

**A PROPOSED CASE STUDY OF RESILIENCY:  
COMPARING FOSTER CARE AND RESIDENTIAL TREATMENT  
USING A MIXED-METHODS APPROACH**

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## Dedication

For my amazing and inspirational mother, whose unconditional love and support buoyed me through the entire process on my journey to gain my master's degree. Her ability to be all things at all times continues to astonish me; she is my personal editor, my confidante, my rock, my motivation, my role model, my voice of reason, my best friend, and my heart. Without her I would have been lost. My life's ambition continues to follow the path that she forged long ago and if I can turn out to be half the woman that she is I know I will be fulfilled. Mom, I love you, I thank you; please know that I appreciate and cherish everything that you have done and continue to do for me. I am honoured, blessed and proud to call you my mother.

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## Abstract

The purpose of this project is to provide a comprehensive overview of the current research on resiliency and youth with special attention being paid to populations in foster care and residential treatment. A detailed research design is developed and proposed with the goal of providing case workers, foster parents, and residential treatment staff the tools necessary to promote resiliency of adolescents and youth in care. This project demonstrates the importance of resiliency for youth faced with adversity and provides concrete tools that practitioners can use in the field to determine the level of resiliency of their adolescent charges as well as proactive measures that can be undertaken to increase individual resilience.

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## Chapter One: Introduction

### *Strength-based Approach*

Treatment in psychological practice has historically focused on remedying deficits found in clientele (Small, Kennedy, & Bender, 1991). This deficit-based approach often occurred after the presentation of a problem and was subsequently considered an intervention style of therapy as opposed to preventative measures. In more recent literature and research, there has been growing interest in strengths, resilience, and growth within individuals associated with healthy adjustment (Tedeschi & Kilmer, 2005). This movement has signified a noteworthy shift in treatment orientation to encompass a strength-based focus on client's unique talents, skills, resources, life experiences, and unmet needs (Tedeschi & Kilmer, 2005). Redirecting the focus in clinical practice from client problems to client strengths marks an innovative move towards providing a wealth of information on client's positive attributes while accounting for their weaknesses or deficits in hopes of guiding prevention and intervention methods. Resiliency has been established as a foundation for many positive character skills within the strength-oriented approach (Janas, 2002).

Caution must be taken when relying solely on a strength-based model of psychotherapy to ensure that client's needs are also met to account for, discuss, and diminish unhealthy and maladaptive coping strategies that have been developed over time. It is important to note that the deficit-based approach is still active and applicable depending on the case and context clients present. A balanced approach incorporating techniques from both strength and deficit models is ideal for optimal outcomes in counselling. However, to maintain the focus on resilience a strength orientation will remain in the forefront throughout this project.

### *History of Resiliency*

In the 1970's psychologists and psychiatrists began focusing on resiliency as a way to help gain insight into children who managed to maintain positive development and achieve competence in spite of exposure to significant adverse life experiences (Karapetian Alvord & Johnson Grados, 2005; Masten, 2001; Masten & Coatsworth, 1998). Researchers saw the potential contributions understanding this phenomenon could make to interventionists working with children and adolescents who had been the victims of trauma or neglect. What was originally perceived as an extraordinary characteristic thought to be exhibited by few individuals; has evolved over time through research to be known as a dynamic process, relatively common in its relation to human adaptation systems (Bonanno, 2004; Davey, Eaker, & Walters, 2003; Masten, 2001).

Resilience has been defined in many different ways and controversy remains regarding its measurement and attributes (Donnon & Hammond, 2007a; Karapetian Alvord & Johnson Grados, 2005). However, most researchers would agree that resilience is a process encompassing effective, positive and successful adaptation despite being faced with significant adverse conditions, threats, risks or trauma (Donnon & Hammond, 2007a; Hines, Wyatt, & Merdinger, 2005; Karapetian Alvord & Johnson Grados, 2005; Luthar & Cicchetti, 2000; Masten, 2001; Masten, 2007; Tugade & Fredrickson, 2004; Waller, 2001). For resilience to be identified, two essential criteria must exist: first, there is an exposure to substantial risk, threat, or adversity to the individual (e.g., poverty, abuse, neglect, etc.); and second, the individual experiences positive outcomes with adaptation to this adversity (Flynn, Ghazal, Legault, Vandermeulen & Petrick, 2004; Masten & Coatsworth, 1998; Masten, 2001; Masten, 2007; Tugade & Fredrickson, 2004).



While many theorists have studied positive traits and characteristics that lead to individual resilience, few have moved from these variables to study the processes and mechanisms that underlie the dynamics involved in the process of resilience (Rutter, 2007). Several resilience researchers have investigated the combination of protective factors and influences (e.g., self-regulatory skills, close relationships with caregivers, educational achievement, etc.) that help individuals overcome the risk factors they face (e.g., abuse, loss, neglect) (Davey et al., 2003; Flynn et al., 2004; Hines et al., 2005; Karapetian Alvord & Johnson Grados, 2005; Olsson, Bond, Burns, Vella-Brodrick & Sawyer, 2003; Waller, 2001); however, most of these studies involve measures from instances in time during adolescence or during the transition to adulthood. They lack the deeper understanding of resilient processes that can occur over time during the turmoil of adolescent development.

There are few studies involving adolescents and resilience in foster care and residential treatment environments. While adolescence has been traditionally perceived as a difficult stage in human development (Donnon & Hammond, 2007a) characterized as a potential source for risk and resiliency factors (Baer, 2002), the context and impact of a foster care or residential treatment environment contains inherent additional stressors on an individual (Browne, 1998). Prominently described risk factors leading to placements in out of home care include parental abuse, neglect, family violence, mental illness and addictions that result in parents being unable or unwilling to provide the basic safety, nurturance and emotional needs of their children (Barth, Wildfire, & Green, 2006). Compounding these risk factors is the emotional distress caused by separation and loss as well as the possibility of multiple placements (Schofield & Beek, 2005). Researchers

have identified positive outcomes (e.g., good mental health, social competence) for adolescents in care indicative of protective factors that contribute to resilience (i.e., familial, individual, and societal characteristics) (Flynn et al., 2004; Olsson et al., 2003); but there still remains a need for further research to gain insight into the processes that contribute to the development of resilience of adolescents in out of home care. Consequently, this would allow for case workers to assist foster parents and residential treatment staff in applying behaviours and environmental conditions that foster the development of resilience in children and adolescents placed in their care in addition to offering resiliency researchers more insight into the interplay between theory, practice and intervention strategies (Flynn et al., 2004).

#### *Present Project*

This project will attempt to expand on and integrate the literature on resilience by proposing a potential research study focusing on particular case studies of adolescents in foster care and residential treatment compared to a norm group. Common research methods in resiliency research include studying a sample of one at-risk group (mostly homogeneous in nature) in one instance of time or comparing an at-risk group with a group consisting of ‘normal or typical’ adaptive development in the general population. Minimal, if any, research has been conducted utilizing a sample group over a condensed period of time within the same population to study resilience. The following research design proposes how one could study adolescents in foster care and residential treatment across different time intervals during out of home placement. Thus, the purpose of this project is to develop a research model that has the capabilities to create a picture of youth coming into care by focusing on: (1) changes in resilience in adolescents over the course

of their first six months in-care; (2) the unique aspects of foster care and residential treatment that contribute to adolescent resiliency from the youths perspective; and (3) a retrospective look at the possible implications of these findings pertaining to placement decisions, resilience, and foster care and residential treatment research.

In accordance with recent literature, I would predict that as time in out of home care placements lengthen, protective factors associated with foster care and residential treatment placements will increase and risk factors associated with biological families will decrease; resulting in more resilient adolescents over time. Furthermore, I would hypothesize that protective factors; such as, stable relationships with caring adults (e.g., foster care guardians), social supports (e.g., case workers, foster families, peers), and individual characteristics (e.g., cognitive abilities, self-regulatory skills, personality variables) (Flynn et al., 2004; Hines et al., 2005) would act as buffers to reduce the impact of risk factors related to prior trauma, separation and loss to promote resiliency over time (Crosnoe & Elder, 2004). Understanding how youth perceive resiliency could contribute to a purposeful match regarding placement decisions and a more client-driven model of care and the promotion of resiliency. Additionally, I would hypothesize that these findings could indicate a considerable importance to be placed on the role of caregivers in strengthening adolescent resilience for those placed in out of home care. Results could have the potential to emphasize the importance of resiliency for youth in foster care and residential treatment placements and how case workers, residential treatment staff, and foster parents can utilize this information to better facilitate resiliency in their adolescent charges.

## Chapter Two: Literature Review

### *Resilience Defined*

During the review of the literature, it became apparent that a clarification regarding key terms used when discussing resilience is warranted. While resiliency and coping are related constructs, they are not interchangeable (Campbell-Sills, Cohan, & Stein, 2006; Davey et al., 2003) as some studies may suggest. Resilience refers to the adaptive outcomes in the face of adversity; whereas, coping refers to cognitive and behavioural strategies or responses used by an individual to manage stressful situations (Campbell-Sills et al., 2006; Davey et al., 2003). Resilience embodies adaptation throughout adversity to maintain healthy developmental outcomes, while coping strategies incorporate interventions to deal with stressors after they have already occurred. This is supported by most coping research on adolescents, where study results indicate the false theoretical assumption that resilient teenagers will display better coping skills (Davey et al., 2003). This suggests that different factors come together to make an individual resilient; furthermore, these same factors do not necessarily contribute or relate to the coping style of an individual.

Recovery is another term that is often falsely used in combination with resilience. The term recovery seems to imply 'normal' functioning giving way to some sort of psychopathology for a period of time before gradually returning to stable levels (Bonanno, 2004). In contrast, resilience reflects an individual's ability to maintain a stable level of 'normal' functioning despite being faced with adverse events or trauma (Bonanno, 2004). Resilience; therefore, can be viewed as continued healthy functioning

in the face of risk factors and not recuperation after risk events. In other words, “resilience is forged *through* adversity, not *despite* it” (Walsh, 1996, p. 267).

Invulnerability has also been linked with resilience, resulting in problematic descriptions of resilient individuals. Labelling someone as invulnerable seems to assume that they are resilient at all times; which is an improbability against the human condition (Waller, 2001). Furthermore, the notion of invulnerability implies that resilience is a construct solely within a person that cannot be influenced by external phenomena (Waller, 2001). This would refute the recent literature’s description of the power of protective factors external to an individual. Moreover, resilience is not an inherent characteristic of personality; research has shown that there are internal and external factors that promote resiliency (Donnon & Hammond, 2007a; Karapetian Alvord & Johnson Grados, 2005). The contribution of intrinsic and extrinsic influences will vary according to an individual’s situational context; however, it is within the interplay of these influences that resilience emerges. Resilience is not static; individuals may respond differently to adverse circumstances (Waller, 2001). Resilience is dynamic; it is an ever-changing construct containing protective and risk factors perceived uniquely by individuals.

It has been established what resilience is not, logically the next step is to discover what resilience is. Resilience is a process (Arrington & Wilson, 2000; Hines et al., 2005; Karapetian Alvord & Johnson Grados, 2005; Luthar & Cicchetti, 2000; Olsson et al., 2003). Therefore, it involves an interaction between a range of risk factors and protective resources (Ahern, Kiehl, Sole, & Byers, 2006; Olsson et al., 2003). This interaction varies according to its impact and an individual’s point of development (Olsson et al., 2003).

This supports the claim that resilience is not a trait (personality or otherwise); but rather a relational construct in its subjectivity to societal or individual factors (Arrington & Wilson, 2000). Resilience has been defined as being flexible and elastic (Hunter & Chandler, 1999), indicating that this process fluctuates over time. Understanding the processes involved in resilience may help to facilitate a more positive trajectory in these fluctuations. Little research has been done to account for the process of resiliency and has thus far focused on attributes, internal and external, associated with resilient individuals.

As already stated, resilience encompasses successful adaptation despite significant adversity. Adversity can be defined as risk factors (individual and social) or negative life circumstances associated with adjustment difficulties and poor developmental outcomes (Crosnoe & Elder, 2004; Luthar & Cicchetti, 2000). For the purposes of this study, risk factors include the combination of the life stage of adolescence (often characterized by emotional turmoil and identity confusion) with foster care and residential treatment (characterized with a high risk for developmental failure) (Hines et al., 2005). The second construct in the resilience definition is successful adaptation, commonly recognized with the absence of emotional or behavioural maladjustment (Luthar & Cicchetti, 2000; Rutter, 2007). This project's successful adaptation would be demonstrated in foster care and residential treatment adolescents resilience measures; as well as, their ability to thrive and succeed in their out of home care environment in spite of the multiple risk factors they faced with their biological families.

### *Common Characteristics of Resilient Individuals*

Many different protective factors have been identified and studied in resilience research in an attempt to establish common characteristics that resilient individuals possess. Resilience can be broken down into three broad areas: (1) individual attributes, (2) family characteristics, and (3) other external support systems (Ahern et al., 2006; Donnon & Hammond, 2007b; Olsson et al., 2003). In conjunction with this framework, is the notion that common resilience factors operate within two areas of developmental strengths: (1) extrinsic factors (e.g., family, peers, community, society) and (2) intrinsic factors (e.g., personality characteristics) (Donnon & Hammond, 2007b).

### *Individual Attributes*

To begin with, individual attributes can be found within an individual (i.e., internal factors). Examples include: self-efficacy, self regulation, intellectual functioning, social competency, self-worth, optimistic outlook, self-esteem, and a sense of humour (Davey et al., 2003; Donnon & Hammond, 2007b; Flynn et al., 2004; Hines et al., 2005; Karapetian Alvord & Johnson Grados, 2005). Increases in these areas contribute to a higher level of resiliency in an individual and act as a buffer against risk and vulnerability factors. Furthermore, self-regulation of positive and negative emotions is salient in resilient individuals; whereas, positive emotions guide an individual toward optimistic tendencies and positive outlooks of self (Ong, Bergeman, Bisconti & Wallace, 2006; Tugade & Fredrickson, 2004). Intellectual functioning is often viewed in terms of academic achievement, decision-making, and problem solving skills (Olsson et al., 2003).

