# The Pathways to Resilience Project

Resilience Research Centre
Dalhousie University

Pathways to Resilience
Summary Report, March 2014

## INTRODUCTION

The Pathways to Resilience Project is a research study led by Dr. Michael Ungar and Dr. Linda Liebenberg at the Resilience Research Centre (RRC) at Dalhousie University. Its purpose is to better understand how youth negotiate for, and navigate towards, individual, family, and community resources and supports that make it possible for them to do well when facing adversity. These resources and supports of resilience include internal and external assets, such as personal strengths, secure attachments to caregivers, sense of belonging to their communities, adequate housing and educational opportunities. This study is taking place in Atlantic Canada, with sites in Nova Scotia and Labrador, as well as internationally, with sites in China, South Africa, New Zealand and Colombia.

## PROCEDURE

A researcher administered the Pathways to Resilience Youth Measure (PRYM) to each youth participant. The questionnaire was typically administered one-on-one, took 50 minutes to complete, and was read aloud. The PRYM explores aspects of resilience and risks, as well as service-use history and service-use satisfaction. It includes validated scales of risk and resilience that allow us to reliably establish profiles of the youth in the study. Specifically, the PRYM[1] measures:

- An overall resilience score, known as the Child and Youth Resilience Measure (CYRM). This provides information regarding:
  - Individual resources, including personal skills, peer support and social skills (Individual subscale)
  - Relationships with parents or primary caregivers, including physical and psychological caregiving (Primary Caregivers Relationship subscale)
  - Contextual resources that facilitate connection to culture, education and spirituality (Context/Sense of Belonging subscale)
- Engagement in pro-social behaviour (SDQ Pro-social)
- School engagement
- Capacity to establish age-appropriate relationships (SDQ Peer problems)
- Shortness of temper and inclination for aggressive and violent responses

1 For more detailed information on the measures contained in the PRYM see appendix A

(SDQ Conduct problems)

- Risk of depression (CES-D-12-NLSCY Depression Scale)
- Engagement in substance abuse (4HSQ Risk)
- Engagement in crime and aggressive behaviour (4HSQ Delinquency)
- Sense of community danger (Community Risk)

*2439 Youth completed the PRYM over five years.*

The PRYM also describes a young person's service-use history (i.e. what services he or she has used and to what extent). Services reviewed include healthcare, education, Children's Aid Society (CAS), mental health and justice services. The total service-use scores range from 0 to 10 for each service area, with higher scores indicating higher lifetime use of services. As with the risk measures in the study, a total service-use score is also calculated. The PRYM also measures service-use experience by assessing the extent to which youth experience one or two key service providers as respectful, empowering and relevant.

A subsample of youth who completed the PRYM also participated in individual qualitative interviews and allowed researchers to review their service files. These provide further insight concerning how decisions were made by the youth or on their behalves.

*A subsample of youth also participated in individual qualitative interviews and allowed researchers to review their service files.*

Service files were reviewed from mental health and justice services, CAS, and one community-based program. This allowed the researchers to gain a fuller view of the youth's service-use history and experiences throughout their lifetimes.

A total of 2439 youth completed the PRYM over the five years (2007-2012) of the Pathways to Resilience study. Of these youth, 266 also completed qualitative interviews, and 48 allowed researchers to view their service files.

This report focuses on data from 1946 youth who completed the PRYM, as well as 150 youth who participated in individual interviews and file reviews of 48 youth.

## MAJOR FINDINGS[2]

The quantitative findings of The Pathways to Resilience study shows four important findings for service providers:

1. Youth facing personal risks (either internal risks such as risk of depression, or external acting out behaviours) are more likely to receive services than youth facing risks in their contexts.

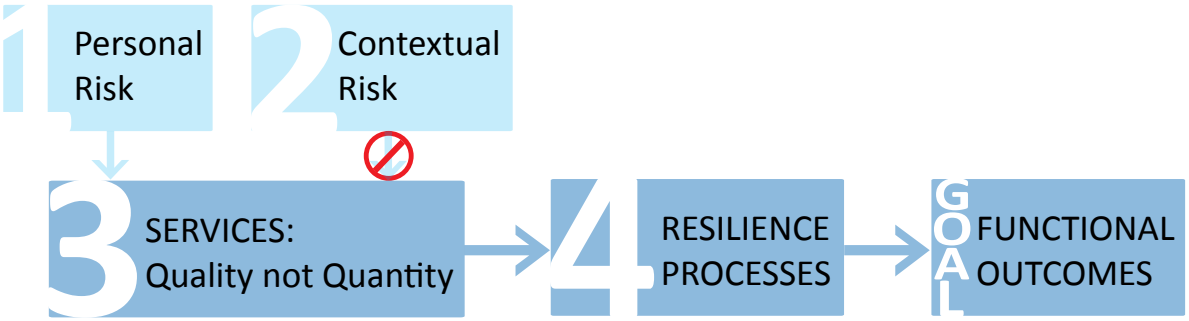
2. The quantity of service provision does not lead to improved functional outcomes (such as engagement in school and pro-social behaviour).

