fitness programs must ultimately emerge from data that support the effects of physical training. Several studies provide data that support a strong and beneficial relationship between exercise and physical fitness levels and the deficits and risk factors associated with at-risk youth. The following list provides a summary of studies that have documented the effects of structured physical training programs on risk factors and skill deficit dimensions.

**Physical Training Effects on Risk Factors and Skill Deficits**

- Increased self-esteem and self-concept (Collingwood, 1972; Doan & Schernan, 1987; Folkins & Sime, 1981)
- Increased feelings of well-being (Collingwood, 1992, 1996b; Collingwood et al., 1994; Norris et al., 1990)
- Increased emotional stability (Blumenthal et al., 1982; Folkins & Sime, 1981)
- Increased school attendance (Collingwood, 1996a, 1996b; Collingwood et al., 1994)
- Increased academic/vocational training performance (Collingwood, 1972, 1996b; Collingwood et al., 1994)
- Increased positive parental relationships (Collingwood et al., 1994)
- Increased responsibility (Collingwood, 1996b; Compagnone, 1985; DeBusk & Hellison, 1989)
- Increased levels of life skills (Collingwood et al. 1979; Collingwood & Gentner, 1980; Collingwood et al., 1994)
- Decreased depression (Doan & Schernan, 1987; Folkins & Sime, 1981; Kugler et al., 1994; Martinsen, 1990)
- Decreased anxiety (Blumenthal et al., 1982; Kugler et al., 1994; Steptoe & Fox, 1988)
- Decreased perception of stress (Brown & Siegel, 1988; Norris et al., 1990)

These results support that there are many potential advantages to applying physical exercise to other areas of psychological and social functioning that relate to the at-risk youth's problems beyond just physical fitness and health.

**Relationship Between Physical Training and Specific At-Risk Youth Problems**

There have been several studies documenting the beneficial effects of physical training with specific at-risk youth problems. Most of the data available pertain
to delinquent, substance abuse, and emotionally disturbed behavior. A summary of those studies are presented in the following list.

**Effects of Exercise Programs on At-Risk Youth Problems**

Reduced delinquent behavior and rearrest recidivism (Collingwood & Englesjgerd, 1977; Collingwood et al., 1979; Collingwood & Genthner, 1980; Hilyar et al., 1982; MacMahon & Gross, 1988)

Reduced substance abuse behavior and increased abstinence (Collingwood, 1992, 1996a, 1996b; Collingwood et al., 1991; Collingwood et al., 1992; Collingwood et al., 1994; Gary & Guthrie, 1982; Murphy et al., 1986; Palmer, 1994; Romig, 1978; Winnail et al., 1995)

Reduced symptomology and emotionally disturbed behavior (Collingwood, 1992; Doyne et al., 1982; Kugler et al., 1994; Martinsen, 1990)

Of interest is that these reported studies reflect the application of fitness programming across a spectrum of settings from community and school-based sites to treatment and correctional programs.

When reviewing the various studies’ results, a question arises regarding possible mechanisms through which exercise impacts risk factors and problem behaviors. MacMahon (1990) concludes that there are psychological factors, such as self-control and self-mastery, that can lead to a more confident approach to one’s life. He also suggests that there are physiological explanations, such as alterations in neurotransmitters and endorphin levels, that could have an effect. Physical activity also can provide a relaxation and recreational distraction that enables the individual to be more balanced. Another view is that the act of developing a health-enhancing life-style establishes a pattern whereby health-compromising behaviors do not “fit” anymore. Whatever the specific mechanisms, the data definitely suggest that physical training can be a valuable intervention that can directly affect risk factors and problem behaviors.

**The Uniqueness of the Physical Domain**

The positive effects of physical training stems from the unique qualities of the exercise process which is not inherent in a traditional “sit down” learning or counseling process. The physical domain is a valuable teaching and learning domain that can be structured to assist youth to develop many deficit areas and affect risk factors. For example, the physical domain is a process that is a very concrete and honest process which makes distortions difficult. It is, therefore, not easy to fake an effort. It requires that the participant be active as opposed to inactive, and the process can be demanding and uncomfortable. The physical training process has specific goals with delayed results. All of these characteristics can be capitalized on to use the physical domain for teaching life-style habits, life skills, and values.