### *Family Characteristics*

Family characteristics, the second area, refer to domains outside an individual (i.e., external factors). These factors are especially important with foster care and residential treatment populations as familial aspects shift from a biological relationship (related to negative experiences) to in-care family support. Examples of family protective factors include: close relationships with caring adults, positive connections with family or individuals close to the adolescent, favourable socio-economic status, and authoritative parenting styles (Conger & Conger, 2002; Flynn et al., 2004; Karapetian Alvord & Johnson Grados, 2005; Masten & Coatsworth, 1998; Rew, Taylor-Seehafer, Thomas & Yockey, 2001). Close relationships with caring adults may consist of relationships with caregivers (in this study – foster parents and residential treatment staff), teachers, or coaches (Crosnoe & Elder, 2004; Luthar & Cicchetti, 2000). To reach optimal resiliency, adolescent-adult relationships should be characterized by warmth, little conflict, clear expectations and involvement (Flynn et al., 2004; Olsson et al., 2003).

### *Support Systems*

The third domain, support systems, is another variable outside the individual that contributes to resiliency. The protective factors in this area include: connections with peers, school experiences, extracurricular activities, community, and cultural aspects (Donnon & Hammond, 2007b; Flynn et al., 2004; Hines et al., 2005; Karapetian Alvord & Johnson Grados, 2005; Luthar & Cicchetti, 2000; Waller, 2001). Positive relationships with peers engaged in socially acceptable activities contribute to positive interpersonal socialization within an external support framework (Flynn et al., 2004). Sibling relationships can also promote resilience (Conger & Conger, 2002); however, adolescents



in foster care and residential treatment are not always able to be placed with siblings and foster families may not have other children. School experiences can be related to supportive peers, teacher influences, and academic success (Olsson et al., 2003); all of which contribute to resiliency. Negative school experiences can reduce resiliency for those in foster care and residential treatment. Community aspects may consist of extracurricular activities outside of the school system, cohesive neighbourhoods, and effective social and health services (Flynn et al., 2004). Cultural contexts include: race, ethnicity, gender and religion (Arrington & Wilson, 2000). A positive ethnic and cultural identity can contribute to an individual's protective processes through traditional beliefs, practices, and values (Waller, 2001). There remains a need for research to discover how ethnically diverse cultural backgrounds and gender differences might affect resiliency (Arrington & Wilson, 2000; Browne, 1998; Conger & Conger, 2002; Luthar & Cicchetti, 2000). Furthermore, research is needed to ensure that young people are provided with appropriate social support systems to promote personal development and supportive relationships (Donnon & Hammond, 2007b).

#### *Risk Factors and Outcomes of Non-Resilient Individuals*

An important contribution of prevention studies in resilience research during the 1980's was the identification of risk factors (Waller, 2001). Since then, several risk factors have been studied in conjunction with resilience research. Adversity, or risk factors, can be broken down into two categories: (1) challenging life circumstances and (2) exposure to trauma (Masten & Coatsworth, 1998; Waller, 2001). These vulnerability factors are influences that can occur at any systemic level (e.g., individual, family, community, society) that threaten positive adaptation and life outcomes for the individual

(Arrington & Wilson, 2000; Waller, 2001). Challenging life circumstances are associated with a significant threat to the individual that result in their having a high-risk status (Masten & Coatsworth, 1998). Examples include: poverty, racism, addictions, transitional demands (e.g., adolescence), neglect, mental illness and physical, sexual, or emotional abuse (Conger & Conger, 2002; Barth et al., 2006; Rew et al., 2001; Rutter, 2007; Waller, 2001). Challenging life circumstances, particularly pertinent to adolescents in out of home care, involves placement crisis or breakdown; interactions with case workers, psychologists, and possibly probation officers; and stigma associated with being in 'the system' (Browne, 1998; Hines et al., 2005; Schofield & Beek, 2005). Exposure to trauma, as a risk factor, may be described as the loss of a loved one (i.e., death) and/or exposure to a violent or life-threatening event (Bonanno, 2004; Masten & Coatsworth, 1998; Tugade & Fredrickson, 2004; Waller, 2001). Traumatic exposure is exacerbated in adolescents in care who experience feelings of separation and loss relative to leaving biological families/parents and that may be attributed to multiple placements when this occurs (Fein, 1991; Schofield & Beek, 2005).

If left unchecked, (i.e., without interventions of protective factors) these vulnerability factors result in negative outcomes for non-resilient individuals. High-risk status is associated with feelings of hopelessness and disconnectedness, emotional instability, behavioural problems, academic difficulties resulting in lower rates of high school completion, psychopathology, and use of destructive coping strategies (e.g., self-blame) (Browne, 1998; Conger & Conger, 2002; Crosnoe & Elder, 2004; Davey et al., 2003; Rew et al., 2001; Rutter, 2007). The added potential for negative outcomes in foster care and residential treatment environments is related to failure to form new

attachments, negative parental images, and identity confusion (Fein, 1991; Schofield & Beek, 2005). Possible maladaptive outcomes serve to remind society as a whole about the importance of protective factors, resiliency research, and application of evidence based prevention and intervention strategies.

### *Role of Risk*

Risk factors are generally assumed to hold a negative impact on individuals and youth; however, it is also informative to explore the role of risk and its developmental appropriateness in creating opportunities for growth. Historically risk is minimized and little attention has been paid to investigate risk as a venue for constructive adaptation. However, “perceived risk is an important component in theories of health behaviour” (Kershaw, Ethier, Niccolai, Lewis, & Ickovics, 2003, p. 523). If we did not explore and account for the risk factors that individuals face, in terms of resilience research, we would be discounting the driving force for change behind those inherent risks. How can a youth become resilient without first being challenged by risk?

Perceptions of risk and invulnerability also play a direct role in adolescent risk-taking behaviours (Goldberg, Halpern-Felsher, & Millstein, 2002). For example, positive experiences with one form of risk taking can lead to an increased engagement in other risk-taking behaviours and a perception of perceived benefits can also increase risky behaviours (Goldberg et al., 2002). In other words, an adolescent’s perception of risk as well as perceived outcomes (positive and/or negative) may directly affect their level and frequency of risk-taking behaviours. Furthermore, peer influence also plays an important role in explaining risky behaviour in adolescence (Gardner & Steinberg, 2005). Adolescents may be less able to resist the pressure applied by their peers when

confronted with risky decisions; therefore, it is important to take into account the social context an adolescent presents when exploring resiliency measures.

Parker and Stanworth (2005) examined voluntary risk-taking and discovered that participation in risk-taking in everyday life can have positive effects by increasing the well-being of others and the moral status of the risk-taker themselves. The role of risk in its very nature contains some element of uncertainty, and it is this uncertainty that makes complete control impossible to achieve (Parker & Stanworth, 2005). For some, navigating risk creates constructive challenges and can include virtues such as: courage, emotional self-control, and faith (Parker & Stanworth, 2005); elements that some individuals strive and struggle to achieve within themselves while adolescents may come by them naturally. Ultimately, the “universal truth of the human condition is that being social means having commitments which entails taking risks” (Parker & Stanworth, 2005, p. 333).

#### *Resilience Research: Change Over Time*

Many changes have occurred in resilience research since its conception in the 1970's. Most notably is the shift from studying internal factors to focusing on interpersonal and social systemic influences (Donnon & Hammond, 2007a; Ong et al., 2006; Waller, 2001). Resilience research initially focused on personality traits and individual attributes that people possessed in the belief that these characteristics made them resilient. With further research, recognition of external factors, such as community, family, peers and society, gained importance with theorists and their extended knowledge of the value and significance of environmental context on individuals (Donnon &

Hammond, 2007a). In fact, external influences can and do shape and modify our internal processes.

Another change in the literature on resilience is the identification that resilience involves dynamic processes and is not static (Hines et al., 2005; Rutter, 2007). Viewing resilience as a process highlights the complexity involved in the connection between risk, protective factors, adverse life experiences, societal influences, personal interactions, gender, timing, and cultural heritage. This indicates that resilience is not innate; but rather, a construct that can be strengthened and learned (Karapetian Alvord & Johnson Grados, 2005). This has huge implications for prevention and intervention research. If resilience involves an interaction between adversity and protective and/or risk factors (Hunter & Chandler, 1999), then resilient behaviour can be nurtured to facilitate healthy individual outcomes.

The final shift in resilience research involves the movement from extraordinary phenomena to an ordinary process (Masten, 2001). According to contemporary resilient theorists, human beings have the capacity for successful adaptation despite threatening circumstances (Karapetian Alvord & Johnson Grados, 2005; Masten, 2001). Suggesting that mediating factors within protective influences are really what make the difference between resilient and non-resilient individuals; current research supports this perspective. It is within an individual's ability to become more resilient and environmental factors significantly impact optimal functioning.

#### *Recurring Themes in Resilience Research*

Resilience research has changed over the past thirty years; however, current researchers agree on several common factors of resilience. Many individuals who have

been faced with adversity still create positive life outcomes (Waller, 2001); indicating support for resilience being an ordinary process experienced by most individuals. Some modern resilience researchers have taken it a step farther to suggest that resilience does not occur in spite of adversity, but because of it (Waller, 2001). This means, that resilience would not be possible or necessary if not for the occurrence of challenging life circumstances or traumatic events (i.e., risk factors). Almost everyone in society has suffered from some sort of challenging life circumstance or trauma and for that reason; resilience is an inherently human process, developed to assist individuals to deal effectively with adverse experiences and to achieve positive developmental outcomes.

The second concept that resilience researchers agree on is the complex interaction between risk and protective factors (Luthar & Cicchetti, 2000; Olsson et al., 2003; Waller, 2001). Risk factors and protective factors co-occur simultaneously with a resulting cumulative benefit or cost. In other words, risks rarely occur in isolation to one another; consequently, some researchers postulate that two simultaneous risk factors are equal to four times the negative problems for an individual; and four risk factors hold ten times the problems (Luthar & Cicchetti, 2000). The same is true for protective influences; they rarely occur in isolation and therefore co-occurrence increases the benefits accrued to an individual. However, there is little research to investigate the cumulative effects of protective factors in facilitating healthy and productive lifestyles (Luthar & Cicchetti, 2000; Waller, 2001). Moreover, exploration of whether this exponential effect could be ameliorated through specific prevention and intervention strategies in the hope of increasing protective influences while decreasing potential risk has yet to be determined.

Thirdly, resilience researchers agree that protective processes decrease the likelihood of negative outcomes for individuals (Arrington & Wilson, 2000; Conger & Conger, 2002; Crosnoe & Elder, 2004; Waller, 2001). Consequently, resilience is viewed as a positive construct for human development. This is not to say that resilience is always viewed positively by researchers; but the majority of studies indicate positive results and positive adaptations in regard to resiliency measures. Hunter and Chandler (1999) published literature indicating findings of depression, anxiety, defensive coping, and emotional disconnection in resilient children. This re-iterates the importance of creating valid and reliable measures for assessing resilience that take into account positive coping strategies and adaptations. Donnon and Hammond (2007b) inferred that youth develop better resiliency profiles when they are provided an opportunity to develop individual strengths through protective influences. The majority of researchers agree that a combination of protective influences can outweigh presenting risk factors and result in positive and healthy outcomes (Waller, 2001). Youth with a greater number of protective factors tend to participate in more positive activities and are less likely to engage in risk behaviours (Donnon & Hammond, 2007a).

### *Foster Care*

As previously mentioned, adolescents in foster care experience greater stressors than their same-aged peers. They are not only faced with the emotional impact of their placement decision, but also with the physical and emotional costs of their past abuse and/or neglect (Ansay & Perkins, 2001). In-care youth face challenges in terms of academic performance, forming healthy relationships, and coping with anxiety and emotional distress (Flynn et al., 2004). This added pressure reveals a need for further

exploration into the development of resilience for youth in foster care. Browne (1998) discovered a higher incidence of non-productive coping strategies in adolescents in foster care resulting from attempts to deal with everyday problems. These results might indicate the critical importance of resiliency for youth in foster care and the relationship of resilience to positive life outcomes. The highest incidence for entry into the child welfare system are infants and middle teenagers (approximately age 15) (Barth et al., 2006); furthermore, foster teenagers are keenly aware that foster parents are not their 'real' parents (Browne, 1998). Frequently, adolescent children in foster care maintain a bond with their biological family and may feel a pull in two directions from trying to fit in with their foster family while continuing contact (and possible visitation) with their biological family. The pain of separation and loss for children, their families, and their foster caretakers is often evident in foster care systems (Fein, 1991). Feelings of contentment or happiness with a foster family may be repressed or denied so as not to betray biological connections. This may explain why some adolescents report dissatisfaction in their relationships with foster parents (Browne, 1998). The challenge of forming new attachments to foster parents is confounded with the profound lack of trust and intense need to control others indicative of past adversity (Barth et al., 2006). Past research has not explored the efficacy of foster parents in breaking this cycle of dysfunction (W. Hammond, personal communication, November 19, 2007); which could potentially help adolescents and youth in foster care to form relationships with foster parents, to have adequate parent images, and to help distinguish and develop personal identities.

Barth et al. (2006) indicates five key caregiving dimensions that promote resilience in foster children:



1. Promoting trust in availability
2. Promoting reflective function
3. Promoting self-esteem
4. Promoting autonomy
5. Promoting family membership.

These core concepts provided a secure foundation for foster youth and increased the quality of foster care they received. Trusting that the caregiver is available (without being intrusive) allows foster children to “explore, learn, thrive, and manage anxiety” (p. 13). Caregiver’s attention to their own reflection and empathic understanding enabled foster youth to do the same; this helps foster children develop their identity. Generating an environment where children feel a “sense of achievement, accomplish tasks, receive praise, and experience themselves as valued” promotes their individual self-esteem (p. 18). Increases in self-esteem are linked to autonomy and self-efficacy as children start to perceive themselves as capable of accomplishing tasks or reaching goals. It is especially important for adolescents in foster care to feel a sense of belonging and acceptance within a family unit and to ensure feelings of stability and connection to family members.