2 For more detail on these findings, see Ungar, M., Liebenberg, L., Armstrong, M., Dudding, P., and Van de Vijver, F., (2013). Patterns of Psychosocial Service Use: Individual and Contextual Risk factors, and Resilience among Adolescents Using Multiple Services. Child Abuse and Neglect, 37, 150-159. DOI: 10.1016/j.chiabu.2012.05.007

3. Respectful, empowering and relevant service provision increases resilience.

4. Increased resilience processes (facilitated by effective service provision) improve functional outcomes for youth.

Figure 1. The Relationship Between Risk, Resilience and Functional Outcomes




These four key findings are discussed in more detail below.

### 1. Display of personal risks leads to service provision

*Personal risks include behaviour such as: acting out in school or in their community, using drugs and/or alcohol, getting in trouble with the law, or showing signs of a mental health concern*

Findings from the quantitative data show that youth who demonstrate higher levels of personal risk are more likely to receive services and supports. These risks include acting out in school or in their community, using drugs and/or alcohol, getting in trouble with the law, or showing signs of a mental health concern.

This finding is reflected in the interview data. For example, some youth discussed how their behaviours resulted in increased services with the justice system.

> **Y:** But in [name of group home], I got like charged a lot.
> **I:** Why do you think [the group home] was different, that you got charged more?
> **Y:** Cause people steal my stuff and I don't steal it back, I just get mad. When I get mad, I get physical. (Female, 18, Community)

Results suggest that when parents, social workers or staff did not know how to deal with a youth's behaviours, they would ordinarily call the police to assist. The police then became a link to services.

> **I:** Why would the cops take you to [the inpatient youth mental health program]?
> **Y:** Because I was freaking at my Mom. I was being a threat to her and to other people and I hadn't done anything criminal. I was too young to be charged so the cops had no right to hold me. But they could admit me to

some sort of health care system thing. (Male, 14, Justice)

For youth who are with the CAS, showing extreme signs of personal risk often resulted in a change in placement or a referral from their social worker to a new program. These three youth explained how their behaviours led to a new placement or program.

> **I:** What led you to go from [the group home] to [the secure treatment facility]?
> **Y:** When you don't follow your group home placement rules, and you - when you get caught with cigarettes, or get caught with lighters, or when you act out, you're a threat to yourself, threat to others, and you have three of these then you go to [the secure treatment facility]. And I was a threat to myself, that's one, a threat to others, and drug abuse, because I was smoking tobacco and weed when I was too young to buy cigarettes, and weed's illegal if you don't have a prescription. So they called my - my social worker put in a thing, and I went to [the secure treatment facility]. (Male, 14, Justice)

> **Y:** And I just flipped out and started to hit…chucking weapons at them and stuff.
> **I:** So what happened as a result of that?
> **Y:** Well, I ended up going to [the secure treatment facility], which is a place you don't want to be. (Male, 16, CAS)

> **I:** Do you remember why your social worker sent you to [the mental health day treatment program]?
> **Y:** She thought I had an anger issue. (Female, 18, Community)

*Perhaps obscured in the survey data is that youth who experienced low self-esteem, depression, anxiety or hid their self-harm felt that they did not receive services.*

What is apparent from the qualitative interview data that is perhaps obscured in the survey data is that youth who experienced low self-esteem, depression, anxiety or hid their self-harm felt that they did not receive services as a result of these personal risks. Their stories of receiving services show that action was not taken until they asked for help either intentionally/directly or unintentionally/indirectly (for example, through suicide attempts or angry outbursts).

This 15-year-old female recognized that the only way to be heard or acknowledged was to act out:

> **Y:** The only time they listen is when I'm getting into trouble.
> **I:** So you think that's the only way to be heard is to get into trouble?
> **Y:** Yeah. But really there's no point for me to get in trouble cause it looks like I'm only looking for attention. I'm not. (Female, 15, Education)

File review data also supports the finding that youth who experience increased personal risks receive services. Files note that when youth showed signs of

*When youth showed signs of externalized risks (such as rule-breaking, violence or drug and alcohol use), they were referred to services in an attempt to help the young person.*

externalized risks (such as rule-breaking, violence or drug and alcohol use), they were referred to services in an attempt to help the young person. For example, a social worker referred a 15-year-old male to anger management because the youth had a "very quick temper, foul language, raise[d] his voice, verbally aggressive and disruptive."