The results from participation in strenuous exercise can be viewed as a step-by-step process that can lead to behavioral changes for dealing with many
problems that at-risk youth experience. A schematic for a 7-step developmental process is as follows:

1. Exercise participation can lead to the development of a health-enhancing life-style in other areas such as smoking.
2. The exercise life-style leads to increased physical fitness.
3. Increased physical fitness leads to self-confidence.
4. Increased self-confidence leads to self-discipline and control.
5. Increased self-discipline leads to an ability to set goals and systematic plans to reach goals.
6. Increased goal-setting and planning leads to increased responsibility.
7. Increased responsibility leads to a readiness to address at-risk problems.

Although there is data to support the value of using structured exercise programs to address the needs of at-risk youth, there is an opinion among some individuals in the field that at-risk youth do not respond to this type of approach. The view is often expressed that these youth will not respond to a highly structured and disciplined process. The data, as well as the actual experience of implementing programs, suggests just the opposite. In fact, evaluation studies of the application of voluntary physical training programs lasting between 12 and 16 weeks consistently report attendance rates between 75% and 98% (Collingwood, 1992, 1996b; Collingwood et al. 1994).

At-risk youth are seeking positive sources of structure and discipline in their lives. The phenomena that is occurring in the inner cities, where youth are seeking and requesting to enroll in parochial schools and to participate in Junior ROTC, attests to this. Anecdotal data (Collingwood, 1996a; McLaughlin et al., 1994) has shown that at-risk youth are looking for clear rules and discipline. They are looking for positive role models and do want to participate in programs or belong to organizations that give direction and are located in the neighborhood. Effective physical training programs can be designed and programmed to meet those expectations of at-risk youth as reflected by good participation and attendance.

Another aspect that reinforces the value of exercise programming is made known when the process and results of physical training programs are compared to other interventions aimed at impacting at-risk youth behavior. When the characteristics of a structured physical training process are compared to results reported for other programs that have been successfully implemented, it can be seen that there are many common denominators. An example of this is the summary studies evaluating the effects of substance abuse and delinquency prevention programs. The data indicate that those programs which emphasize skill learning, responsibility, and accountability for behavior, goal-setting, planning, and alternative life-style activities such as physical activity are the ones that have the most success (Hawkins et al., 1986; Perry, 1987; Romig, 1978; Tobler, 1987). Those are the same characteristics that can be the focus of a structured exercise and physical fitness program.

The application of physical training programs for at-risk youth is not the total answer to meeting the needs of at-risk youth. There are many other behavioral needs that must be met. However, getting a youth involved in a
systematic physical training program can serve as a “readiness” intervention to prepare the youth for more in-depth and expansive prevention and treatment programming. Youth can have more energy, more discipline, and self-confidence to commit to other interventions by undergoing the physical training process. A base can be established that can provide meaning and purpose to their lives.

Physical Fitness Programming Factors

The experience of delivering physical fitness programs for at-risk youth over the last 25 years has yielded some significant findings about the important factors for instituting programs. Most recently, a program titled First Choice has been implemented in more than 50 sites nationwide in a wide variety of settings serving at-risk youth. That program has been recognized as one of the 20 exemplary youth fitness programs at the National Youth Fitness Summit and as one of four programs recommended by the American College of Sports Medicine for national dissemination to meet the Healthy People 2000 Goals. The process of delivering that program has crystallized many of the past learnings for defining the important factors that are unique to providing programs for at-risk youth. Exploring those factors can provide a framework for physical fitness program implementation. Five factors emerge that need to be addressed when designing a program:

- The assumption of the needs of the target population
- The program components
- Leadership factors
- Organizational factors
- Program delivery factors

It is not possible to fully address all these factors. A full expansion of fitness programming for at-risk youth is provided in Helping At-Risk Youth Through Physical Fitness Programming (Collingwood, 1996a). However, a brief overview can be provided here. For each factor, the major learnings will be described, then any specific tips or guidelines that have been defined will be presented.