Within foster parenting, is the hope that caregiver’s will reverse the developmental damage caused by children’s biological families (Schofield & Beek, 2005). Therefore, relationships with caring adults (e.g., foster parents) are an extremely important protective factor contributing to the resiliency of adolescents. Several studies have found foster children resilient (Fein, 1991); however, they have not fully explained this resilience in terms of the influence of foster parenting. This project will attempt to create an opportunity to find further evidence of the impact of foster parents on children

in-care. Furthermore, better outcomes have been found for children when they remain in foster care longer (Fein, 1991). Perhaps this is due to the fact that foster care increases the role of protective factors while decreasing or buffering against risk factors. This theory could be tested in the following study.

#### *Residential Treatment – Past*

The term *residential treatment* gained prevalence in the 1940s and was initially understood as orienting the daily lives of children and youth in institutions with the use of psychotherapeutic principles (Leichtman, 2006). By the 1970s and 1980s it was increasingly identified as an institutional setting subject to criticism surrounding the separation of children from parents, the inadequate attention given to family problems, failures to reintegrate children back into their homes, and the limited ability of therapeutic interventions to be adapted to real world settings outside of treatment (Leichtman, 2006). Perhaps it was this censure that led residential treatment to the multidisciplinary team aspect it holds today. Residential treatment was traditionally a long-term modality, and has since been supported by managed care systems as a short-term treatment option (Leichtman, Leichtman, Cornsweet Barber, & Neese, 2001). This transition has shaped the availability of resources and supports and the application of therapy in a residential setting. The downfall of short-term treatment is the need for clients to have a support system available at discharge (Leichtman et al., 2001); which unfortunately is not always the case.

#### *Residential Treatment – Present*

A key residential aspect of treatment is a structured environment where rules and expectations are clear, concise, and closely monitored (Leichtman et al., 2001).

Treatment is conducted by the residential community as a whole (Leichtman, 2006), and may include a number of professionals from different disciplines (e.g., social workers, psychologists, counsellors, psychiatrists). Confusion may result from the misconception of residential treatment as hospital facilities. Hospital settings are based on the medical model where the therapeutic agent is a doctor; whereas, residential treatment centers are based on parenting where the residential community as a whole is the therapeutic agent (Leichtman, 2006). This team atmosphere allows for a variety of programming and therapeutic modalities to be used simultaneously in accordance with individual treatment plans. Examples of programming that treatment centers may offer include: individual counselling, daily group counselling, specialized group therapy, family therapy, substance abuse counselling, and recreational activity programs. The teamwork necessary for successful residential treatment placement requires continuous and open communication of all team members; the sharing of responsibilities to allow for more comprehensive, focused, and less costly treatment; and the incorporation of therapy into the work of the treatment team as a whole (Leichtman, 2006). Emphasis is placed on team members working on client issues in repetitive and redundant ways (Leichtman et al., 2001).

A large proportion of children in residential treatment experience significant neuropsychiatric disturbances, conduct disturbance, oppositional behaviour, impulsivity and acting out behaviours, severe attachment disorders, and abuse reactivity (Lyons, Libman-Mintzer, Kisiel, & Shallcross, 1998; Small et al., 1991). These problems are pathological (as opposed to episodic) in nature (Leichtman, 2006), which lead care workers to help children and youth to negotiate life tasks effectively, to learn to handle

activities successfully, and to adapt to life after care. This is not an easy task to take on at a residential treatment centre. Leichtman (2006) describes four main challenges facing residential treatment facilities today:

1. There is no clear definition of what constitutes *treatment* in residential treatment.
2. Pressure to develop short-term residential treatment models.
3. Pressure to alter the nature of residential treatment programs.
4. The challenge to provide comparable services for severely disturbed children at a lower cost with a diminished length of stay.

#### *Residential Treatment – Future*

If trends continue, residential treatment will play a significant role among mental health service providers for children and youth in the future. With the expansive market of treatment “solutions”, demands may be placed on shorter lengths of stay in residential facilities with greater results (Leichtman, 2006). More emphasis may be placed on working with families and parents to help children form positive attachments that will transfer and generalize to an out of care setting. In other words, the distance between the world outside the residential facility and the facility itself needs to be decreased in order to have children return to their homes successfully (Lyons et al., 1998). This is supported in the literature with research by Leichtman et al. (2001) when they found the efficacy of residential treatment to increase with: (a) intensive work with families; (b) teaching adaptational skills for reintegration; and (c) implementation of extensive after-care programs. With proper staffing and resources, residential treatment can and will provide

safe and healthy care with opportunities to re-build self-esteem and re-establish healthy human connections between adults and children (Small et al., 1991).

### *The Importance of Attachment*

Resilience has been found to increase in individuals with access to at least one caring parent or supportive adult (Walsh, 1996). Unfortunately, children and youth referred to foster care or residential treatment placements often do not have the opportunity to develop a secure attachment with an adult figure prior to being placed in care. Devastating effects of abuse and/or neglect on children have been found to include disruptions in brain development, social development, and emotional development (Kumpfer & Franklin Summerhays, 2006). Fortunately, formal and informal caregivers (e.g., foster parents, case workers, etc.) have been found to exert a large influence on behaviours that encourage mental health among high-risk youth (Ungar, 2004). These caregivers help youth to forge their own identity by either opposing the notion of what caregivers think of them or by asserting a unique identity developed through peer relations. The absence of proper caregivers equates to the unavailability of the negotiation of a healthy identity; forcing youth to choose possible delinquent peers or other community members to fill this function (Ungar, 2004).

Many youth and adolescents in the foster care or residential system can be expected to have formed insecure attachment representations (Zegers, Schuengel, van IJzendoorn, & Janssens, 2006). This often manifests in children lacking the ability to form relationships with others, having inadequate parental images, and being confused about individual identity. The importance of having the ability to develop connections with other people cannot be overemphasized in resilience or out of home care research.

Some resilient studies have found that “surrogate parents” can provide love and learning opportunities needed to develop resilience and positive growth (Kumpfer & Franklin Summerhays, 2006). This project has the capacity to examine the specific roles foster parents and residential treatment staff holds with adolescents in-care, and how this relationship impacts an individual’s ability to develop resiliency.

*The Importance of Resilience Research for Adolescents In-Care*

According to Alberta Children and Youth Services, March, 2007, there are 1,338 adolescents between the ages of 13-18 in out of home placements. Current research on resilience underscores the importance of intervening to help those children who suffer from significant adverse life experiences to assist them to achieve positive outcomes (Masten, 2007). Moreover, research has shown that young people who experience increased resiliency are more likely to avoid risk behaviours and engage in healthy choices (Resiliency Canada, 2006). Understanding what contributes to positive adaptation, through resilience research by comparing adolescents in foster care, residential treatment, and a norm group, can help practitioners develop effective prevention and intervention strategies to help the vast number of adolescents’ in-care. Strong correlations between increases in resilience and decreases in loneliness, hopelessness and life-threatening behaviour provides the basis for an optimistic outlook for adolescents in alternative placements (Rew et al., 2001). Youth in foster care and residential treatment are characterized as a vulnerable population that are at high risk for poor developmental outcomes (Hines et al., 2005). Resilience research that identifies effective protective factors arising from care placements could counteract negative outcomes by articulating a range of influences (e.g., placement related, personal, social,

cultural, etc.) that can hinder or support the development of youth resiliency (Donnon & Hammond, 2007b). Furthermore, combining prevention interventions to address more risk and protective factors has been found to result in even better developmental outcomes (Kumpfer & Franklin Summerhays, 2006).

Resilience research specific to foster care and residential treatment populations could also be utilized to facilitate, extend or strengthen positive influences in individual, familial, and societal domains. Incorporating a stable living situation for children has been shown to triple the odds of resilience (Dumont, Widom, & Czaja, 2007); this is especially important for adolescents in care placements as they can be a difficult adjustment. Utilizing information garnered from resilience research; such as, knowledge that resilience is partially dependent on experiences following risk exposure (Rutter, 2007), could help case workers, psychologists, foster parents, and anyone else involved in adolescent adjustment facilitate positive change during placements. Focusing on understanding youth resiliency can enable practitioners (community-based or otherwise) to utilize a strength-based approach (as opposed to a problem-solving focus) when addressing youth developmental issues (Donnon & Hammond, 2007a). The importance and need for further resilience research in foster care and residential treatment populations cannot be denied.

Current research has indicated a reliance on single-sample designs without a control group which has contributed to decreasing the effectiveness of research on treatment for children and adolescents (Curry, 1991). Within program designs are inherently incapable of addressing the effectiveness of a specific program, treatment, or context. The present project incorporates a case study format designed to compare the

components of foster care and residential treatment as interventions for at-risk youth related to a norm sample. Past research indicated a need for well-functioning families in studies to identify components to successful resiliency (Walsh, 1996). Measuring adolescent's resiliency over a six month period allows for a process-oriented view within the continuum of care.

### *Youth Resiliency Model*

The research method of this proposed study will be based on the Youth Resiliency Model developed by Resiliency Canada (see Appendix A). This Youth Resiliency framework, established in 2001, is grounded in research on adolescent development in resiliency, risk prevention, and protective factors (Resiliency Canada, 2006). It combines intrinsic and extrinsic strengths that have been empirically correlated with resilience in adolescents. Intrinsic factors are broken down into five main areas within an individual: (1) empowerment (e.g., safety), (2) self-control (e.g., restraint, resistance skills), (3) self-concept (e.g., self-efficacy, self-esteem), (4) cultural sensitivity (e.g., cultural awareness, spirituality), and (5) social sensitivity (e.g., empathy, caring). Extrinsic strengths are also contained in five broad areas, but are domains external to an individual: (1) family (e.g., family support, role models), (2) peers (e.g., positive relationships and influences), (3) learning at school (e.g., engagement, achievement), (4) school culture (e.g., school climate and boundaries), and (5) community (e.g., neighbourhood boundaries and values). All of these influences act on or within an individual to contribute to their resiliency measure. This project would utilize and extend this model by comparing specific adolescents in foster care, residential treatment, and a stable home environment.



### *Present Project*

The Youth Resiliency framework and the current literature on resilience research, provides the theoretical underpinnings of the research questions for this project. (1) Would resiliency measures in adolescents change during their first six months in-care? I hypothesize that youth resiliency measures would substantially increase over their first six months in care. (2) What are the unique aspects of foster care and residential treatment that adolescents believe contribute to their resiliency? I postulate that youth would perceive both intrinsic and extrinsic variables as contributors to resiliency and that relationships with caring adults (specifically foster parents and youth care workers) would play a central role in the increase in resiliency measures. I hypothesize that adolescents would be able to describe what types of factors they believe to be meaningful in the context of their care environment. Consequently, I believe the norm sample would have the highest level of resiliency due to their stable and supportive home life. And finally, (3) What could these findings indicate for placement decisions, resilience research, and research related to adolescents within foster care and residential treatment systems? I hypothesize that if this research design were undertaken it would provide a resiliency profile that could be utilized by practitioners (e.g., case workers, teachers, foster agencies, etc.) to develop strength-building prevention and intervention strategies for use in family and community settings.

## Chapter Three: Proposed Method

### *Participants*

Possible participants could be identified through Alberta Children and Youth Services in conjunction with case workers and foster families. Ideally, there would be

twenty participants in each category (i.e., norm sample, foster care sample, and residential treatment sample) that are comparable in age and gender across the three sample groups. However, considerations may need to be taken into account for the amount of eleven-eighteen year olds entering foster care and residential treatment at approximately the same time. In addition, interviews would be utilized to provide a more thorough qualitative analysis in accordance with this smaller case study size. According to Alberta Children and Youth Services, of the 1,338 adolescents in the foster care and residential treatment system as of March, 2007, slightly more than half are of Aboriginal descent (54%). Therefore, it is expected that participants would be ethnically diverse with roughly half being of Aboriginal ancestry. Preferably, there would be an even distribution between male and female participants to allow for statistical analysis of gender roles within resiliency measures.

#### *Instruments/Materials*

Based on the Youth Resiliency Model mentioned above, this project proposes a research study utilizing Resiliency Canada's questionnaire entitled: Youth Resiliency: Assessing Developmental Strengths (YR: ADS) (see Appendix B). The "purpose of Resiliency Canada's YR: ADS questionnaire is to provide a statistically sound and research-based approach to understanding the strengths that are related to long-term resiliency" (Donnon & Hammond, 2007b, p. 450). Therefore, the YR: ADS questionnaire introduces a multidimensional framework for resiliency and is available in both written and web-based formats. The YR: ADS questionnaire has been used on a large scale research design to establish itself as a statistically sound and reliable instrument (Donnon & Hammond, 2007b).

The authors of the YR: ADS questionnaire designed it with the intentional allowance of flexibility in its items to account for a variety of applied and scientific-based research studies (Donnon & Hammond, 2007b). For example, specific items can be incorporated in the questionnaire to tailor its use specifically for a foster care or residential treatment population; or for possible research questions regarding specific internal or external resilient-based strengths in a population. This self-report instrument consists of three sections: (1) ninety-four items are used to measure the ten factor or thirty-one development strengths subscales associated with the youth resiliency framework (i.e., intrinsic and extrinsic factors), (2) several items are used to measure the frequencies of potentially negative and positive-related behaviours (e.g., antisocial behaviour or success in school), and (3) eight items are used to identify demographic information to recognize independent or extraneous variables (e.g., gender, age, grade) (Donnon & Hammond, 2007b). Items measuring the ten intrinsic and extrinsic strengths of an individual contain phrases such as: “It is important for me to do well in school”, “My parents/guardians encourage me to set goals and work hard to achieve them”, and “I feel that I have something to contribute in life” (Resiliency Canada, 2001). Youth respond to each item using a 5-point Likert Scale where 1 is *Strongly Agree*, 2 is *Agree*, 3 is *Neutral*, 4 is *Disagree*, and 5 is *Strongly Disagree*; adolescents are defined as having the identified strength if their combined score is less than 2.50 on the Likert Scale (Donnon & Hammond, 2007b). Items used to measure frequencies of negative and positive behaviours begin with the stem, “*During the last week/last month/last year, how many times have you...*” and contain phrases such as: “Volunteered in your community” and “Stolen something from a store” (Resiliency Canada, 2001). Youth respond to

frequency items using a 5-point Likert Scale where 1 is *5 or More Times*, 2 is *3-4 Times*, 3 is *Twice*, 4 is *Once*, and 5 is *Not At All*. Demographic items contain questions such as, “Which of the following best describes your current family setting?” and “How old are you today?” (Resiliency Canada, 2001). Youth respond to these items by filling in the appropriate answer that pertains to them. Additional items may be added or deleted, with cooperation of the test authors, to create a questionnaire customized for a foster care, residential treatment, and normed population.