Similarly, when staff were aware that youth were experiencing an internalized risk, such as depression or anxiety, steps were taken to provide youth with appropriate supports. For example, when a 15-year-old female ingested 53 birth control pills and said "I want to die - oh my God!," she was taken to the hospital and then referred to a therapist where she received support for depression and anxiety.

### 2. Contextual risk does not lead to service provision

Youth responses from the quantitative measure also show that youth who experience risks in their environment are less likely to access or receive services. In other words, youth who live in unsafe communities or do not have appropriate supports at home or in their communities are less likely to receive services and supports than those who show personal risks. This finding is evident from a 15-year-old female who reflected on the lack of supports she received in her childhood when faced with the responsibility to act as the primary caregiver to her younger siblings:

*Youth who live in unsafe communities or do not have appropriate supports at home or in their communities are less likely to receive services and supports than those who show personal risks.*

> **Y:** I'd go to school wearing the same clothes I wore yesterday and the day before that and people would be calling me a grease ball and scum ball and I'd just look at them and be like, 'Okay, what's your problem, like you have no clue what I'm going through at home, so shut your mouth.' … I was a child myself, raising two kids because I had no choice. I wasn't letting their life go down the drain like mine was. If my mom was home shooting up, I'd take them out to the park so that they would not see that. If my mom was hitting me, I'd make sure my brothers weren't seeing it. I'd get one of my friends to take them out or something like, my brothers seen nothing and I always made sure of it. (Female, 15, CAS)

Another youth commented that, although a social worker was called in when his home life became bad enough, the outcome was not what he wanted:

> **Y:** She [school guidance counselor] got the social worker called into the home, and she [the social worker] did not listen to me. She thought everything had stopped. She didn't believe me. Like my parents painted this big picture like they were all perfect. She didn't listen to me. She was supposed to do an investigation not just, you know, look in a window like that.
> **I:** Right. How do you think your life would have been different if they would have put you in care?
> **Y:** Probably wouldn't have ended up in jail. (Male, 18, Community)

*Contextual risks were usually only addressed in cases where youth were already receiving supports for personal risks.*

The file reviews show that, although contextual risks were addressed, they were usually only addressed in cases where youth were already receiving supports for personal risks. In the course of service provision, staff became aware of contextual risks youth faced and addressed them in conjunction with the personal risks. For example, a youth who was heavily involved in drugs and alcohol may have had a case plan that also included a change in peer group or environment to help the youth succeed in reducing his or her drug and alcohol use.

Another example is a 15-year old female who had been involved with CAS and mental health services for many years. After an unexpected move from one group home to another, she was referred to a psychologist for an assessment to help the CAS staff support her. The psychologist wrote, "youth is at high-risk for a number of behavioural and emotional problems. The environment and peer influences at the [group home] have contributed to youth's antisocial identity and behaviour pattern – likely to increase if she stays there." This assessment of her environment only occurred in conjunction with the personal risks she was experiencing.

*The youth explained that more is not better.*

### 3a. More services do not increase functional outcomes

The quantitative data shows that an increased number or intensity of services do not increase a youth's ability to overcome adversity and succeed. In other words, referring youth to increasing number of services, or increasing the number of appointments, do not necessarily improve outcomes for him or her. When supports were not adequately supporting a youth, the natural response was often to refer him or her to many services to help with the multiple risk factors or ask the youth to attend more appointments. The youth explained that more is not better.

Youth often commented that they refused to go to services. They talked about having better things to do and forgetting to attend appointments. This 17-year-old male referred by the justice system commented on the number of programs his probation officer attempted to get him involved with:

> **Y:** She put me in all kinds of programs, but I never went to them.
> **I:** How come?
> **Y:** Couldn't be bothered.
> **I:** No? Not interested?
> **Y:** No.
> **I:** So what happened when you didn't go? Were there any consequences?
> **Y:** Yea, she'd get angry, she'd breach me or whatever.
> **I:** And when you get breached what happens?
> **Y:** You gotta go to court [Youth laughs].
> **I:** Yea? Just a big circle?
> **Y:** Yea. (Male, 17, Justice)

*They have tried many services with none of them meeting their needs.*

This finding is also reflected in the file reviews through non-attendance notes. Social workers, group home staff, probation officers, teachers, and mental health professionals all simply noted in their files that "youth refuses to attend services." There is often no further description or indication why the youth is refusing to attend. In some cases, it appears that youth reached a point where they have had enough. They have tried many services with none of them meeting their needs. For example, when an 18-year-old male with a long history of CAS, mental health, justice and community-based service-use stopped attending all his programs, his social worker noted that he is "refusing to see the psychiatrist, CAS outreach, counseling, and doctor's appointments. He is now banned from many youth services due to substance use, aggression, not following through on appointments. He doesn't want further evaluation or treatment."