The Needs of the Target Population

How one views the need of at-risk youth will determine the type of fitness program and how it is to be delivered. This article has presented a view of the at-risk youth that has the following implication for programming:

- For many at-risk youth, the environment is in disarray so a highly systematic and structured program is required. When the youths’ deficits are control and structure, the physical training program can be a natural vehicle to assist gaining control and structure in their lives.
- For many at-risk youth, there is a lack of role models in their environment so the program should be fitness leader led and driven.
- For many at-risk youth, there is a lack of values and life skills from which they can act responsibly so the initial program structure should be focused on the youths being required to act responsibly.
For many at-risk youth, they must earn the right to make decisions and function independently within the program. Once they can demonstrate responsible behavior, then there should be opportunities to have more independence and leadership in a program.

Physical training has the effect of making participants accept a more active, as opposed to passive, role in their life situation. Engaging in physical activity can lead to engaging oneself in other important life areas.

The impact of fitness gains on how one feels about him or herself physically (body image) or in total (self-concept) serves as an intervening process to other behavior change.

With this frame of reference, the responsibility and design of a program rests firmly with the fitness leader. The structure and process of delivering a physical fitness program that is presented reflects this model.

**Program Components**

Program components refer to the basic “core” elements that are provided to participants. There are four major program components:

1. The basic program should consist of a core of four activities:
   - Structured group exercise class activities.
   - Educational sessions to teach fitness life skills. This could be focused toward participants creating an individual program.
   - Discussion sessions to interact on the learning from the other activities.
   - Special events or game and sport play activities.
2. There should be an attempt to build in a parent involvement program. Depending on the level of parent support, the activities could be as follows:
   - At a minimum, there should be a briefing or written communication on the program.
   - Parents could be involved in providing adult supervision in the program by providing transportation and similar activities.
   - Parent classes could be offered on such topics as behavior contracting to assist their youth to adhere to the program and how to get involved in family fitness activities. A program on a personal activity programs, such as a low-level walking program, also could be provided.
3. There should be a peer fitness leader program. This should be focused toward both leadership responsibilities within the program (such as being a squad leader) to teaching community service with projects such as cleaning up a park or assisting with a health fair.
4. There should be an attempt to establish a neighborhood or organizational fitness council to provide ongoing program support and assistance. This can aid in developing “ownership” of the program.

**Leadership Factors**

Leadership is the key factor for program success. Yet, it is the area that is least emphasized in many programs targeted toward at-risk youth. Four factors have emerged as being important for developing leadership.
Providing Physical Fitness

A structured physical training program requires active exercise leadership to provide a role model and consistent reinforcement for participant performance. There is a need for a selection and training process to ensure quality leaders. Too often, this is lacking in many programs. Major selection factors should include being a role model of fitness, being enthusiastic, dependable, disciplined, and able to relate to the youth. These have been noticeable deficits found in many at-risk program staffs. Major training factors include providing formal training on group exercise leadership, fitness assessment, and teaching skills.

Leader led activity, with the leader constantly providing reinforcement and encouragement, is required for the physical training process to be focused for other purposes (such as improved self-concept).

Follow-up training and technical support is needed to provide consistent backing to the fitness leaders.

Organizational Factors

How the organization (school, community agency or government entity) is arranged to provide the fitness program has a bearing on program effectiveness. Four factors can be defined that can maximize the organization’s effectiveness in instituting and managing a program.

- The full benefit of the physical fitness intervention can be achieved if it is integrated within existing services or programs.
- There is a problem of “turf” when linking with community-based services. It is critical to establish relationships so that the program is viewed as an enhancement and not in competition with other programs.
- Program acceptance is based on evaluation results. Most programs serving at-risk youth have little, if any, evaluation data to assess its effect. Evaluation provides credibility for maintaining a program.
- To be accepted and funded, physical fitness programs have to be promoted in such a way that they are seen as helpful tools for dealing with community concerns such as substance abuse. Unfortunately, physical fitness as a theme does not get a supportive response by itself.

Program Delivery Factors

The following factors have emerged as being important factors when addressing the actual design and delivery of a structured physical training program.