Because there is a considerable amount of literature supporting the factors identified in the configuration of the resiliency framework, the YR: ADS questionnaire is based to some extent on the face and content validity of its items or variables (Donnon & Hammond, 2007b). An exploratory factor analysis of the ninety-four strength-based items resulted in the ten factor solution accounting for 57% of the variance, and the salient loadings for the items were found to range from 0.30 to 0.81 (Donnon & Hammond, 2007b). The reliability coefficients of the resiliency factors are: family  $\alpha = 0.96$ , community  $\alpha = 0.92$ , peers  $\alpha = 0.85$ , school (commitment to learning)  $\alpha = 0.88$ , school (culture)  $\alpha = 0.86$ , social sensitivity  $\alpha = 0.87$ , cultural sensitivity  $\alpha = 0.80$ , self-concept  $\alpha = 0.82$ , empowerment  $\alpha = 0.75$ , and self-control  $\alpha = 0.82$  (Donnon & Hammond, 2007b). The reliability coefficients of the scales were determined using Cronbach’s  $\alpha$  coefficient or Spearman-Brown prophecy formula for two-item strength subscales (Donnon & Hammond, 2007b). This demonstrates that the resiliency factors of the YR: ADS show moderately strong to strong internal reliability coefficients.

An interview component would also be administered to foster parents, residential treatment staff, parents/guardians, and the adolescents themselves in addition to the

administration of the YR: ADS. Initial interview questions (at zero months in care) would be administered to foster parents, residential treatment workers, and parents/guardians of the participant's only (see Appendix C). Questions used would be based on parenting/agency philosophies, disciplinary strategies, and beliefs about adolescent resilience to create a basis for the environment the youth will be immersed in. Subsequent interviews would take place individually with the adolescents and also with their foster parents/residential treatment workers/parents/guardians after a six month period (see Appendix D). Questions used would be based on trends and themes noticed from the resiliency measures on the first administration of the questionnaire. Interviews would follow a semi-structured format incorporating rapport building, open questions, flexibility of discussion topics, and observational techniques. Some open-ended questions that may be incorporated during the interview process are: "How has your relationship with your foster parents/caregivers changed over the past 6 months?", "Can you describe your initial reaction to your foster care placement?", "What have you learned about yourself during the past 6 months?", "What things in your environment give you feelings of hope for your future?", "What things in your environment make it hard to have hope for the future?", "What people in your life give you hope for the future?", "What people in your life make it hard to have hope for the future?". Utilizing this mixed method would serve to corroborate findings across data sources and strengthen qualitative descriptions and observations.

### *Procedure*

Before this project could be put into practice, several key considerations would have to be addressed. First of all, after collaborating with the test authors to add or delete

items in the YR: ADS questionnaire to adapt it for a foster care and residential treatment population, the revised version would need to be piloted with a small group of adolescents to test the new item's utility and validity. Second, a letter of consent explaining the purpose of the study, the practical applications and the level of participation needed must be approved by Alberta Children and Youth Services (see Appendix E). They are the government ministry responsible for foster and residential placement of adolescents within the province of Alberta; and as such, would need to approve this case study and access to youth before the project could be initiated. If the case study is approved, a list of interested case workers and foster families would be solicited through Alberta Children and Youth Services (FOIP issues would need to be considered during this component). Once a list of possible contacts is available, a letter of request for participation would be sent out to the appropriate contacts (case workers or foster families) indicating the purpose of the case study, the benefits of participation, participation requirements, and the anonymity and confidentiality ensured for respondents (see Appendix F). A letter of consent would be included in the package containing the letter of request for participation; letters of consent must be signed by parents/guardians/foster parents of adolescents (see Appendix G). The nature of this projects research design involves two administrations of the YR: ADS, two rounds of interviews for parents/guardians/residential workers/foster parents occurring during the adolescents first and sixth month in-care, and one round of interviews with the adolescents after the six month period; however, only one consent form would be needed per participant.

Potential participants would receive the option of completing the YR: ADS questionnaire on-line in web-based format or in paper-and-pencil format. A pre-addressed envelope would be included in the package for the participants to return the signed consent form and completed questionnaire. Respondents would have two weeks to return the completed questionnaire (or to submit it on-line) before a reminder letter would be sent out (see Appendix H). If the questionnaire is still not completed, another reminder would be sent out. By agreeing to participate, adolescents would be expected to complete the YR: ADS questionnaire on two separate occasions during a six month period: during the first month in-care and during the sixth month in-care. Procedures for completing the questionnaire during the first month and six month would remain the same. However, the first questionnaire (first month) would be completed in combination with a recorded pre-interview session with parents/guardians/foster parents/residential treatment workers focusing on parenting philosophies, disciplinary strategies, and goals of the environment. The final questionnaire (sixth month) would be completed in conjunction with a recorded post-interview session with the adolescents as well as a recorded post-interview session with the foster parents/parents/guardians/residential treatment workers focusing on any anomalies that occurred within the YR: ADS; as well as, a retrospective look at the thoughts and feelings of the youth over the six month period.

Appointments for interview sessions would be made in advance with guardians and treatment workers of adolescents, and the adolescents themselves after the six month time period, and would take place in an area familiar and comfortable to the respondent. Each interview with adolescents would be in isolation from parents/guardians, foster

families and case workers to ensure confidentiality and optimal validity of answers. Interviews would start with ten-fifteen minutes of rapport building; occurring before recording commences. Interviews would follow a semi-structured format with basic open-ended questions as a guideline. The same questions would be used with all interviewees, with discrepancies for the youth version and the adult version, and the same interviewer would conduct the interviews to maintain consistency across participants. A semi-structured format would allow participants and the interviewer the flexibility and freedom to continue with different themes and thought processes as they come up. Observational data would be recorded by the interviewer including non verbal behaviour of the participant.

#### *Methods of Analysis*

If the sample size proved to be sufficient, a chi-square method of analysis would be incorporated with descriptive statistics. A chi-square method would be an appropriate analysis of the YR: ADS questionnaire because each administration of the instrument is a replication of the one before it and the sample size is not large enough to warrant an extensive statistical analysis (Gall, Gall & Borg, 2007). The three groupings of results for the norm sample, the foster care sample, and the residential treatment sample could be adequately tested for their statistical significance, in combination and compared to one another, using the chi-square method. The frequency counts incorporated within the instrument would be especially effective with this method.

Descriptive statistics would be used to analyze the data from both the YR: ADS questionnaire and the interview components of the two administrations. It is important to note, that the post-interviews taking place during the final stage of the case study would



be the only occurrence of the interview format for the adolescents in order to allow time for adjustment to their new placements without the added stress of explaining the turmoil they are currently going through directly after being separated from their biological families. Descriptive statistics would involve quantifying the questionnaire to organize and summarize numerical data allowing for measurement of the different scales included in the YR: ADS. Measures for scales and subscales may include statistics such as: frequency measures, measures of central tendencies, measures of variability's, and reliability measures. Special attention would be paid to percentages of strengths indicated by respondents; as well as, the difference in these percentages according to placement. In the same, interviews would be numerically coded (after transcription of recordings) in order to identify themes and patterns across participants and placements. The interviews would be compared to one another, in terms of descriptive statistics, in order to triangulate and corroborate the validity of the research findings.

Lastly, pre and post-interview excerpts would be analyzed and incorporated for discussion purposes in the results section of the case study. They would serve as examples to strengthen the descriptive statistics provided and as starting points for inferences regarding resiliency profiles across placement settings. Observational recordings would also be included during qualitative analysis of themes and trends noticed throughout the interview sections.

## Chapter Four: Conclusions

### *Project Strengths*

There is inherent strength in the model of this proposed research design. A current and thorough literature review provides the foundation for the method outlined in this

project. The Youth Resiliency Model and subsequent questionnaire provides an evidence based and statistically sound instrument that is flexible enough to be adaptable for each of the adolescent's settings while maintaining strong reliability and validity. Furthermore, interviews combined with the questionnaire allow for a mixed method approach to resiliency research which would permit a greater multi-dimensional framework to the resiliency profiles of adolescents in foster care and residential treatment; something which has been lacking in current resilience research.

Letters of consent developed along with the semi-structured interview questions (see appendices) enable future researchers to have clear guidelines to follow when undergoing this project with Alberta Children and Youth Services, foster parents, residential treatment staff, and the adolescents themselves. This also serves to protect adolescents in care as they are a vulnerable population that requires care and diligence to protect their well being from any unforeseen circumstances that may arise when participating in academic research. Smaller sample sizes proposed in this project would allow for greater depth in exploring factors that impact the resiliency of adolescents in care participating in this study that may not be possible with larger participant numbers. Finally, an approved Application for Ethical Review of Human Research (Appendix I) has been included which can be used as an exemplar to gain approval from a qualified post-secondary institute to undergo this study. This will aid a future researcher in protecting human subjects involved in academic research.

### *Project Limitations*

During the development of this proposed research design a few limitations presented themselves. First and foremost was the approval needed from Alberta Children

and Youth Services for cooperation and access to their foster parents, case workers, residential treatment staff and adolescents currently in care. Within the ministry, issues related to identification of adolescents in care, information sharing and publishing of results, comparisons of adolescents in care to that of a norm group, requesting inducements for adolescent participation, access and participation of case workers and foster parents, follow up meetings with youth and adolescents, and gaining approval of research results before publications could all be potential barriers to overcome when implementing this research design. Moreover, Alberta Children and Youth Services may be resistant to research conducted in their ministry if they perceive that research results could be construed as critical of their policy or practice. Recent cuts to funding for government sponsored programs may become an obstacle because of staff involvement needed to complete the project. Having case workers and residential treatment staff open to participate in two settings of interviews is a key component of this projects success. Furthermore, finding willing participants within Alberta Children and Youth Services could potentially be a limitation once approval from Alberta Children and Youth Services has been obtained.

Another limitation of this project is the number of adolescent participants needed to complete its design. It may be difficult to identify and recruit adolescent participants in all three sample groups that will be entering foster care or residential treatment systems at approximately the same time. Additionally, adolescents in the care system may not stay at the same placement over a six month period and could therefore be unavailable for follow-up questionnaires or interviews which could severely affect the final participant numbers per group. Also, finding a norm population that is similar in ethnicity and

gender to the foster care and residential treatment groups may be more difficult than initially proposed. Perhaps a cross-sectional design based on taking a sample of adolescents during their first and six months in foster care and residential treatment could alleviate some of these potential issues; as well as, decrease the amount of time needed to obtain data.

#### *Future Research Possibilities*

The concept of resiliency and strength-based approaches to research are relatively novel in the history of psychological research practices. Therefore, resiliency is a field that could benefit significantly from concrete data obtained in terms of adolescents in their placement settings. Furthermore, this project design allows for adolescents to be studied over two separate placement environments over a short-term period of time; something which has not been incorporated in similar studies thus far. This may enable future researchers to gain a broader understanding of the processes and mechanisms underlying resilience rather than the contributing factors that relate to its development.

This project's research design is valuable in its delivery because it enables an expansion of the research on adolescents specifically in foster care and residential treatment placements. Once we know what contributes to resiliency for adolescents in care, future practitioners can more effectively facilitate development of resiliency in adolescents to give them the tools they need to get through their adverse life experiences and become caring, contributing, and successful adults. If this research was undertaken it could also lead to better placement decisions and a more client-driven model of care to help promote resilience in adolescents.

Conclusively, this project created a research model with the instruments necessary to assist future researchers to gain a better understanding of resilience and adolescents in foster care and residential treatment. Dissemination of results has the potential to benefit Alberta Children and Youth Services as a whole including case workers, residential treatment staff, foster parents, and ultimately the adolescents themselves to adopt policy and practices to improve resiliency of adolescents in care.

## References

- Ahern, A. R., Kiehl, E. M., Sole, M. L., & Byers, J. (2006). A review of instruments measuring resilience. *Issues in Comprehensive Pediatric Nursing, 29*, 103–125.
- Ansary, S. J., & Perkins, D. F. (2001). Integrating family visitation and risk evaluation: A practical bonding model for decision makers. *Family Relations, 50*, 220–229.
- Arrington, E. G., & Wilson, M. N. (2000). A re-examination of risk and resilience during adolescence: Incorporating culture and diversity. *Journal of Child and Family Studies, 9*(2), 221–230.
- Baer, J. (2002). Is family cohesion a risk or protective factor during adolescent development? *Journal of Marriage and Family, 64*, 668–675.
- Barth, R. P., Wildfire, J., & Green, R. L. (2006). Placement into foster care and the interplay of urbanicity, child behaviour problems, and poverty. *American Journal of Orthopsychiatry, 76*(3), 358–366.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20–28.
- Browne, D. C. (1998). The relationship between problem disclosure, coping strategies and placement outcome in foster adolescents. *Journal of Adolescence, 21*, 585–597.
- Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research and Therapy, 44*(4), 585–599.