### 3b. High-quality services do increase resilience

*When youth experience services as respectful, empowering and relevant to their lives, their resilience processes are likely to increase.*

The data clearly shows that when youth have a positive service-use experience, the resilience processes around them are more likely to increase. Youth themselves, in turn, experience success. The survey data shows that when youth experience services as relevant to their lives and have interactions with service providers and staff that are respectful and empowering, their resilience processes are likely to increase. The qualitative interview data highlights specific skills that youth appreciate and that can help services and service providers become more effective. The following three themes emerged:

#### *i) Give youth a voice*

Both the quantitative and qualitative data indicate that youth need to have a say in how services are provided to them. In other words, they need to have a say in their case plans so that their program is relevant to them, as well as choice in the service options made available to them. Staff can ask youth what their goals are and develop a plan together to help them achieve these goals in a realistic manner considering the resources available. Staff can also ask youth if there are specific programs they want to be involved with in the organization or even outside the organization that staff can help them access. In instances where the service is mandated (for example, probation, correctional placements or placements in care), it is important to review options with the young person, negotiate which options are best for the young person and which can be realistically engaged with. For example, "the court requires that you go to anger management. Would you like to do this now, or wait a few months when you are more settled?" or, "here are a few options that I am aware of that offer anger management. Do you know of any others? Which one do you think is best suited for you?" Similarly, "the court has mandated a curfew for you. Given that you have to work at the corner store you vandalised as part of your probation, is the set curfew time realistic for you given that you are using public transportation to get home?"

*Develop a plan together to help them achieve these goals in a realistic manner considering the resources available.*

Unfortunately, youth in the study did not always feel that they had a voice in the services offered to them or which they were mandated to attend. This often

*When decisions were at odds with the context of the youth, they often tried to exert control over the situation by acting out.*

resulted in negative outcomes, as demonstrated by both the file review data and qualitative interviews. Although not explicitly clear in any one excerpt from the file reviews, when reviewed as a whole, it is clear that youth were not always consulted when decisions were made. When decisions were at odds with the context of the youth, they often tried to exert control over the situation by acting out or displaying rebellious behaviour. This apparent lack of improvement or escalation of what was considered negative behaviour was noted in the youths' files.

Youth also talked about feeling "forced" into programs or services rather than having a say in what services were offered to them.

> **I:** So your therapist, going once a week, was that your choice to go once a week, or was that CAS's?
> **Y:** CAS. I had to or I was going to [the secure treatment facility].
> **I:** Oh ok. Did you ever miss [an appointment]?
> **Y:** Sometimes, that's how I went to [the secure treatment facility]. (Female, 18, Community)

> **I:** So thinking about all the people in your life, your parents, your principals, your mom, [service providers], have they ever gotten together and tried to help you as a group?
> **Y:** They do that, yea.
> **I:** And how is that? Does it make a difference?
> **Y:** They just get together and decide what programs and stuff you need. It's all nonsense. (Male, 17, Justice)

When youth recognized that they did need services, they were only then ready to accept the help. This 18-year-old female recognized that she needed mental health services and was only ready to accept the help when she came to this realization herself.

> **Y:** I called my mother. I was like, 'Mom. I'm checking myself into the mental institution today. I swear to god, I'm going to go crazy.' She said, 'Do you want me to come from the Valley' which is an hour drive from here. She drove an hour, took me to a counselor, I talked to them for like 2 hours about like everything and I was just like, 'Oh my god. What the hell' and then, yeah so I like went to this counselor which was like one of the best things I've ever done in my life. (Female, 18, Community)

*Youth want to understand why rules are in place.*

Giving youth a voice also includes a choice in their behaviours, in particular their behaviours surrounding rules. Youth want to understand why rules are in place. This knowledge allows them to make a more informed decision about whether or not they should obey the rules, based on the objectives of the rules. Youth discussed the importance of staff ultimately allowing them to make their decisions, rather than "forcing" them into certain options. When they were given

this voice, even if they chose not to obey the rules, they were prepared for the consequences and appreciated the opportunity to choose.

