

## Effects of a Peer Gatekeeper Training Program in Female High School Students

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### Abstract

*This study aimed to investigate the effects of a peer gatekeeper training program on existential spiritual well-being, interpersonal relationships, depression, and suicidal ideation in female high school students. Participant pool included forty-four female high school students. The study was conducted over a period of three months. To test the effects of the peer gatekeeper training program, participants were divided into two groups, an experimental group (N=22) and a control group (N=22). The program was only conducted with the experimental group, but the survey was administered to both groups. Data were analyzed on SPSS/WIN 22.0 using a chi-squared test, t-test, Fisher's exact test, and ANCOVA. Existential spiritual well-being and interpersonal relationships were significantly higher in the experimental group ( $F=14.43$ ,  $p<.001$ ,  $F=17.60$ ,  $p<.001$  respectively) and depression were significantly lower ( $F=4.31$ ,  $p=.010$ ) as compared with the control group. Findings from this study indicate that peer gatekeeper training programs can be utilized for female high school students and effectively improve their existential spiritual well-being and interpersonal relationships while lowering depression.*

**Keywords:** Adolescence, Depression, Interpersonal Relations, Spirituality

### 1. Introduction

High school students are late in the adolescent stage of the life cycle, during which physical maturation occurs rapidly. However, this is also the stage when individuals experience identity crises [1]. Furthermore, high school students who study humanities tend to evaluate themselves largely based upon their academic performance as they prepare to apply to colleges. This can lead to the experience of negative emotions such as inferiority, anxiety, anger, and depression [2]. Female students tend to experience more embarrassment, nervousness, and fear than male students when they are stressed [3]. According to previous studies, the stress recognition rate for male students is 34%, while the rate for female students is 49%. Additionally, only 25% of male students experience depression, while 37% of female students experience depression [4].

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Adolescents with depression not only have lower levels of concentration and academic problems, but also become discouraged very easily [5]. Depressed adolescents also tend to have very passive social interactions and cannot receive appropriate social support. It follows that these adolescents feel more lonely and discouraged, have lower self-confidence levels, and are at high risk of developing suicidal ideation [3]. Amongst students of all ages, female high school students have the second highest rate of suicidal

ideation (32.5%), behind female middle school students. This was about 2 times higher than the rate for male high school students [1]. Depression and suicidal ideation do not always lead to suicide attempts, but these variables are important predictive indicators of later suicidal acts.

Spiritual well-being is a strong variable that can protect adolescents from suicidal thoughts[5]. Distinct from religiosity, existential spiritual well-being(ESWB) is defined by the experience of positive emotions related to meaning of life, degree of satisfaction with life, and life direction [6]. ESWB enhances an individual's positive thoughts, improves internal defenses, and helps one have amore positive social relationships; ESWB also has a strong negative correlation with response to stress, despair, depression, suicide, and personality disorders [6,7]. Additionally, ESWB greatly impacts interpersonal relationships, especially during adolescence. As a result, adolescents who have strong interpersonal relationships receive support from others and are more capable of overcoming life obstacles resulting in significantly lower risk of completed suicide [3]. Unlike male students, female students highly value intimacy. Therefore, female students tend to be more vulnerable to depression and suicidal ideation than male students, when they experience interpersonal conflicts with their family members, friends, or significant others [8]. Research conducted by Woo et al. [9] showed that the correlation between stress level amongst peers and depression/suicidal thoughts was stronger for female than male students.

Previous studies on adolescent suicide mainly focused on other factors relevant to suicide, including self-esteem, spirituality, social support, interpersonal relationships, communication, stress, and depression [1,7,8]. Few studies on programs that alleviate such issues were found.

Schools are ideal locations to prevent students from committing suicide due to the availability of time and space. However, most high schools do not consider psychological health of students as being a top priority because the school environment focuses heavily on excellent academic performance and competition [10]. Most school-based suicide prevention programs tended to be temporary measures that included simple education on respecting life.

This study conducted a peer gatekeeper training program(PGTP), which is a group counseling program focused on identifying female students' strong traits and alleviation of conflicts between female students. This study examined the effects of ESWB, interpersonal relationships, depression, and suicidal ideation on female high school students and provides recommendations for future adolescent suicide prevention programs

### **1.1. Purpose**

The purpose of this study was to determine the effects of ESWB, interpersonal relationships, depression, and suicidal ideation on female high school students through participation in a PGTP

## **2. Methods**

### **2.1. Study Design**

A non-equivalent control group pretest-posttest design was used to determine the effects of a PGTP on female high school students, in the following domains ESWB, interpersonal relationships, depression, and suicidal ideation.