- Conger, R. D., & Conger, K. J. (2002). Resilience in midwestern families: Selected findings from the first decade of a prospective, longitudinal study. *Journal of Marriage and Family, 64*, 361–373.
- Crosnoe, R. & Elder, G. H. (2004). Family dynamics, supportive relationships, and educational resilience during adolescence. *Journal of Family Issues, 25*(5), 571–602.
- Curry, J. F. (1991). Outcome research on residential treatment: Implications and suggested directions. *American Journal of Orthopsychiatry, 61*(3), 348–360.
- Davey, M., Eaker, D. G., & Walters, L. H. (2003). Resilience processes in adolescents: Personality profiles, self-worth, and coping. *Journal of Adolescent Research, 18*(4), 347–362.
- Donnon, T., & Hammond, W. (2007a). A psychometric assessment of the self-reported youth resiliency: Assessing developmental strengths questionnaire. *Psychological Reports, 100*, 963–978.
- Donnon, T., & Hammond, W. (2007b). Understanding the relationship between resiliency and bullying in adolescence: An assessment of youth resiliency from five urban junior high schools. *Child and Adolescent Psychiatric Clinics of North America, 16*, 449–471.
- DuMont, K. A., Widom, C. S., & Czaja, S. J. (2007). Predictors of resilience in abused and neglected children grown-up: The role of individual and neighbourhood characteristics. *Child Abuse & Neglect, 31*, 255–274.
- Fein, E. (1991). Issues in foster family care: Where do we stand? *American Journal of Orthopsychiatry, 61*(4), 578–584.

- Flynn, R. J., Ghazal, H., Legault, L., Vandermeulen, G., & Petrick, S. (2004). Use of population measures and norms to identify resilient outcomes in young people in care: An exploratory study. *Child and Family Social Work, 9*, 65–79.
- Gall, M. D., Gall, J. P., & Borg, W. R. (2007). *Educational research: An introduction* (8<sup>th</sup> Ed.). Toronto, ON: Pearson Education, Inc.
- Gardner, M., & Steinberg, L. (2005). Peer influence on risk taking, risk preference, and risky decision making in adolescence and adulthood: An experimental study. *Developmental Psychology, 41*(4), 625–635.
- Goldberg, J. H., Halpern-Felsher, B. L., & Millstein, S. G. (2002). Beyond invulnerability: The importance of benefits in adolescents' decision to drink alcohol. *Health Psychology, 21*(5), 477–484.
- Hines, A. M., Wyatt, P., & Merdinger, J. (2005). Former foster youth attending college: Resilience and the transition to young adulthood. *American Journal of Orthopsychiatry, 75*(3), 381–394.
- Hunter, A. J., & Chandler, G. E. (1999). Adolescent resilience. *Journal of Nursing Scholarship, 31*(3), 243–247.
- Janas, M. (2002). Build resiliency. *Intervention in School & Clinic, 38*(2), 117–122.
- Karapetian Alvord, M., & Johnson Grados, J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice, 36*(3), 238–245.
- Kershaw, T. S., Ethier, K. A., Niccolai, L. M., Lewis, J. B., & Ickovics, J. R. (2003). Misperceived risk among female adolescents: Social and psychological factors associated with sexual risk accuracy. *Health Psychology, 22*(5), 523–532.



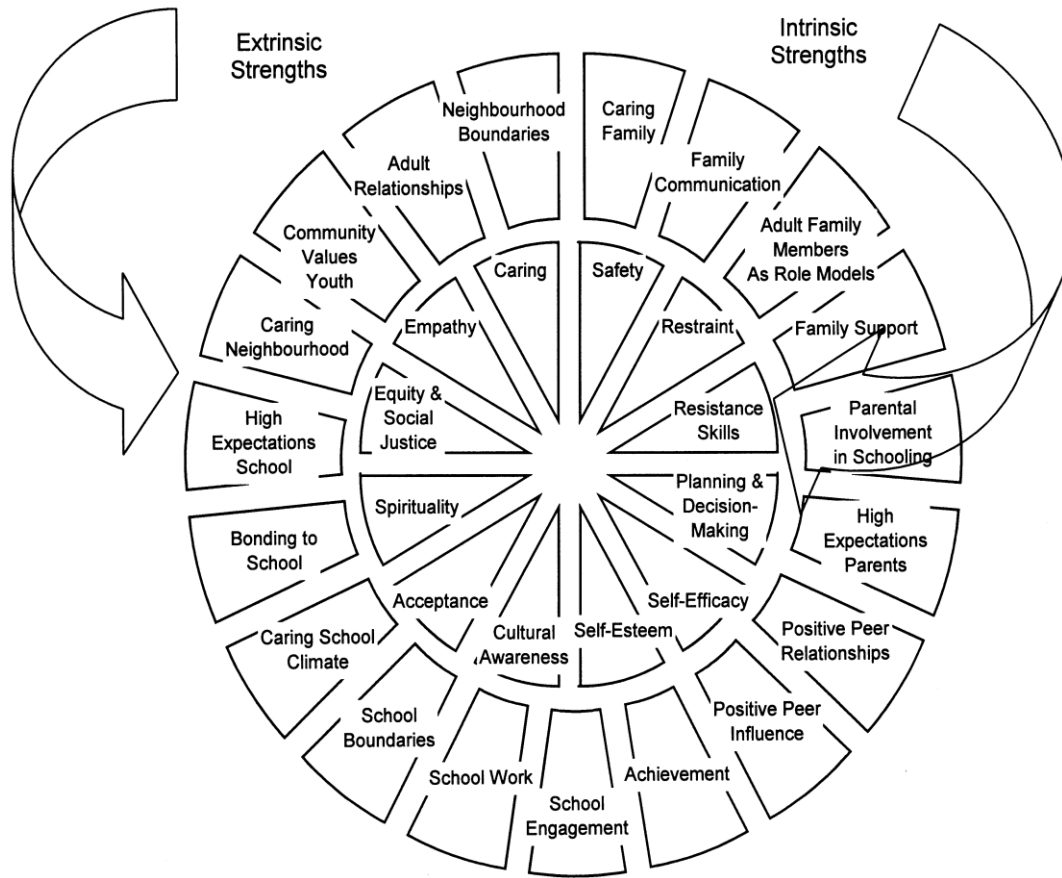
- Kumpfer, K. L., & Franklin Summerhays, J. (2006). Prevention approaches to enhance resilience among high-risk youth: Comments on the papers of Dishion & Connell and Greenberg. *New York Academy of Sciences, 1094*, 151–163.
- Leichtman, M. (2006). Residential treatment of children and adolescents: Past, present, and future. *American Journal of Orthopsychiatry, 76*(3), 285–294.
- Leichtman, M., Leichtman, M. L., Cornsweet Barber, C., & Neese, D. T. (2001). Effectiveness of intensive short-term residential treatment with severely disturbed adolescents. *American Journal of Orthopsychiatry, 71*(2), 227–237.
- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology, 12*, 857–885.
- Lyons, J. S., Libman-Mintzer, L. N., Kisiel, C. L., & Shallcross, H. (1998). Understanding the mental health needs of children and adolescents in residential treatment. *Professional Psychology: Research and Practice, 29*(6), 582–587.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.
- Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology, 19*, 921–930.
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favourable and unfavourable environments: Lessons from research on successful children. *American Psychologist, 53*(2), 205–220.
- Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence, 26*, 1–11.

- Ong, A. D., Bergeman, C. S., Bisconti, T. L., & Wallace, K. A. (2006). Psychological resilience, positive emotions, and successful adaptation to stress in later life. *Journal of Personality and Social Psychology, 91*(4), 730–749.
- Parker, J., & Stanworth, H. (2005). ‘Go for it!’ Towards a critical realist approach to voluntary risk-taking. *Health, Risk & Society, 7*(4), 319–336.
- Resiliency Canada. (2001). *Youth resiliency: Assessing developmental strengths questionnaire*. Retrieved November, 21, 2007 from Dr. Wayne Hammond, President and Executive Director of Resiliency Canada.
- Resiliency Canada. (2006). *Resiliency Canada*. Retrieved November 21, 2007 from [www.resiliencycanada.ca](http://www.resiliencycanada.ca).
- Rew, L., Taylor-Seehafer, M., Thomas, N. Y., & Yockey, R. D. (2001). Correlates of resilience in homeless adolescents. *Journal of Nursing Scholarship, 33*(1), 33–40.
- Rutter, M. (2007). Resilience, competence, and coping. *Child Abuse & Neglect, 31*, 205–209.
- Schofield, G., & Beek, M. (2005). Providing a secure base: Parenting children in long-term foster family care. *Attachment & Human Development, 7*(1), 3–25.
- Small, R., Kennedy, K., & Bender, B. (1991). Critical issues for practice in residential treatment: The view from within. *American Journal of Orthopsychiatry, 61*(3), 327–340.
- Tedeschi, R. G., & Kilmer, R. P. (2005). Assessing strengths, resilience, and growth to guide clinical interventions. *Professional Psychology: Research and Practice, 36*(3), 230–237.

- Tugade, M. M., & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology, 86*(2), 320–333.
- Ungar, M. (2004). The importance of parents and other caregivers to the resilience of high-risk adolescents. *Family Process, 43*(1), 23–41.
- Waller, M. A. (2001). Resilience in ecosystemic context: Evolution of the concept. *American Journal of Orthopsychiatry, 71*(3), 290–297.
- Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process, 35*(3), 261–281.
- Zegers, M. A., Schuengel, C., van IJzendoorn, M. H., & Janssens, J. M. (2006). Attachment representations of institutionalized adolescents and their professional caregivers: Predicting the development of therapeutic relationships. *American Journal of Orthopsychiatry, 76*(3), 325–334.

## Appendix A

### Youth Resiliency Model



(Resiliency Canada, 2006)

<b>Resiliency Factor</b>	<b>Developmental Strength</b>	<b>Description</b>
Parental Support	Caring Family	Family provides a nurturing, caring, loving home environment
	Family Communication	Youth can communicate with family openly about issues/concerns
	Adult Family Role Models	Family provides responsible role models
	Family Support	Family provides trust, support, and encouragement regularly
Parental Expectations	Parental Role in Education	Family is active in providing help/support with education
	High Expectations	Family encourages youth to set goals and do the best he/she can
Peer Relationships	Positive Peer Relationships	Friendships are respectful and viewed positively by adults
	Positive Peer Influence	Friendships are trustworthy and based on positive outcomes
Community Cohesiveness	Caring Neighbourhood	Youth live in a caring and friendly neighbourhood
	Community Values Youth	Adults in the community respect youth and their opinions
	Adult Relationships	Adults try to get to know the youth and are viewed as trustworthy
	Neighbourhood Boundaries	Neighbours have clear expectations for youth
Commitment to Learning At School	Achievement	Youth works hard to do well and get the best grades in school
	School Engagement	Youth is interested in learning and working hard in the classroom
	Homework	Youth works hard to complete homework and assignments on time
School Culture	School Boundaries	School has clear rules and expectations for appropriate behaviours
	Bonding to School	Youth cares about and feels safe at school
	Caring School Climate	School environment and teachers provides a caring climate
	High Expectations	School/teacher encourages goal setting and to do the best he/she can

<b>Resiliency Factor</b>	<b>Developmental Strength</b>	<b>Description</b>
Cultural Sensitivity	Cultural Awareness	Youth has a good understanding and interest in other cultures
	Acceptance	Youth respects others beliefs and is pleased about cultural diversity
	Spirituality	Youth's strong spiritual beliefs/values play an important role in life
Self-Control	Restraint	Believes that it is important for him/her to restrain from substance use
	Resistance Skills	Is able to avoid or say "no" to people who may place he/she at-risk
Empowerment	Safety	Youth feels safe and in control of his/her immediate environment
Self-Concept	Planning & Decision-Making	Youth is capable of making purposeful plans for the future
	Self-Efficacy	Youth believes in his/her abilities to do many different things well
	Self-Esteem	Youth feels positive about his/her self and future
Social Sensitivity & Empathy	Empathy	Youth is compassionate with others and cares about other people's feelings
	Caring	Youth is concerned about and believes it is important to help others
	Equity & Social Justice	Believes in equality and that it is important to be fair to others

**Appendix B**

**Youth Resiliency: Assessing Developmental Strengths Questionnaire (YR: ADS)**



**Youth Resiliency: Assessing Developmental Strengths Questionnaire**

Client ID#: \_\_\_\_\_

Date of Birth: (mth/day/yr) \_\_\_\_\_

Date of Administration: \_\_\_\_\_



### Youth Resiliency: Assessing Developmental Strengths (YR:ADS) Questionnaire

Use pencil or ballpoint pen. **X** or **a** in the circles as in the example below:

This is **not** a test. There are no **right** answers or **wrong** answers. What is important is that you take your time and respond to each statement **honestly and truthfully**.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer all of the following questions:

What is your sex?

Male       Female

How old are you today?

11 or younger       15  
 12       16  
 13       17  
 14       18 or older

What grade are you in?

6<sup>th</sup>       10<sup>th</sup>  
 7<sup>th</sup>       11<sup>th</sup>  
 8<sup>th</sup>       12<sup>th</sup>  
 9<sup>th</sup>

Which of the following best describes your current family setting?

I live with both parents.       Sometimes I live with my mother and sometimes with my father  
 I live with my mother only       I live with one of my parents (mother or father) and a step-parent  
 I live with my father only       I live with a guardian other than my parents

Specify one or more ethnic or cultural groups to which your ancestors belong?

Canadian       Aboriginal Peoples       English, Irish, Scottish, Welsh  
 French       Japanese       South East Asian (e.g., Vietnamese,...)  
 Chinese       Latin-American       South Asian (e.g., East Indian,...)  
 Korean       Filipino       Arab/West Asian, North African  
 Other European       West Indian       Other: \_\_\_\_\_  
 African       Don't know

Do you speak/understand another language at home other than English?

No       Yes      If Yes, please specify: \_\_\_\_\_

What is the highest level of schooling your father (or male guardian) has completed?

Junior high school or less       Some college or university courses  
 High school       A college diploma or university degree  
 Trade, technical or vocational certificate       Not applicable

What is the highest level of schooling your mother (or female guardian) has completed?