> **Y:** Cuz they let you, like, it's more of your own choice, like their tellin' ya, 'you can go do it if you want but you're going to lose these privileges and these privileges, it's like you make your own decisions from here on out.' At the foster home it was like you're either doing that and I'm callin' the cops and you're going to be taken out of my house. It's like, 'ok, well kick me out, I don't care.' (Female, 17, Justice)

*Youth perceived staff flexing the rules as acts of kindness.*

Youth also appreciated when rules were applied with a degree of flexibility. They perceived staff flexing the rules as acts of kindness and spoke of how these little things made a big difference. Youth in residential facilities spoke of the value of being allowed extra time to make a phone call home, having an extra piece of dessert or not having the police called if they were 10 minutes late for curfew. For example, in many residential programs, food is typically only available at meal times. Youth commented on the need for more flexibility in this regard: "when a person's hungry they should give him at least something to eat. And not say; 'No. Wait 'til this time' or whatever. That's what they should change' (Male, 18, Community).

A 15-year-old male involved with CAS commented that staff who bent the rules were easier to get along with:

> **Y:** He was cool as heck, he'd let me sneak food in my room, whenever I wanted. And I'd take like, crackers or something, like these graham crackers they were wicked, and he'd like, let me take a bunch of bars and shit in my room, and I'd hide them. Eat them through the night. (Male, 15, CAS)

He goes on to explain the differences between a staff he does not like and one he does:

> **Y:** The bitchy ones are just like too strict and cool ones let you do more than you are supposed to.
> **I:** Does the cool staff still give you consequences? Or do they not?
> **Y:** They still give you consequences. Jeez, they wouldn't be doing their jobs if they didn't give you consequences.
> **I:** So, what's the difference between like, how come a cool staff can give consequences and it's okay, but a bitchy one can't? It's not okay when they give consequences.
> **Y:** Well, they're doing their job. But I don't know, they're just way too bitchy. Cool staff can be like 'Yeah, don't do it again.' Bitchy staff can be like 'I'm calling the cops!' (Male, 15, CAS)

This flexibility had important consequences for youth. For example, another young man discussed how staff bent the rules for him because he needed

immediate access to an addiction services inpatient service:

> **Y:** I showed up there for intake, they bent the rules for me because I showed up drunk and high and I was supposed to go to detox beforehand and they kind of waived that because they saw, you know, I was there. I'd gotten the courage, courage up enough to submit myself, so I mean like they had to give me something, right. (Male, 19, Community)

*It was confusing and frustrating when one staff was flexible but others were rigid.*

It is also important that there is consistency between staff when being flexible with rules. Youth reported that it was confusing and frustrating when one staff was flexible but others were rigid. Perhaps discussion amongst staff could have alleviated some of these concerns. This female discussed her experience with various staff members with regards to the "no physical contact" and the "no youth in another youth's bedroom" rule:

> **Y:** One staff was like, 'I know you guys are just friends, go ahead hug each other good night, do whatever.' And other staff is all like, 'ah, excuse me, no hugging.' I'm like, 'um, I'm going to do what I want even if it's the rule or not. They're my best friends. I'm hugging them whether you like it or not. I don't care.' And like if I'm having a hard time, Crystal* [friend] is going to be in my room and like some staff been like, 'oh you're not supposed to be in each other's rooms but I don't really care.' And then other staff has just been like, 'whatever. I mean, who cares.' (Female, 18, Community)

File reviews indicate that staff did attempt to flex the rules for youth where appropriate, in an attempt to align service provision with the broader reality of youth's lives. One probation officer wrote that, despite the court order for a youth to attend addiction services, he "didn't send her to [a youth outpatient addiction services program] because she was attending individual therapy."

In other cases, staff met to discuss whether a youth should receive consequences for their behaviours or actions. Since youth were not present in these meetings, they were not aware of when staff decided to make exceptions to rules. For example, a social worker and probation officer discussed whether a 13-year-old female should be breached given her violent outbursts and inappropriate behaviour at the group home. Because this youth had been making progress in her therapy sessions, the social worker and probation officer, "discussed the pros and cons of a breach at this point as to whether it would interrupt her therapy sessions, in particular, the progress being made." They concluded that the probation officer would "make contact with the youth tomorrow with a view to warning her one final and last time before preparing a breach." However, since this youth was not at the meeting, she had no way of knowing how or why this decision was made.