### **2.2. Participants**

Eligible participants were interviewed and consented to participate in the study. The participant pool consisted of female high school students in S female high school located

in D city. A total of 46 participants were recruited in two ways. First, we identified students who were classified as needing attention through results of the Adolescent Mental Problem Questionnaire-II (AMPQ-II) and who were registered in the school counseling system. Students who met eligibility requirements were recruited through several methods (e.g., at large, posters, or via school counselors). The sample size required for ANCOVA using a one-sided significance level ( $\alpha$ ) of .05, .80 statistical power ( $1 - \beta$ ), and an effect size ( $d$ ) of .80 was calculated using G\*Power 3.1. Results indicated that 42 subjects (21 subjects in each group) were needed for this study. Therefore, 23 students were recruited for each sample group, totaling 46 participants to account for dropouts. One participant was excluded from the experimental group because of classes and a second excluded from the control group due to illness. The final participant count was 22 students in the experimental group and 22 students in the control group.

### 2.3. Assessments

**2.3.1 Existential Spiritual Well-being (ESWB):** To measure ESWB, Paloutzian and Ellison's spiritual well-being scale was used [6]. Park and You previously validated this scale in Korea [11]. The scale consists of 20-items evaluating two dimensions of spiritual well-being: religious spiritual well-being and existential spiritual well-being. Ten items specifically measuring existential spiritual well-being were identified and used for this study. Each item was rated on a 6-point Likert scale. Consequently the possible score range was 6 to 60 points. Higher scores indicate higher existential spiritual well-being. Cronbach's alpha reliability coefficient was .87, the same as found by Park and You [11].

**2.3.2. Interpersonal Relationships:** To measure interpersonal relationships, the Relationship Change Scale as modified by Moon was used [12]. The scale consisted of a total of 25 questions. Each question was rated on a 5-point Likert scale and the possible scores ranged from 25 to 125 points. The higher the score, the better an individual's interpersonal relationships. Cronbach's alpha reliability coefficient was .91 in this study, higher than the .88 reported by Moon [12].

**2.3.3. Depression:** To measure depression, the Korean version of the Center for Epidemiological Studies-Depression scale (CES-D) [13] based on the earlier version by Radloff [14] was used. It measures the frequency of common depressive symptoms over the course of the week prior to administration. The inventory comprised 7 items on depressive emotions and 4 on positive emotions. Two other items focus on interpersonal relationships and another 7 cover physical symptoms. The questions are measured using a 4-point Likert scale. Each item was scored between 0 (rarely or none of the time, less than one day) and 3 (all of the time, 5-7 days). Scores on negative emotion items were reverse-coded in calculations of total score, which range from 0 to 60. Higher values indicate higher depressive symptomology. Internal consistency and reliability were strong in this study (Cronbach's  $\alpha = .89$ ).

**2.3.4. Suicidal Ideation:** Five questions were used to construct the suicidal ideation scale. Scale items were drawn in part from the Suicide Probability Scale (SPS) developed by Cull and Gill [15] and validated in Korea by Kye [16]. This scale contains 31 items across 4 subscales (negative self-evaluation, hostility, hopelessness, & suicidal ideation). Each item was rated on a 5-point Likert scale. Consequently, the mean scores range between 5 and 25. Higher scores indicate higher suicidal ideation. Cronbach's alpha reliability coefficient was 0.94 in the current study, higher than the .73 measured in the study by Kye [16].

## **2.4 Peer Gatekeeper Training Program (PGTP)**

A suicide prevention program developed by researchers in 2011 and supported by the office of education in D city was based upon this PGTP. Researchers on this study are experts in the field of suicide prevention, with past experience in the scientific aspects and clinical practice of suicide prevention. PGTP was modified and extended to 10 sessions in order to expand focus on improving interpersonal relationships. Participants were asked to attend a total of 10 program sessions, twice a week, for 50 minutes each session.