Junior high school or less       Some college or university courses  
 High school       A college diploma or university degree  
 Trade, technical or vocational certificate       Not applicable



**How much do you agree or disagree with the following?****Choose one answer for each.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I believe that it is important to help others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My family provides me with lots of support.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel safe in my community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My friends behave responsibly.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It is important for me to do well in school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I believe my life has purpose.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am capable of planning ahead.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I can talk honestly with my parents/guardians.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My spiritual beliefs/values play an important role in my life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My parents/guardians encourage me to do the best I can.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I care about my school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I believe that it is important to be fair to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My family makes me feel good about myself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My friends are respected by adults in the community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel comfortable asking my neighbours for help.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My neighbours have clear expectations for the young people in my community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My school has clear consequences for inappropriate behaviour.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My school encourages students to set goals and work hard to achieve them.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My parents/guardians are interested in what I have to say.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I try to avoid unsafe situations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I feel positive about my future.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. My school environment is a caring place.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. My teachers encourage me to do the best I can.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I can trust my friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How much do you agree or disagree with the following?****Choose one answer for each.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
25. I work hard to get the best grades/marks I can in school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I am able to do many different things well.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I respect the beliefs of different cultures.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My parents/guardians are active in helping me succeed in school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Adults in my community respect my opinions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I can rely on my friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. My parents/guardians help me with my school work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. My neighbours care how I behave in our community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I believe that I can do things as well as other people my age.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. My parents/guardians treat me with respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. My parents/guardians think that I am a responsible person.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I am interested in learning about the cultures of other people.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I feel that I have a strong sense of belonging to my traditions/culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. My parents/guardians encourage me to set goals and work hard to achieve them.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I try to say things in a way that will not hurt people's feelings.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I try to do homework every day.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My parents/guardians respect my feelings.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I believe it is important for me not to use alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I believe it is important for me not to use drugs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I am able to say "no" to my peers/friends when they want to do something I think is wrong.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I believe it is important for me not to use tobacco products.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. My family often tells me how important I am to them.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I talk to my parents about any serious issue or concern.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. My parents/guardians are proud of me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How much do you agree or disagree with the following?****Choose one answer for each.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
49. I feel safe in my school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. I feel safe in my neighbourhood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. My closest friends do well at school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. I am interested in what we learn in the classroom.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. I feel that I have something to contribute in life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. I always complete my assignments for school on time.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. I am concerned about other people's feelings.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. I care about how other people are doing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Adults in my neighbourhood make an effort to get to know the young people that live there.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. My school has clear rules about what is acceptable behaviour.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. I avoid people who may get me into trouble.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. My teachers really care about me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. My parents/guardians ask me about what I am doing at school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. I always try to do the best work I can at school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. I have a good understanding of other races or cultures.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Adults in my community make me feel like I am important.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. My parents/guardians respect my feelings.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. I can count on many adults in my life to give me the support I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. My teachers have high expectations for me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. My closest friends have clear goals and expectations for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. My parents/guardians spend a lot of time helping other people.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. People in my community care about young people that live there...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. I try to be successful at whatever I do.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Adults in my neighbourhood make me feel like I am part of the community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How much do you agree or disagree with the following?****Choose one answer for each.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
73. I know that I can count on my friends to do the right thing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. I am able to make good choices.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. I consider the adults in my life to be responsible people.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. I feel that I have strong spiritual beliefs and values.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. My parents/guardians know they can trust me to do the right thing...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. I am pleased to live in a place that has people from many different cultures.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. My teachers treat me with respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. I never worry about what other people think about me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. My family gives me a lot of love.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. My friends respect me for who I am.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. I like to take on new challenges.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. I live in a very caring community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Adults in my community treat me with respect.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. My parents/guardians like the friends I have.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. I am concerned about helping others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. My parents/guardians help me to understand myself better.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. I feel safe even when I am at home by myself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Adults in my neighbourhood are trustworthy people.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. I feel badly when people I know are sad.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. I believe it is important that all people are given equal opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. I know I can trust my parents to be there when I need them.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. I like who I am as a person.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. My friends are liked by teachers in school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. My parents/guardians always praise me when I have done something well.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How much do you agree or disagree with the following?  
Choose one answer for each.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
97. It is easy for me to make good grades.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. I understand everything that is said to me in the classroom.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. I have a lot of talent.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Reading has been easy for me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Math has been easy for me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. I do not believe that I have learning problems.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. I am always on time and remember what I am supposed to do.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. I am good at writing down my thoughts and what I know.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. I am interested in school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. I do not spend time with friends who often get into trouble.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. I do not get into trouble with teachers at school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. It is important for me to attend school everyday.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. I do not try to get away with as much as I can.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. I am not good at lying to get out of trouble.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. I always think before I act.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. I can wait for things like other kids can.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. I do not have trouble falling asleep or staying asleep.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. I do not jump from one activity to another.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. I can keep my attention on anything.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. I do not worry a lot about things.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Teachers do not complain that I cannot sit still.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. I learn from my mistakes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. I do not think a lot about my size or weight.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. I do not feel lonely.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How much do you agree or disagree with the following?**

**Choose one answer for each.**

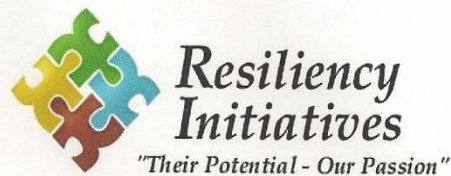
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
121. I tend not to break rules.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. I have at least one adult (not parent/guardian) in my life who accepts me for who I am.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. There is one adult (not parent/guardian) in my life who I value and look t as a role model.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. There is one adult (not parent/guardian) in my life that I feel safe with and can discuss my problems.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**During the last week, how many times have you...**

	5 or More Times	3-4 Times	Twice	Once	Not At All
125. Participated in sports or recreational activities <u>in your school</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. Participated in sports or recreational activities <u>in your community</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Volunteered in your community.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. Participated in music, drama, art or dance lessons.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. Attended spiritual/religious/faith activities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Completed at least one hour of homework each school day.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Read for pleasure.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**During the last month, how many times have you...**

	5 or More Times	3-4 Times	Twice	Once	Not At All
132. Drank alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. Smoked cigarettes or chewed tobacco.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Used marijuana.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Involved with bullying another person.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. Been picked on or bullied by another person.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Skipped school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. Gambled or played the lottery.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



School of Graduate Studies  
The University of Lethbridge

**Date 2/7/10**

#11, 1715 - 27th. NE  
Calgary, Alberta T2E 7E1  
T (403) 274-7706  
F (403) 769-9500  
who@resil.ca  
www.resiliencyinitiatives.ca

To Whom it May Concern:

Resiliency Initiatives is pleased to support Krysta Wosnack in her research thesis "A PROPOSED CASE STUDY OF RESILIENCY: COMPARING FOSTER CARE AND RESIDENTIAL TREATMENT USING A MIXED-METHODS APPROACH". Please accept this letter as our permission for the full and supported use by Krysta Wosnack of Resiliency Initiatives's resiliency questionnaires - Child Resiliency: Assessing Developmental Strengths (CD:ADS) and Youth Resiliency: Assessing Developmental Strengths.

We look forward to supporting Krysta Wosnack in her unique and novel research activities.

Sincerely,

A handwritten signature in black ink, appearing to read "Wayne Hammond", is written over a horizontal line.

Wayne Hammond, Ph.D.

CEO and President

Resiliency Initiatives

## Appendix C

### Pre-Interview Questions for Parents/Guardians/Residential Treatment Workers

Pre-Interview Questions
Date: _____
Placement: _____
Name of Parent/Guardian/Residential Treatment Worker: _____
Initials of Case Study Adolescent: _____
1. What is your parenting/agency philosophy?
2. What disciplining/management strategies are you currently employing?
3. What is the goal or mission of your environment as it pertains to adolescents?
4. Resiliency has been described as the ability to adapt and thrive in the face of adversity. What do you believe is needed for an adolescent to gain resiliency?
5. What strategies do you use to build trust and develop a relationship with your children/adolescents?
6. What strategies do you use to build resilience with your children/adolescents?
7. What do you believe is most detrimental to building a child's resilience?



## Appendix D

### Post-Sixth Month Questions

Post-Interview Questions for Adolescents	
Date:	_____
Placement:	_____
Initials of Case Study Adolescent:	_____
1.	Can you describe your initial reaction to your foster care/residential treatment placement? [skip this question with norm sample group]
2.	Can you describe how this reaction has changed or stayed the same over the last six months? [skip this question with norm sample group]
3.	What have you learned about yourself during the past six months?
4.	How has your relationship with your parents/foster parents/caregivers changed over the last six months?
5.	What things in your environment give you feelings of hope for the future?
6.	What things in your environment make it hard to have hope for the future?
7.	What people in your life give you hope for the future?
8.	What people in your life make it hard to have hope for the future?
9.	Resiliency has been described as the ability to adapt and thrive in the face of adversity or challenges. What or who do you believe has contributed to your resilience over the past six months in a positive way?
10.	If you could go back and change or re-live something in the past six months, what would it be and why?
11.	What things/places/people have been meaningful to you over the past six months? Why do you think they were meaningful?
12.	What advice would you give another adolescent entering the foster care/residential treatment system? [skip this question with norm sample group]
13.	What do you believe has made you stronger when looking back over the past six months?

### Post-Interview Questions for Parents/Guardians/Residential Treatment Workers

Date: \_\_\_\_\_

Placement: \_\_\_\_\_

Name of Parent/Guardian/Residential Treatment Worker: \_\_\_\_\_

Initials of Case Study Adolescent: \_\_\_\_\_

1. What changes (if any) have you noticed in your youth/adolescent over the past six months?
2. What or who do you believe are the major contributors to these changes?
3. How has your relationship and level of trust changed between you and your adolescent over the past six months?
4. What do you believe has contributed to resiliency gains in your adolescent over the past six months?
5. What, if anything, in the last six months has detracted from your adolescent's ability to gain resilience?
6. What consistencies or inconsistencies have you noticed over the past six months in terms of your adolescent's behaviour at home, school, and in the community?
7. Can you describe any key moments or instances in the past six months where you noticed positive gains in your adolescent's resiliency?



## Appendix E

### Participant (Adult) Consent Form

#### **A Case Study of Resiliency: Comparing Foster Care and Residential Treatment Using a Mixed-Methods Approach**

You are being invited to participate in a study entitled *A Case Study of Resiliency: Comparing Foster Care and Residential Treatment Using a Mixed-Methods Approach* that is being conducted by Krysta Wosnack. Krysta Wosnack is a graduate student in the Faculty of Education at the University of Lethbridge and you may contact her if you have further questions by phone at (780) 977-8082 or by e-mail at [krysta.wosnack@uleth.ca](mailto:krysta.wosnack@uleth.ca).

As a graduate student, I am required to conduct research as part of the requirements for a degree in the Master's of Education program in Counselling Psychology. It is being conducted under the supervision of Dr. Wayne Hammond, President and Executive Director of Resiliency Canada and Dr. Thelma Gunn, Full Time Faculty Member at the University of Lethbridge. You may contact my supervisor Dr. Wayne Hammond at (403) 280-1856 Ext. 16 or by e-mail at [resiliencyinitiatives@gmail.com](mailto:resiliencyinitiatives@gmail.com). You may contact my supervisor Dr. Thelma Gunn at (403) 329-2455 or by e-mail at [thelma.gunn@uleth.ca](mailto:thelma.gunn@uleth.ca).

The purpose of this research project is to study and compare adolescents in foster care and residential treatment across different time intervals during their placement in order to answer the following questions: (1) How does resilience in adolescents change over the course of their first six months in-care?; (2) What are the unique aspects of foster care and residential treatment, as perceived by adolescents, that make them resilient?; and (3) What are the implications of these findings pertaining to resilience of adolescents in foster care and residential treatment systems?

Research of this type is significant because results will emphasize the importance of resilience in foster care and residential treatment populations and how children services, social workers, residential treatment staff, and foster parents can utilize this information

to better facilitate resilience in their adolescent charges. Understanding what contributes to positive adaptation, through resilience research; in foster care and residential treatment adolescents can help practitioners develop effective prevention and intervention strategies to help the vast number of adolescent's in-care.

You are being asked to participate in this study because findings will indicate strengths internal and external to adolescents that contribute to their positive adaptation despite the adversity they have faced inherent to being a foster care or residential treatment adolescent. Results will help practitioners (Alberta Children and Youth Services and their affiliates) develop a foster care and residential treatment environment conducive to healthy and positive adaptation outcomes.

If you agree to voluntarily participate in this research, your participation will include signed consent by your department agreeing to allow this study to take place and a list of available case workers or foster families that fit the participant requirements for the study (FOIP allowing).

Participation of foster care and residential treatment adolescents will include:

- completing the YR: ADS questionnaire on two separate occasions during their first six months in-care: 1<sup>st</sup> month and 6<sup>th</sup> month (available on-line in web-based format or in paper-and-pencil format)
- participating in a recorded individual interview during their sixth month in-care.

Participation of case workers/foster parents/residential treatment staff/parents/guardians will include:

- participating in two recorded individual interview sessions during the adolescent's first and sixth month in-care.

Participation in this study may cause some inconvenience to you, including questions and/or inquiries about the foster care and residential treatment systems from Krysta Wosnack, and possibly mediation between Krysta Wosnack and case workers, treatment centres, or foster families. There are no known or anticipated risks to you by participating in this research.

The potential benefits of your participation in this research include access to adolescent foster care and residential treatment resiliency measures which provide a resiliency profile that can be utilized by practitioners (e.g., social workers, teachers, foster agencies, etc.) to develop strength-building prevention and intervention strategies in family and community settings.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or explanations. If you do withdraw from the study, data gathered will not be analyzed. You may withdraw anytime during the six month data gathering stage, and up to two weeks after the final interviews and questionnaire's have been completed.

In terms of protecting participant's anonymity, identifying information will be collected insofar as to create a master list for coding for individual participants. Only Krysta Wosnack and her supervisors will have access to this list. Participants will be informed of their anonymity verbally and in their letter of consent. No names will appear anywhere on the data.

Participant's confidentiality and the confidentiality of the data will be protected with accessibility of the data only being available to Krysta Wosnack and her supervisors. No identifying information will be linked to the data and participants will be informed of their confidentiality verbally and in their letter of consent.