### *ii) Build positive relationships with youth*

Youth also discussed the importance of staff relationships—the need to feel a

*Meaningful connections allowed staff to become a source of trust and support.*

connection with staff. Meaningful connections allowed staff to become a source of trust and support to the young person. It was most often a staff person who "hooked" a youth into a service; youth continued to access a service in order to continue to work with a particular staff member. Without this relationship, youth were less likely to engage with the service.

Youth explained that, in order to build a positive relationship, staff must truly listen to the youth. When youth walked into a service, they wanted to feel like the only person who mattered; they wanted 100 per cent of the staff's attention. This young woman described one staff member:

> **Y:** He was amazing. He actually sat down and gave his time to me and talked to me. You know and help me. Instead of being like, you know, 'I'll be with you in a minute I'll be with you in a minute.' When I came in, I was his first priority. But he made everybody feel like that. So it was even more amazing. (Female, 20, Community)

*Part of truly listening to youth meant helping the youth achieve their goals.*

Youth commented that they knew the difference between a staff who was there to help and one who "just want[ed] a paycheck". Part of truly listening to youth meant helping the youth achieve their goals and explaining the reasoning behind decisions when the staff had particular objectives to achieve (as in mandated services).

> **I:** What other qualities does a good staff have?
> **Y:** They're like easier to talk to and they're, like I don't know, they know, like if you say something and they're like 'no, you're not gonna do that.' Mary's* like 'I'll try to help you out and I'll try to get you to do this and I'll try to get you in that.' So she's more like, she wants me to do good for myself and I want to do good for myself, so she's more than, like's she's helping me to do good for myself. (Female, 19, Justice)

As explained earlier, some organizations mandate that staff and youth work together on already established goals, rather than the youth and staff collaboratively setting goals. Although one 14-year-old female did not want to see a therapist, she decided to give counselling a try because she was able to work with her original worker in a way that was respectful.

> **Y:** Uh no they actually made me go [to see a therapist] and they made me take anger pills. I stopped that a while ago, I told them to take me off because I didn't need them.
> **I:** Yeah. So did you want to go see a therapist when they made you?
> **Y:** Um not really but I started, I started getting like closer to therapist. So I kind of really like him. (Female,14, CAS)

Naturally, not all youth and staff got along with each other. Often, a lack of trust underlies a young person's lack of engagement with service providers. As a social

worker wrote in a 13-year-old's file, "her lack of trust of adults has led her to disrespect authority."

*iii) Respect youth*

*Most youth commented that they were ultimately looking for respect.*

Youth often acknowledged that they made the lives of staff challenging, which could make it difficult for them to respect youth. However, most youth commented that they were ultimately looking for respect. "If you give me respect, I'll give you respect. If you're not going to respect me I ain't going to do shit for ya" (Male, 18, Justice). Some youth acknowledged that they tested staff to give them the opportunity to "prove themselves to me, they need to prove that they actually care before I'll actually, before I'll open up." (Male, 17, Community)

One youth discussed how he gave staff a hard time and tested the boundaries, but after the staff demonstrated their commitment to him, he had a good experience in the program and with staff. He commented:

> **Y:** They helped me like realize like things in my life. Like, not everybody's out there to get me and stuff like that. And not everybody's as bad as they seem. There are really good people out there.
> **I:** Right. And how did they help you come to that realization?
> **Y:** By being like, there for me when I needed them. (Male, 17, Justice)

### 4. Increased resilience processes improve functional outcomes for youth

*Resources both within services and in young peoples contexts could better align with the needs of youth.*

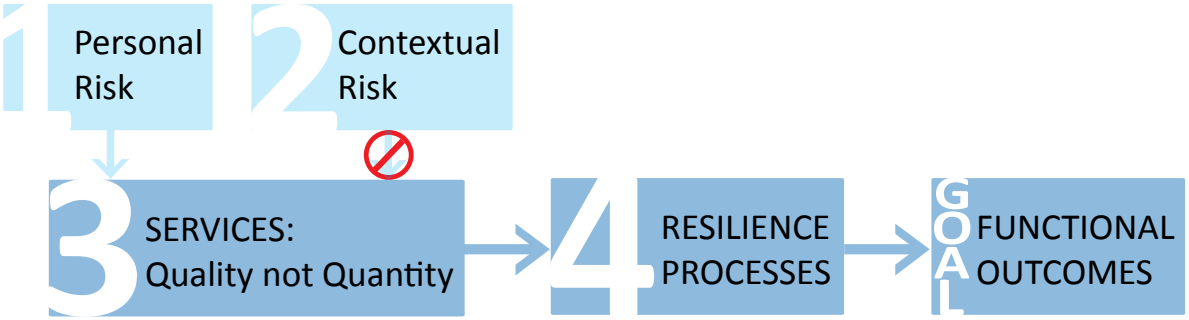
When youth feel services value their opinions, are relevant to their needs, and respect them, they are more likely to experience increased resilience processes. The relationships that staff build with youth are fundamental in effectively engaging youth in service provision and in engaging them in the service in a meaningful way. When this occurs, youth are more likely to succeed in functional outcomes, such as pro-social behaviours and engagement in school.
At the same time, when service providers truly listen to youth and make efforts to understand the context young people are trying to navigate, they better account for these realities in case management plans. These findings suggest that resources both within services and in young people's contexts could better align with the needs of youth. Furthermore, existing personal and contextual strengths can be integrated into service provision, fostering a sense of effectiveness, motivation or perceived agency in youth—that sense of "I did this!" Effectiveness, motivation and contextual supports are key to facilitating continued functional outcomes for youth.