Topics and key activities for each session included (a) session 1: general overview of the PGTP, establishment of program rules, and encouraging interaction between participants; (b) sessions 2 to 5: focus on participants realizing the value of their existence, as well as the life surrounding them ("We're precious"); (c) sessions 6 and 7: identifying reasons why the students were exhausted, teaching those students a healthy perspective on suicide, and identifying signs of suicidality in friends ("Why do we struggle in life?"); and (d) sessions 8 to 10: how to help friends who show signs of suicide and how to become a peer gatekeeper for themselves ("We are peer gatekeeper"). The interventions are listed in more detail in Table 1.

## **2.5. Ethics Approval**

The Institutional Review Board at the B national hospital in Korea approved the study protocol (IRB 3-010). We explained the purpose and intent of the study prior to the baseline survey and ensured that it was understood by the students to comply with ethical guidelines. Participants signed research agreement and informed consent documents. In addition, we obtained permission from the principal of S high school and school counselors.

## **2.6. Data Collection**

Data were collected from September 2, 2013 through November 5, 2013. First, we visited S high school to explain the purpose of the study and the training programs to students to, determine if they were willing to cooperate. All students classified as needing attention based upon AMPQ-II results were first invited to participate in this study through a phone call from a school counselor. Another method of recruiting participants was by way of a poster stating, "I'm a gatekeeper for S female high school" which was displayed in hallways and classrooms with program information, such as e-mail addresses and telephone numbers. Registered participants were then randomly assigned into the experimental or control group, using a coin toss. Data were collected through measurements completed in the first and last sessions of the program, at the remote library away from the classrooms. Two research assistants were aware of the purpose of the research and were selected from a graduate program in nursing. The research assistants were trained on the methods and procedures for collecting data. After the post-survey was given to the control group, all participants in the control group were provided with the booklet containing the PGTP, which was developed for this study to comply with ethical rules.

## **2.7. Statistical Analyses**

Data were analyzed with SPSS software (version 22; IBM Corporation: Armonk, NY, USA). Descriptive statistics (frequencies, percentages, means, and standard deviations) were run for the general characteristics. Bivariate group comparisons were performed using chi-squared tests, Fisher's exact tests, and t-tests for general sample characteristics and dependent variables. To determine the effects of PGTP, differences in the ESWB, interpersonal relationships, depression, and suicidal ideation levels were analyzed using an ANCOVA.

**Table 1. Contents of Peer Gatekeeper Training Program (PGTP)**

Themes	Session	Contents	Time (Minutes)
Orientation	1	. Pre-test . General overview of the program . Establishment of program rules . Complimentone another to loosen the tension	50
	2	. Watching video: Precious for life . Life disregarding photos . Learning about my level of respect . Learning about respect of life behaviors	50
We're precious	3	. Knowing people who love themselves (Watching video: Rena Maria, Nick Vujicic) . Self-esteem test . 'I really want to hear this kind of compliment' (Speaking of raising the sense of self-respect) . Clap exercise for improving self-esteem . MBTI test	50
	4	. Who am I? . Finding my strengths by the MBTI	50
	5	. Who are you? . Finding my friend's strengths by the MBTI . Knowing the differences between you and I	50
Why do we struggle in life?	6	. Now our state is...(Understanding negative emotions) . When do I want to die (Case video: Eun-Ji's story) . Golden bell challenge (O, X quiz about suicidal ideation)	50
	7	. Sensing clues of other's suicide ideation (Case video: Eun-Ji is in danger) . Bingo game (Finding suicide clues) . Suicidal signs that need to be handled right away	50
We're peer gatekeepers	8	. Importance of interest in other people (Watching video: The interest) . Helping my friend I: A wrong way of helping a friend (Case video: Hyun-Jung is in danger) . Knowing the 5 steps to help a friend . Helping my friend II: A right way of helping a friend (Case video: Hyun-Jung! Please hold on my hands) . Knowing the hotline of suicide prevention	50
	9	. Role playing: 5 steps to help a friend . Coping methods for crisis (Empty chair method)	50

- 10 . Sharing present baskets of love  
 (Talk about my friends strengths) 50  
 . Taking pledge to prevent friend's suicidal acts  
 . Award gatekeeper certification & pendant  
 . Post-test

### 3. Results

#### 3.1. General characteristics and homogeneity test between groups

There were no significant differences between the experimental group and the control group for the following general characteristics: birth order, number of close friends, satisfaction with school life, academic achievement, presence of father's occupation, presence of mother's occupation, suicide incidence in the neighborhood. Significant differences did exist in the economic status of two groups before the intervention ( $p < .018$ ) (Table 2).