Other planned uses of this data include the researcher's thesis, future publications, and/or conferences. Resiliency group profiles will be made available to you (Alberta Children and Youth Services) to use for intervention and/or prevention programs for foster care and residential treatment youth. Participants will be informed verbally and in the letter of consent of possible uses for data and will be ensured anonymity and confidentiality in data results and uses.

Data from this study will be locked in a secure cabinet, accessible only to the researcher and her supervisors. Data will be kept for five years; then destroyed by shredding.

Participants will be informed of the researcher's plans for preserving, protecting, and destroying the data verbally and in their letter of consent.

It is anticipated that the results of this study will be shared with others in the following ways: researcher's thesis, published articles, and group profiles and trends will be made available to Alberta Children and Youth Services.

In addition to being able to contact the researcher and the supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting Dr. Richard Butt, the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

\_\_\_\_\_  
*Name of Alberta Children and Youth  
Services Employee*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***A copy of this consent will be left with you, and a copy will be taken  
by the researcher.***



## Appendix F

### Participant (Child) Letter of Request

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#### **A Case Study of Resiliency: Comparing Foster Care and Residential Treatment Using a Mixed-Methods Approach**

**K. Wosnack, M. Ed: Counselling Psychology Student**

**University of Lethbridge**

Krysta Wosnack is a student in the Master's of Education: Counselling Psychology program at the University of Lethbridge who is conducting a research study of resiliency in adolescents in foster care and residential treatment.

Adolescents in foster care and residential treatment between the ages of 11-18 entering their first month in-care are wanted for participation in questionnaire's and an interview during a six month time period. Adolescents in foster care and residential treatment will contribute to research developing resiliency profiles for adolescents during their first six months in-care. Findings will indicate strengths internal and external to adolescents in foster care and residential treatment that contribute to their positive adaptation despite the adversity they have faced. Results will help practitioners develop a foster care and residential treatment environment conducive to healthy and positive adaptation outcomes.

Questionnaire's will take approximately 60 minutes to complete and will need to be administered twice over the six month period: during the 1<sup>st</sup> month in-care and during the 6<sup>th</sup> month in-care. Interviews will be recorded, conducted on an individual basis and will take approximately 90-120 minutes to complete; interviews will occur once during the study for adolescents during the 6<sup>th</sup> month in-care and twice for care workers and foster parents: during the 1<sup>st</sup> month and during the 6<sup>th</sup> month in-care. Questionnaires and interviews can be conducted in the foster family's home, the residential treatment centre, or a place more suitable for the adolescent.

The purpose of this research project is to study adolescents in foster care and residential treatment across different time intervals during their placement in order to answer the

following questions: (1) How does resilience in adolescents change over the course of their first six months in-care?; (2) What are the unique aspects of foster care and residential treatment, as perceived by adolescents, that make them resilient?; and (3) What are the implications of these findings pertaining to resilience and foster care and residential treatment research?

Research of this type is significant because results will emphasize the importance of resilience in foster care and residential treatment populations and how children services, social workers, and foster parents can utilize this information to better facilitate resilience in their adolescent charges. Understanding what contributes to positive adaptation, through resilience research, in foster and residential treatment adolescents can help practitioners develop effective prevention and intervention strategies to help the vast number of adolescents' in-care.

Support for this study is very much appreciated. If you would like to participate in this study, please contact Krysta Wosnack at (780) 977-8082 or through e-mail at [krysta.wosnack@uleth.ca](mailto:krysta.wosnack@uleth.ca).





Faculty of Education

## Appendix G

### Participant (Child) Consent Form

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#### **A Case Study of Resiliency: Comparing Foster Care and Residential Treatment Using a Mixed-Methods Approach**

Your foster care/residential treatment child is being invited to participate in a study entitled *A Case Study of Resiliency: Comparing Foster Care and Residential Treatment Using a Mixed-Methods Approach* that is being conducted by Krysta Wosnack.

Krysta Wosnack is a graduate student in the Faculty of Education at the University of Lethbridge and you may contact her if you have further questions by phone at (780) 977-8082 or by e-mail at [krysta.wosnack@uleth.ca](mailto:krysta.wosnack@uleth.ca)

As a graduate student, I am required to conduct research as part of the requirements for a degree in the Master's of Education program in Counselling Psychology. It is being conducted under the supervision of Dr. Wayne Hammond, President and Executive Director of Resiliency Canada and Dr. Thelma Gunn, Full Time Faculty Member at the University of Lethbridge. You may contact my supervisor Dr. Wayne Hammond at (403) 280-1856 Ext. 16 or by e-mail at [resiliencyinitiatives@gmail.com](mailto:resiliencyinitiatives@gmail.com). You may contact my supervisor Dr. Thelma Gunn at (403) 329-2455 or by e-mail at [thelma.gunn@uleth.ca](mailto:thelma.gunn@uleth.ca).

The purpose of this research project is to study adolescents in foster care and residential treatment across different time intervals during their placement in order to answer the following questions: (1) How does resilience in adolescents change over the course of their first six months in-care?; (2) What are the unique aspects of foster care and residential treatment, as perceived by adolescents, that make them resilient?; and (4) What are the implications of these findings pertaining to resilience and foster care and residential treatment research?

Research of this type is significant because results will emphasize the importance of resilience in foster care and residential treatment populations and how children services,

social workers, residential treatment staff, and foster parents can utilize this information to better facilitate resilience in their adolescent charges. Understanding what contributes to positive adaptation, through resilience research, in foster care and residential treatment adolescents can help practitioners develop effective prevention and intervention strategies to help the vast number of adolescence in-care.

Your foster care/residential treatment child is being asked to participate in this study because they are between the ages of 11-18 and are entering their first month of foster care/residential treatment. He/she will contribute to research developing resiliency profiles for adolescents during their first six months in-care. Findings will indicate strengths internal and external to adolescents that contribute to their positive adaptation despite the adversity they have faced. Results will help practitioners develop a foster care and residential treatment environment conducive to healthy and positive adaptation outcomes.

If you agree to permit your foster care/residential treatment child to participate in this research, his/her participation will include:

- completing the YR: ADS questionnaire twice during their first six months in-care: during the 1<sup>st</sup> month and the 6<sup>th</sup> month (available on-line in web-based format or in paper-and-pencil format)
- participating in a recorded individual interview during their sixth month in-care.

If you agree to permit your foster care/residential treatment child to participate in this research, your participation will include:

- participating in two recorded individual interview session during the adolescent's first and sixth month in-care.

Participation in this study may cause some inconvenience to your child, including negative emotions and feelings that may be brought up during the questionnaire and interview process; a list of contacts and referrals will be given to you and your foster care or residential treatment child in case your foster care or residential treatment child would like to de-brief with someone about what was brought up for them.

There are some potential risks to your foster care/residential treatment child by participating in this research and they include experiencing feelings of loss, abandonment and/or anger when completing the questionnaire and interview as questions about their current placement may remind them of not being with their biological families. To prevent or to deal with these risks, referrals and contacts to counselling services and/or psychologists will be available to the adolescent throughout the study.

The potential benefits of your foster care/residential treatment child's participation in this research study include getting to know themselves better; as well as, getting to know their individual strengths. The adolescent will also be helping practitioners (Alberta Children and Youth Services, Social Workers, Teachers, Foster Parents, etc.) create an environment more conducive to developing their strengths and positive adaptation strategies in the future.

Your foster care/residential treatment child's participation in this research must be completely voluntary. If you do decide to allow your foster care/residential treatment child to participate, you may withdraw your permission (and your adolescent from the study) at any time without any consequences or explanations. If your adolescent does withdraw from the study his/her data will not be used in data analysis. You may withdraw anytime during the six month data gathering stage, and up to two weeks after the final interview and questionnaire have been completed.

In terms of protecting your foster care/residential treatment child's anonymity, any identifying information will be collected insofar as to create a master list for coding individual participants with an ID number. Only Krysta Wosnack and her supervisors will have access to this list. No names will appear anywhere on the data.

Your foster care/residential treatment child's confidentiality and the confidentiality of the data will be protected with accessibility of the data only being available to Krysta Wosnack and her supervisors. No identifying information will be linked to the questionnaire or the interview during data collection, analysis, or results.

Other planned uses of this data include the researcher's thesis, future publications, and/or conferences. Resiliency group profiles will be made available to Alberta Children and Youth Services for the creation of intervention and/or prevention programs for foster care and residential treatment youth.

Data from this study will be locked in a secure cabinet, accessible only to the researcher and her supervisors. Data will be kept for five years; then destroyed by shredding.

It is anticipated that the results of this study will be shared with others in the following ways: researcher's thesis, published articles, and group profiles and trends will be made available to Alberta Children and Youth Services.

In addition to being able to contact the researcher and the supervisors at the above phone numbers and e-mails, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting Dr. Richard Butt, the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researcher, and that you consent to having your foster care/residential treatment child participate in the study.

_____	_____	_____
<i>Name of Adolescent</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Name of Guardian or Foster Parent</i>	<i>Signature</i>	<i>Date</i>

***A copy of this consent will be left with you, and a copy will be taken  
by the researcher.***



## Appendix H

### Participant (Child) Reminder Letter

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#### **A Case Study of Resiliency: Comparing Foster Care and Residential Treatment Using a Mixed-Methods Approach**

**K. Wosnack, M. Ed: Counselling Psychology Student**

**University of Lethbridge**

Krysta Wosnack is a student in the Master's of Education: Counselling Psychology program at the University of Lethbridge who is conducting a research study of resiliency in adolescents in foster care and residential treatment.

Our records show that you have failed to return your completed Youth Resiliency: Assessing Developmental Strengths questionnaire which was made available to you on-line and by paper-and-pencil format. Please complete the questionnaire and submit it via e-mail ([krysta.wosnack@uleth.ca](mailto:krysta.wosnack@uleth.ca)) or by registered mail (postage provided) at your earliest convenience possible.

The impact of this research depends and relies upon your valued and continued cooperation. Thank you for taking the time to complete the questionnaire. A hard copy has been included in this package for you with a return envelope in case you have misplaced your original copy.

The purpose of this research project is to study adolescents in foster care and residential treatment across different time intervals during their placement in order to answer the following questions: (1) How does resilience in adolescents change over the course of their first six months in-care?; (2) What are the unique aspects of foster care and residential treatment, as perceived by adolescents, that make them resilient?; and (3) What are the implications of these findings pertaining to resilience and foster care and residential treatment research?

Research of this type is significant because results will emphasize the importance of resilience in foster care and residential treatment populations and how children services, social workers, and foster parents can utilize this information to better facilitate resilience in their adolescent charges. Understanding what contributes to positive adaptation, through resilience research, in foster and residential treatment adolescents can help practitioners develop effective prevention and intervention strategies to help the vast number of adolescents' in-care.

Support for this study is very much appreciated. If you experience problems submitting the questionnaire on-line or by mail, please contact Krysta Wosnack at (780) 977-8082 or through e-mail at [krysta.wosnack@uleth.ca](mailto:krysta.wosnack@uleth.ca).



## Appendix I

### Application for Ethical Review of Human Research

#### Faculty of Education

#### Instructions.

Use the *Ethics Applications Guidelines* to complete this form. The Guidelines and all other forms are available on the Faculty of Education web site:

<http://www.edu.uleth.ca/>

2. Submit one (1) original and three (3) copies to Office of Graduate Studies and Research, Faculty of Education. *Handwritten or electronic applications will not be processed.*
3. Use the appropriate included *Participant Consent Form (template)* to construct your consent form (page 9 - 12).

#### A. Applicant Information

Principal Investigator: **Krysta Wosnack** E-mail: [krysta.wosnack@uleth.ca](mailto:krysta.wosnack@uleth.ca)

Mailing Address: **5 Laird Place** Phone: **(780) 977-8082**  
**St. Albert, AB, Canada T8N 4N4**

Are you:  Faculty  Staff  Graduate Student  Undergraduate Student

If you are a student:

Name of Supervisors: E-Mail: [thelma.gunn@uleth.ca/wh@resiliencyinitiatives.ca](mailto:thelma.gunn@uleth.ca/wh@resiliencyinitiatives.ca)  
**Dr. Thelma Gunn** Phone: **(403) 329-2455/**  
**Dr. Wayne Hammond** **(403) 280-1856 Ext. 16**

#### B. Project Information

Project Title: **A Case Study of Resiliency: Comparing Foster Care and Residential Treatment Using a Mixed-Methods Approach**

Geographic location of study: **Alberta**

**Will this study involve schools located in Zone 6?**  No  Yes

*Note:* If this study will involve schools within Zone 6, once HSRC approval has been granted, the Office of Graduate Studies and Research in Education will forward the proposal for district/school approval prior to the study beginning. You will be notified by the Chair, HSRC upon receipt of district/school approval.

Is this a class project?  **No**  **Yes** *Note:* A class project application is normally submitted by an instructor who is teaching a research course and whose students will be conducting a mini-research project for the course.

Have you applied for funding for this project?  No  Yes (If “yes”, complete the following.)

Source(s) of funding:  
**Social Sciences and  
 Humanities Research  
 Council of Canada**

Exact title of grant(s):  
**Joseph-Armand Bombardier Canada Graduate  
 Scholarship – Master’s**

Other Investigators on this project:

Name	Institutional Affiliation	E-mail address
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Employees (e.g., research assistants) should not be listed as investigators. If investigators change, inform the Chair of HSRC.

Proposed:

Start Date: **June 1, 2009** (allow 4-6 weeks for review)

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### C. Signatures

Your signature indicates that you agree to abide by all policies, procedures, regulations and laws governing the ethical conduct of research involving humans. Policies and procedures can be found on the Faculty of Education web site <http://www.edu.uleth.ca/>.

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Project?**  **No**  **Yes** *Note: A Student Project Requires the Signature of a Faculty Supervisor*

The signature of the supervisor below indicates that the supervisory committee has reviewed and approved the student’s proposal and that the supervisor has assisted the student in the preparation of this application.