*Effectiveness, motivation and contextual supports are key to facilitating continued functional outcomes for youth.*

## CONCLUSION

The quantitative, qualitative and file review data emphasize that it is the quality, not quantity, of services that make a meaningful difference to youth. Youth require services that are respectful, consultative and focused on relationship-building. These are the services and supports that are most likely to increase reilience processes, which in turn lead to functional outcomes.

Figure 1. The Relationship Between Risk, Resilience and Functional Outcomes



## APPENDIX A: THE MEASURES CONTAINED IN THE PATHWAYS TO RESILIENCE YOUTH MEASURE

The Pathways to Resilience Research Project aims to explore the pathways youth travel that lead to involvement with multiple mandated services such as CAS, mental health, corrections and special educational services and the pathways that protect them from that involvement. It investigates differences in how youth "negotiate" for the social determinants of health (e.g. secure attachments to caregivers, a sense of belonging to their community, personal control, adequate housing and educational opportunities) with their families, community organizations and service delivery systems that provide them support, treatment and care, based on the resilience processes that surround them. The Pathways to Resilience Youth Measure (PRYM) is used to gather quantitative data for the study. The PRYM is in many ways a compilation of other questionnaires. Questions are taken from validated scales of risk and resilience that allow us to reliably establish profiles of the youth in this study. The following scales are included in the PRYM:

- The Child and Youth Resilience Measure (CYRM), a 28-item instrument developed with a purposeful sample of 1451 youth growing up facing diverse types of adversity in 11 countries (Canada, USA, Colombia, China, India, Russia, Palestine, Israel, Tanzania, the Gambia, and South Africa) (Ungar & Liebenberg, 2005; 2011) and validated on a sample of high risk youth from Atlantic Canada (Liebenberg, Ungar & Van de Vijver, 2012). The measure has three subscales: Individual ($\alpha$ = .80), Relational ($\alpha$ = .83), and Contextual ($\alpha$ = .79), each with related sub-clusters of questions that reflect broader resilience components (Liebenberg, Ungar & Van de Vijver, 2012). Items are rated on a 5-point scale from 1=does not describe me at all to 5=describes me a lot. Higher scores indicate higher levels of resilience.

- Strengths and Difficulties Questionnaire (SDQ; $\alpha$ = .80) (Goodman, 1997, 2001) is a brief mental health screening questionnaire, comprising five subscales. We use the Prosocial Scale ($\alpha$ = .66), the Conduct Problems Scale ($\alpha$ = .60) and the Peer Problems Scale ($\alpha$ = .41). We included the Prosocial Scale to test the construct validity of the CYRM while the latter two are included to assess levels of risk. Assessment is made on a 3-point scale from 1=not true to 3=certainly true. This instrument is also being used in the National Health Interview Survey (National Center for Health Statistics, 2003). As Palmieri and Smith (2007) argue, the SDQ's brevity and coverage of strengths and difficulties make it ideal for screening children by level of risk.

- Youth Services Survey (YSS), a descriptive measure, assesses a youth's satisfaction with services as a whole over a specified time period (Hernandez, Gomez, Lipien, Greenbaum, Armstrong, & Gonzalez, 2001; Hernandez, Gomez & Worthington, 2002). The YSS reviews satisfaction

with services using a 5-point scale from 1=strongly disagree to 5=strongly agree. Questions have been adapted into a self-report measure for youth for the purposes of this study.

- National Longitudinal Study of Children and Youth Brief Questionnaire (NLSCY) provides additional items to test the construct validity to the CYRM and to allow for comparison of our youth participants with representative youth in Canada. An adapted list of questions from the fourth and fifth cycles of the National Longitudinal Survey of Children and Youth has been used to obtain descriptive information surrounding peer activity, the nature of parental or guardian/youth relationships, and academic goals.