- The program must have a variety of activities, including special events to keep the youth interested.
- A well-planned curriculum is necessary to ensure systematic, as opposed to random, learning.
- For individuals with low self-esteem, even small improvements can mean significant changes in how they view themselves. The physical activity needs to be structured to ensure successive and incremental gains in performance. In other words, success experiences need to be built in.
- Group continuous, rhythmical exercise with nonstop movement increases participation and involvement.
• Structured exercise class elements should contain aerobic elements, nonstop movement activities, strength elements such as weight training or calisthenics, and stretching elements to increase flexibility.
• If the physical training activity can be transferred to other activities, such as sports and structured recreation, the probability of fitness maintenance is maximized.
• Physical fitness can be viewed as a skill in that assessment, goal-setting, and planning can be taught through teaching how to design a personal fitness program.
• Educational content needs to be taught in the context of physical activity. To maintain involvement, 85% of the time should be spent in exercise.
• Sit down and traditional educational activities should not last more than 10 minutes. Content should contain a “do step” where participants have to perform some act to reflect what is being taught.
• In many settings, transportation must be provided.
• Safety must always be a concern, especially in the inner city. The times that a program is delivered and the physical location of the program must reflect a safe environment.

Structuring the Program to Make a “Real” Difference

The structure of most physical fitness programs is somewhat generic with activities directed toward actually increasing fitness levels or for teaching fitness concepts and personal life-style habits. Fitness program structures of that type work well to meet physical fitness development objectives. The thrust of this article, however, has been on using physical training as a vehicle to teach other behaviors, such as life skills, and meet other objectives, such as reduce problem behaviors for at-risk youth. Assuming that the exercise experience will have an effect on meeting those other objectives by “osmosis” is a fallacy. Adoption of specific behavioral change requires planning.

Beyond the “programming” factors that have been described, which can set the stage for an effective program, there are those elements of a physical fitness program that can be structured to use the exercise process to teach other desired behavior. An overall concept that can be used to describe these “other” behaviors is values. A value can be described as a “principle” or belief in a trait that is important. That “trait” is an underlying factor that provides a consistent direction for behavior. The only way that a value can be defined is in terms of the behavior one emits as representative of that underlying value.

There are a variety of values that could be defined by associated behaviors that are worthy of the focus of a physical fitness program. Value behavior deficits can often be viewed as major causes of health-compromising behaviors. As such, teaching appropriate value behaviors becomes a major objective for the program structure.

The lack of self-discipline, responsibility, and respect are three values which are commonly held deficits in at-risk youth. Fitness leaders who deliver fitness programs to at-risk youth have provided examples of the behaviors representative of these values.
• Lack of self-discipline—The inability to provide self-directed and planned effort toward reaching a goal.
• Lack of responsibility—The inability to meet obligations and follow rules.
• Lack of respect—The inability to show respect for oneself and for others.

Concentrating on these three values does not mean that other values are not important or should not be emphasized or reinforced. These three values just provide an example on how a focused value-development effort can be applied.

The lack of behaviors representative of those three values is the major source for many class management problems. The most often asked questions in fitness leader training courses pertain to maintenance of control of “uncontrollable youth” and motivation. Control and motivation can be maintained by a focus on values from the very beginning of the program. The basic design for teaching values should not be one of a formal teaching module on the three values, but rather one of integrating a values theme into all existing program activities. The values theme can become the process for establishing and maintaining class motivation and control throughout a program.

There are five major program activities that can be structured to teach values through the physical training process:

• Initial participant orientation
• Participant incentives
• Physical exercise activities
• Fitness educational sessions
• Interactions with participants

These activities will be described in the following section.

Initial Participant Orientation

The first meeting with participants sets the stage for what will occur throughout the program. That meeting provides the first opportunity to define the expectations and responsibilities for participants. The following orientation areas, if covered initially, have been found to get participants thinking about value behaviors.

• Overview the objectives and process for the physical training program.
• Discuss behaviors that are examples of values as they relate to participating in the physical training.
• Provide concrete and specific “dos and don’ts” for program participation.
• Specify the positive and negative consequences for meeting the “dos and don’ts” expectations.
• A behavioral contract can be employed to operationalize the expectations. It should be signed by both the youth and the parent. This forces an act of commitment.