**Table 2. General Characteristics and Homogeneity Test between Experimental and Control Group**

		(N=44)				
Characteristics	Categories	Exp.(n=22) n(%)	Cont.(n=22) n(%)	Total(n=44) n(%)	$\chi^2$ / Fisher <sup>†</sup>	P
Birth order	1st	11(50.0)	9(40.9)	20(45.5)	.37	.545
	≥2nd	11(50.0)	13(59.1)	24(54.5)		
Number of close friends	1-2 people	10(45.5)	7(31.8)	17(38.6)	.863	.353
	≥3 people	12(54.5)	15(68.2)	27(61.4)		
Satisfaction with school life	Satisfactory	9(40.9)	13(59.1)	22(50.0)	3.40 <sup>†</sup>	.172
	Middle	10(45.5)	9(40.9)	19(43.2)		
	Unsatisfactory	3(13.6)	0(0.0)	3(6.8)		
Academic achievement	High	3(13.6)	6(27.3)	9(20.5)	4.34 <sup>†</sup>	.101
	Middle	4(18.2)	8(36.4)	12(27.3)		
	Low	15(68.2)	8(36.4)	23(52.3)		
Presence of father's occupation	Yes	21(95.5)	22(100.0)	43(97.7)	-	-
	Not answered	1(4.5)	0(0.0)	1(2.3)		
Presence of mother's occupation	Yes	20(90.9)	22(100.0)	42(95.5)	1.07 <sup>†</sup>	.488
	No	1(4.5)	0(0.0)	1(2.3)		
	Not answered	1(4.5)	0(0.0)	1(2.3)		
Economic status	Lower	6(27.3)	0(0.0)	6(13.6)	7.47 <sup>†</sup>	.018
	Middle	15(68.2)	19(86.4)	34(77.3)		
	Above average	1(4.5)	3(13.6)	4(9.1)		

NeighborhoodSuicide Incidence	Yes	4(18.2)	2(9.1)	6(13.6)	.77 <sup>†</sup>	.664
	No	18(81.8)	20(90.9)	38(86.4)		

Exp.=Experimental group; Cont.=Control group  
†Fisher's exact test

### 3.2.Homogeneity Testing of Dependent Variables

There were no significant differences between the experimental group and the control group in the following homogeneity tests of dependent variables (Table 3).

**Table 3. Homogeneity Testing of Dependent Variables**

Variables	Exp.(n=22)	Cont.(n=22)	t	p
	M±SD	M±SD		
ESWB	39.27±7.67	42.77±5.86	-1.70	.096
Interpersonal relationships	89.41±13.92	92.00±9.87	-0.71	.480
Depression	16.73±13.33	13.00±5.56	1.21	.236
Suicidal ideation	7.50±3.34	6.00±1.75	1.87	.071

Exp.= Experimental group; Con.=Control group

### 3.3. Effects of PGTP

Results of the ANCOVA, with elimination of pretest and economic status, showed a significant difference in mean scores of ESWB, interpersonal relationships, and depression between the two groups after intervention ( $F=14.43, p<.001$ ;  $F=17.60, p<.001$ ;  $F=4.31, p=.010$ , respectively). Meanwhile, with regard to the effect of PGTP on suicidal ideation, the ANCOVA showed no significant difference between the two groups after the intervention (Table 4).

**Table 4. Effects of PGTP**

Variables	Exp.(n=22)	Cont.(n=22)	F	p
	M±SD	M±SD		
ESWB	45.59±7.74	41.73±4.93	14.43	<.001
Interpersonal relationships	94.18±14.74	91.14±10.42	17.60	<.001
Depression	12.14±10.63	11.95±7.69	4.31	.010
Suicidal ideation	6.50±2.13	6.86±2.55	2.59	.066

F value of ANCOVA with pre-test value as covariate  
Exp.= Experimental group; Con.=Control group

## 4. Discussion

This research was conducted to examine the effect of PGTP on ESWB, interpersonal relationships, depression, and suicidal ideation in female high school students. The following are the results of this research.