- A 12-item version of the Centre for Epidemiological Studies Depression Scale, (CES-D-12-NLSCY; $\alpha = .85$), validated for use with the NLSCY (Poulin, Hand, & Boudreau, 2005), is included to measure levels of depression among participants rated on a 4-point scale from 0=Rarely or none of the time to 3=All of the time. This measure compares favourably to other depression measures such as the Beck Depression Inventory (Wilcox, Field, Prodromidis & Scafidi, 1998), and was included largely for its appropriateness to this study: The CES-D-12-NLSCY has been validated for youth in the same Atlantic Canadian provinces as those in which this study is taking place. The instrument's use in the NLSCY (cycles 6 and 7) provides a comparison basis for our own findings.

- Finally, subscales of the 4HSQ, from the 4-H study of Positive Youth Development (Phelps, Balsano, Fay, Peltz, Zimmerman, Lerner & Lerner, 2007; Theokas & Lerner, 2006) have been included to establish levels of delinquency ($\alpha = .73$, rated on a 5-point scale from 1=Never to 5=5 or more times) and risk behaviour, specifically substance use ($\alpha = .86$, rated on a 4-point scale from 1=Never to 4=Regularly), as well as positive behaviours such as civic engagement through volunteering activities and/or paid work.

The PRYM also contains general questions that allow us to explore the context of participating youth. So, for example, we are able to calculate composite scale scores relating to issues such as school engagement and sense of community danger.

## REFERENCES


Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry,* 38, 581-586.

Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry,* 40(11), 1337-1345.

Hernandez, M., Gomez, A., Lipien, L., Greenbaum, P. E., Armstrong, K., & Gonzalez, P. (2001). Use of the system-of-care practice review in the national evaluation: Evaluating the fidelity of practice to system-of-care principles. *Journal of Emotional and Behavioral Disorders*, 9, 43-52.

Hernandez, M., Gomez, A. & Worthington, J. (2002). *Manual for the use of the system of care practice review: Evaluating practice fidelity to system of care principles*. Tampa, FL: University of South Florida.

Liebenberg, L., Ungar, M., and Van de Vijver, F. R. R. (2012). Validation of the Child and Youth Resilience Measure-28 (CYRM-28) Among Canadian Youth with Complex Needs. *Research on Social Work Practice*, 22(2), 219-226. DOI: 10.1177/1049731511428619.

National Center for Health Statistics. (2003). *National Health Interview Survey* (NHIS). Hyattsville, MD: U.S. Centers for Disease Control and Prevention.

Palmieri, P. A. & Smith, G. C. (2007). Examining the structural validity of the Strengths and Difficulties Questionnaire (SDQ) in a U.S. sample of custodial grandmothers. *Psychological Assessment*, 19(2), 189-198.

Phelps, E., Balsano, A. B., Fay, K., Peltz, J. S., Zimmerman, S. M., Lerner, R. M., & Lerner, J. V. (2007). Nuances in early adolescent developmental trajectories of positive and problematic/risk behaviors: Findings from the 4-H Study of Positive Youth Development.

Poulin, C., Hand, D., & Boudreau, B. (2005). Validity of a 12-item version of the CES-D used in the National Longitudinal Study of Children and Youth. *Chronic Diseases in Canada,* 26(2/3), 65-72.

Theokas, C., & Lerner, R. M. (2006). Observed ecological assets in Families, schools, and neighbourhoods: Conceptualisation, measurement and relations with positive and negative developmental outcomes. *Applied developmental science,* 10(2), 61-74.

Ungar, M., & Liebenberg, L. (2005). The International Resilience Project: A mixed methods approach to the study of resilience across cultures. In M. Ungar

(Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp.211-226). Thousand Oaks, CA: Sage.

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the Child and Youth Resilience Measure. *Journal of Multiple Methods in Research*, 5, 126-149.

Ungar, M., Liebenberg, L., Armstrong, M., Dudding, P., and Van de Vijver, F., (2013). Patterns of Psychosocial Service Use: Individual and Contextual Risk factors, and Resilience among Adolescents Using Multiple Services. *Child Abuse and Neglect*, 37, 150-159. DOI: 10.1016/j.chiabu.2012.05.007.

Wilcox, H., Field, T., Prodromidis, M., & Scafidi, F. (1998). Correlations between the BDI and CES-D in a sample of adolescent mothers. *Adolescence*, 33, 565-574.

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