Participant Incentives

Incentives can be used as a major vehicle toward developing individual responsibility for behavior. The incentive system needs to be designed around
participants practicing value behaviors. Both individual and group incentives can be used to motivate youth to practice not only the exercise habits, but values-based habits as well. While there are a variety of potential incentives and incentive plans, some basic elements that have been shown to alter value behavior in past programs are as follows:

- Incentives should be focused toward activity participation as well as fitness achievement.
- The requirements for incentives should be based on expected behaviors that include exercise and values behavior. In other words, if a youth meets the fitness test standard to get an incentive but does not demonstrate respectful behavior, he or she does not get the incentive.
- Requirements should be specific, measurable, and consistent.
- The incentives should be items that are rewarding to the youth.

**Physical Exercise Activities**

There are several strategies that can be employed during structured exercise classes which can serve the purpose of teaching values.

- A standard class structure and process should be established so the youth get used to a structure and they know what is expected.
- The exercise class could be broken down into squads or teams with team leaders or captains to offer the opportunity for teamwork and leadership experiences.
- Homework assignments can be given at the end of the class. A homework assignment chart can be posted that they have to check off at the beginning of the next class period.
- Decision-making opportunities can be provided, but only if the group has demonstrated expected behavior. The group can select an activity for a day or the group could “create” an activity with leadership assignments.
- During exercise, immediate feedback for “doing it right and doing it wrong” should be provided. A behavioral contract can be used as a reference point for clarifying expected behavior during exercise.
- Seek opportunities to reinforce youth’s behavior while in an exercise class that is reflective of the desired values such as following directions in class, controlling emotions, and encouraging fellow participants.

**Educational Activities**

The educational components of a physical fitness program also are opportunities to focus a values theme. Certain content areas can lend themselves to “highlighting” certain value behavior. Examples of those teaching areas are as follows:

- Fitness testing and assessment can be used to focus on self-awareness, self-discipline, and self-respect.
- Fitness goal-setting can be used to focus responsibility and self-discipline values. In discussing the goal-setting process, a theme of responsibility can be presented as an element of setting a goal.
• Exercise prescription and planning can be used to focus the self-discipline value. A discussion theme can be presented on how self-discipline is required to follow the exercise plans to, in turn, reach a goal.

**Interactions With Participants**

The daily interactions with participants offer many opportunities to focus on and discuss values. Some guidelines for those interactions are as follows:

• Focus interactions with praise on positive behavior representative of practicing the values.
• Focus interactions on negative behavior representative of a lack of practicing the values. Confront negative behavior in terms of not meeting the obligations the individual agreed to in the beginning.
• There should be ample time allowed for discussion during the course of the physical training program. The discussion time period should be very informal and can be implemented any time the discussion appears appropriate.
• The goal of discussion is to provide for a time period in each class meeting to discuss with the youth what they are learning, what happens when value behavior is practiced or not practiced, and what the implications are for having a healthy life-style. That, in turn, can be focused on applying values and avoiding unhealthy behavior such as using drugs.

To change exercise behavior, other behaviors must also be changed with at-risk youth. Value behavior, life skills, following rules and regulations are all associated with a total behavioral life-style. That is, a life-style that is conducive to health enhancement. Achieving that healthy life-style is the overriding objective of the physical training program.

**Conclusion**

Most people will accept that at-risk youth need physical fitness programs and getting such youth to participate in exercise is of value. Just providing an open facility, or throwing out a ball, or having a curriculum, however, will not meet the needs for these youth. What must be emphasized is the necessity of designing and working to make a physical fitness program intervention work for meeting the needs of at-risk youth. Toward that end, the following conclusions are made:

• A physical fitness program can be a valuable intervention that can help youth develop responsible behavior and be better able to choose a health-enhancing as opposed to a health-compromising life-style.
• When providing a physical fitness program, you will have to deal with participant cognitive, emotional, and behavioral deficits as well as their physical capabilities.
• To accomplish physical fitness or health objectives, the behavioral deficits will have to be addressed.
• To accomplish fitness, behavioral, life skills or value development objectives requires a well-structured, designed, and organized program.
To provide an effective physical fitness program with at-risk youth requires an exercise leader who leads exercise enthusiastically and "who walks the talk."

There is a final conclusion and it is a rather simple one. What has been presented in this article represents the experience of designing and delivering physical training programs for at-risk youth. Yet, those youth, at one level, have the same needs and developmental deficits to overcome as all youth. We can learn from the extreme situation what may be necessary to provide effective physical fitness programs for all youth. The principles are generalizable.

References