The ESWB scores of the experimental group that participated in PGTP were significantly higher than the scores of the control group. This result is similar to the results of research conducted by Go, who asserted that adolescents' spirituality increased after applying spirituality improvement programs over 8 different cycles [17]. Go helped adolescents to find their purpose in life by encouraging them to discover their own internal resources [17]. Go also found that making participants share positive feedback about each other helped to improve participants' spirituality [17]. ESWB not only helps one realize one's relationship with others, but also helps one to understand the value of all living things including others, animals, and plants; ESWB also helps one realize how to have a harmonious life with all living things[6]. This research used Meyers-Briggs Type Indicator (MBTI) to help individuals discover their value and strengths based upon their unique personalities. Participants also clapped repeatedly during every cycle in order to enhance their self-esteem. They watched videos about the importance of life, learned about the types and levels of life respect, and participated in activities that helped them take action to better respect life. Such activities were designed to help improve participants' self-esteem levels and give them hope for the future [18].

The interpersonal relationship scores of the experimental group that participated in the PGTP were significantly higher than the scores of the control group. This result corresponded with the results of a study conducted by Shin and Kim, which showed the same effect on self-esteem levels, friendships, and suicide risks among male high school students who participated in the PGTP [10]. In this research, participants were aware of their own and others' behavioral characteristics and differences. In addition, this research helped individuals understand that while everyone recognizes the same situation, individuals make decisions very differently. In other words, this research educated them that everyone is different and that, instead of avoiding others who are different, we need to understand and adjust our own actions after accepting our differences. This result was the same as the results of previous research that showed how MBTI group programs improved the interpersonal relationships of participants [19].

The depression scores of the experimental group that participated in PGTP were significantly lower than the scores of the control group. This result was the same as the results of research conducted by Kwak and Jung, who created a program to mediate depression in female high school students based upon cognitive behavioral therapy [20]. Depression is a learned response and people become depressed when they lack positive enhancement and have increased negative experiences. Depressed people tend to evaluate situations more negatively when they experience negative events [13]. Therefore, it is important to decrease negativity recognition by increasing positive enhancement experiences to reduce depression. In this research, participants discovered their value and strengths using MBTI and sent complimentary apple baskets to one another. Based on the results of previous studies, which showed that adolescents with higher levels of depression tended to react negatively [21, 22], participants were trained to respond more positively; examples of this training included sharing their own methods for overcoming crises and dealing with emergencies using the empty chair method.

The experimental group that participated in PGTP did not have any significant difference in suicidal ideation as compared with the control group. This result was completely different from the result of research conducted by Shin and Kim, which implemented depression and suicide prevention programs with male high school students [10]. The suicidal ideation score of the experimental group was 7.5 on average, while the score of the control group was 6.0 on average. This was comparable to 7.4, which was the



average suicidal ideation score of female high school students (grades 10–11) [23]. The participants in this research consisted of focus groups and regular cognitive behavioral treatment groups. Furthermore, all participants had more than one best friend, so they were considered to be socially supported. Additionally, more than 86% of these students were satisfied with their school lives. These seem to be the main reasons for low suicidal ideation levels of the participants in that sample. As a result, the mediation effect of this program was not completely reflected. Therefore, to prove the effect of PGTP, a repeated study must be conducted on high-risk groups with high suicidal ideation scores.

In this research, PGTP was proven to increase ESWB, improve interpersonal relationships, and reduce depression. This program will contribute to enhancing the mental health of adolescents in the local community into the future.

## 5. Conclusion

Results of this study revealed no differences between the two groups in terms of ESWB, interpersonal relationships, and depression before the intervention but a statistical difference following participation. PTGP, in this study, contained a variety of activities including MBTI, which is a differentiated intervention approach as compared with previous studies.

In light of these findings, it is argued that application of PGTP among female high school students not only improved their ESWB and interpersonal relationships, but also reduced depression. Furthermore, these findings provide baseline data for developing nursing interventions to improve protective factors against suicidal ideation in adolescents within local communities.

On the basis of research findings, the following issues are suggested. First, a repeat study is recommended to verify the continuity of effects of PTGP on protective factors against suicidal ideation in female high school students. Second, with regard to the effects of PGTP on suicidal ideation, future studies on depressed students or students prone to suicidal ideation are suggested.

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