Faculty Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



### D. Scholarly Review

Many research projects must undergo scholarly review. What type of scholarly review has this research undergone?

- None
- External Peer Review (e.g., granting agency)
- Supervisory Committee (required for all student research projects)
- Special Review (explain below)

### E. Research Project Information

*The following information is required by the Committee to review the ethics of your research. Items marked by \* must be included as part of the process of informed consent for participants. Researchers are encouraged to adapt the information provided to the Committee for the consent form and process (see attached “Participant Consent Form” templates). The use of lay language is required. **Use the space provided.** If more information must be provided, append an additional page and label with the appropriate heading.*

**\*1. What are the purposes and objectives of your research?**

The purpose of this research project is to study and compare a norm group to adolescents in foster care and residential treatment across different time intervals during their placement in order to answer the following questions: (1) How does resilience in adolescents change over the course of their first six months in-care?; (2) What are the unique aspects of foster care and residential treatment, as perceived by adolescents, that make them resilient?; and (3) What are the implications of these findings pertaining to resilience of adolescents in foster care and residential treatment systems?

**\* 2. Why is this research important? What contributions will it make?**

Research of this type is significant because results will emphasize the importance of resilience in foster care and residential treatment populations and how children services, social workers, residential treatment staff, and foster parents can utilize this information to better facilitate resilience in their adolescent charges. Understanding what contributes to positive adaptation, through resilience research; in foster care and residential treatment adolescents can help practitioners develop effective prevention and intervention strategies to help the vast number of adolescent's in-care.

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**F. Participants**

**\*3a. How will you recruit participants?**

- By letter (enclose a copy)
- By telephone (enclose the script)
- By advertisement (enclose a copy)
- Through another organization or a third party (e.g., school records) *Enclose evidence of permission to use these organizations or third parties in recruitment.*
- Other (please describe below)

A letter of consent explaining the purpose of the study, the practical applications and the level of participation needed must be approved by Alberta Children and Youth Services (see Appendix A); possible participants will be identified through Alberta Children and Youth Services in conjunction with case workers and foster families. Specifically, I am in the process of contacting Ken Dropko, Director of the Research and Innovation Branch and Brian Frevel, Senior Manager of the Research and Innovation Branch in the Department of Children and Youth Services in Alberta as well as Judi Weston, Project Support Coordinator at the Regional Office for the Edmonton and Area Child and Family Services Authority to discuss procedural information for gaining approval for the study and for soliciting participants. Once a list of possible contacts is available, a letter of request for participation will be sent out to the appropriate contacts (case workers or foster families) indicating the purpose of the case study, the benefits of participation, participation requirements, and the anonymity and confidentiality ensured for respondents.

**\*3b. How will participants be selected? In the space below, provide the description you will use in the consent process to inform participants of why and how they were selected for inclusion in the study.**

Participants will be selected based on their age and time spent in foster care and residential treatment. Participants need to be between the ages of 11-18 and be entering their first month of foster care/residential treatment in order to qualify for this study. Adolescents in the foster care and residential treatment system will be under the authority and guardianship of Alberta Child and Family Services and will therefore be nominated by the Department of Children and Youth Services. Adolescents will be contacted (in conjunction with their care-givers) to determine if they are willing to participate in the study. Once adolescents are selected as participants their respective care-giver(s) (e.g., foster parent, case worker, treatment worker) will also be selected as participants for the study. Selected participants will contribute to research developing resiliency profiles for adolescents over their first six months in-care. Findings will indicate perceived strengths internal and external to the adolescents that contribute to their positive adaptation despite the adversity they have faced inherent to being an adolescent in foster care/residential treatment. Results will help practitioners develop a foster care and residential treatment environment conducive to healthy and positive adaptation outcomes. Adolescents from the norm sample group will be selected from Bellerose Composite High School within St. Albert Protestant Schools as there is diverse programming (e.g., Registered Apprenticeship program, Knowledge and Employability program, International Baccalaureate program, Gaining Occupational and Life Skills program, Sports Academy) and a wide variety of families to request participants from as a norm representative sample. Doug McDavid, Deputy Superintendent of St. Albert Protestant Schools and George Mentz, Principal of Bellerose Composite High School will be contacted to gain initial permission for the study. Following this, participants will be nominated by their high school counsellors as adolescents between the ages of 11-18 that are comparable in demographics to the adolescent participants in the foster care and residential treatment setting. Nominated norm group adolescents will be contacted to request their participation in the study and their respective parent(s) will also be selected. I anticipate 10-20 adolescents in each sample group (i.e., foster care, residential treatment, and norm sample).

**\*4a. The competence and ability of potential participants to make informed decisions about whether to participate is an important consideration. Describe your prospective participants:**

- Competent adults                       Incompetent adults  
 Competent children/youth       Incompetent children/youth  
 A protected or vulnerable population (e.g., inmates, patients)

Alberta Children and Youth Services in conjunction with care workers and counsellors in conjunction with parents in the norm sample will be asked to determine if the nominated adolescents are considered to be a protected and vulnerable population based on the inability to make informed decisions in their own best interests. Selected participants will be those that are identified as having the competence and ability to make informed decisions indicative of a mature minor status so as to counteract any negative effects that may harm a protected and vulnerable population.

**\*4b. Provide details of the types of participants who will be included in the study (e.g., numbers, gender, age, position).**

Ideally, there will be 20 participants in each category (i.e., norm sample, foster care sample, and residential treatment sample) that are comparable in age and gender across the three sample groups. However, considerations must be taken into account for the amount of eleven-eighteen year olds entering foster care and residential treatment at approximately the same time. It is expected that participants will be ethnically diverse with roughly half being of Aboriginal ancestry. Preferably, there will be an even distribution between male and female participants to allow for statistical analysis of gender roles within resiliency measures. Foster parents, residential treatment workers, and parents/guardians of the adolescent participants will also be active participants in this study.

**\*5. If participants will/may not be able to provide consent for themselves, how will you gain consent? *See the Ethics Application Guidelines for further detail if your research involves children.***

Alberta Children and Youth Services are the government ministry responsible for foster care and residential treatment placement of adolescents within the province of Alberta; and as such, need to approve this case study and access to youth before the study can be initiated. Following this, a letter of consent will be sent out to the appropriate contacts (e.g., foster parents, residential facilities, etc.) containing the letter of request for participation; letters of consent must be signed by parents/guardians/foster parents/case workers of adolescents (for youth under the age of 18) and by the adolescent themselves.

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#### G. Procedures

**\*6a. Which of the following will the participants be expected to complete? (check all that apply)**

- be interviewed individually
- complete a questionnaire
- participate in a group interview
- be observed
- provide access to records or other personal materials
- Other (specify below)

The nature of this study involves two administrations of the questionnaire, two rounds of interviews for parents/guardians/residential workers/foster parents occurring during the adolescents first and sixth month in-care, and one round of interviews with the adolescents after the six month period. Adolescent participants will receive an option to either complete the questionnaire on-line in web-based format or off-line in paper-and-pencil format. Interviews will be conducted individually and will include behavioural observations.

**\*6b. Provide details to your answer in 6a (e.g., name of questionnaire, source of documents, type of task). *In an appendix, provide sample interview questions, copies of instruments, or examples of questionnaire items. Indicate below which appendix contains the information.***

This case study will utilize Resiliency Canada's questionnaire entitled: Youth Resiliency: Assessing Developmental Strengths (YR: ADS) (see Appendix B). Specific items can be incorporated in the questionnaire to tailor its use specifically for a foster care or residential treatment population; or for possible research questions regarding specific internal or external resilient-based strengths in a population. An interview component will be administered to foster parents, residential treatment staff, parents/guardians, and the adolescents themselves in addition to the administration of the YR: ADS. Initial interview questions (at zero months in care) will be administered to foster parents, residential treatment workers, and parents/guardians of the participant's only (see Appendix C). Questions used will be based on parenting/agency philosophies, disciplinary strategies, and beliefs about adolescent resilience to create a basis for the environment the youth will be immersed in. Subsequent interviews will take place individually with the adolescents and also with their foster parents/residential treatment workers/parents/guardians after a six month period (see Appendix D). Questions used will be based on trends and themes noticed from the resiliency measures on the first administration of the questionnaire. Interviews will follow a semi-structured format incorporating rapport building, open questions, flexibility of discussion topics, and observational techniques. Some open-ended questions that may be incorporated during the interview process are: "How has your relationship with your foster parents/caregivers changed over the past 6 months?", "Can you describe your initial reaction to your foster care placement?", "What have you learned about yourself during the past 6 months?", "What things in your environment give you feelings of hope for your future?", "What things in your environment make it hard to have hope for the future?", "What people in your life give you hope for the future?", "What people in your life make it hard to have hope for the future?". Utilizing this mixed method will serve to corroborate findings across data sources and strengthen qualitative descriptions and observations.

**\*6c. How will these procedures and methods be described to participants in the process of obtaining informed consent?**

Adolescents will be selected from the nominated participants as identified by Alberta Child and Youth Services and Counsellors at Bellerose Composite High School. Contact information will be requested from the participants by Alberta Children and Youth Services and Counsellors for the purposes of the study before being forwarded on to the research investigator; contact information will include a phone number and mailing address. A letter of request for participation will be sent out to the appropriate contacts (case workers, foster families, and parents/guardians) indicating the purpose of the case study, the benefits of participation, participation requirements, and the anonymity and confidentiality ensured for respondents (see Appendix E). A letter of consent will be included in the package containing the letter of request for participation; letters of consent must be signed by parents/guardians/ foster parents of adolescents as well as the adolescent themselves (see Appendix F). Due to the complex nature of this study and the active participation needed by the adolescent and their parent/guardian/case worker/foster parent it is important that all parties involved be fully informed about the study basis of resiliency and the youth's perspective as well as give their written consent for the participation requirements. Informed consent will also be administered orally prior to the administration of the YR: ADS and the individual interviews.

**\* 6d. How much time will be required to participate?**

Adolescent participants will be required to participate twice over a six month period. Questionnaire completion should take approximately 1 hour during the 1st month and 6th month. Interviews should take approximately 1 ½ - 2 hours during the 6<sup>th</sup> month. Therefore, participants can expect to participate for a total of approximately 4 hours over a six month time period. Adult participants will be required to participate in two interview sessions over the six month period taking approximately 1 ½ - 2 hours per interview for a total of 4 hours of participation over the sixth month time period.

**\*6e. Where will participation happen?**

The YR: ADS questionnaire may be completed on-line in web-based format or hard copy and can therefore be done in either an area in the youth's home with computer access or another area comfortable to the adolescent. Adolescents will be supervised by the primary research investigator (Krysta Wosnack) whether they choose to complete the survey on-line or in hard copy format. Security for the on-line survey (e.g., username and password) will be provided by and under the authority of Dr. Wayne Hammond, Executive Director of Resiliency Canada and Co-Creator of the YR: ADS. Participants completing the survey on-line or in hard copy will be requested to complete the questionnaire in one sitting and cannot go back to change items on the questionnaire once it is submitted. Questionnaire responses will remain confidential and anonymous as adolescents will be provided a coded number to identify them on the hard copy and the on-line versions; their name will not appear on the questionnaire and the master list containing the adolescents name and their numbered code will only be accessible to the research investigator and her two supervisors and will be kept in a locked cabinet in the researchers office. Appointments for interview sessions will be made in advance with guardians and treatment workers of adolescents, and the adolescents themselves after the six month time period, and will take place in an area familiar and comfortable to the respondent. Each interview with adolescents will be in isolation from parents/guardians, foster families and case workers to ensure confidentiality and optimal validity of answers.

**\*6f. What special training or qualifications are required for data gatherers?**

The administrator of the YR: ADS needs only to be familiar with the questionnaire's administration guidelines and does not need any graduate level training in assessment. The interviewer needs only to be familiar with the interview questions and the semi-structured interview format allowing for flexibility of questions and responses. The individual analyzing the data from the questionnaire and the interviews should have completed a Masters level course in Assessment and Research Methods. I will be the only person administering, gathering, and analyzing the results (with supervision by my supervisors when needed) and I have the above qualifications.



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## H. Potential Risks and Benefits

**\* 7. What are the potential or known inconveniences associated with participation and how will these be described in the consent process?**

Negative emotions and feelings may be brought up for the adolescent participants during the questionnaire and interview process; a list of contacts and referrals will be given to participants and their respective guardians in the letter of consent and verbally in case participants would like to de-brief with someone about what was brought up for them.

**\*8a. Are there any of the following potential risks to participants?**

physical    social    psychological    emotional    economic    Other  
(specify)

**\* 8b. Provide details to your answer below and describe how you will explain the risks to participants.**

There are some potential risks to adolescent participants in this research, specifically they may include experiencing feelings of loss, abandonment and/or anger when completing the questionnaire and interview as questions about their current placement may remind them of not being with their biological families. To prevent or to deal with these risks, referrals and contacts to counselling services and/or psychologists will be available to the adolescent and their guardians throughout the study. Both adolescents and their parents/guardians/foster parents/case workers will be informed of this risk in the consent letter and verbally prior to the administration of the YR: ADS and the individual interviews.

**\* 9. If there are any anticipated risks, how will they be minimized and dealt with if they occur (e.g., provide referrals to counselling services)? How you will describe this minimization to participants.**

Before administering the questionnaire or the interviews I will remind participants that their responses will only be used in my research study and for general information purposes for Alberta Children and Youth Services and that they will not be used to determine success of out of home placements. Participants will also be informed that they can choose to not complete the questionnaire or respond to the interview questions and/or stop at any time without consequence by telling the administrator (me).

**\*10a. Are there any potential or known benefits associated with participation?**

directly to the participant     to society     to state of knowledge

**\*10b. How will you describe these benefits to the participant?**

The potential benefits of participation will be included in the consent letter and described verbally to participants and will include getting to know themselves better as well as getting to know their individual strengths. The adolescent will also be helping practitioners (Alberta Children and Youth Services, Social Workers, Teachers, Foster Parents, etc.) create an environment that they perceive to be more conducive to developing adolescent strengths and positive adaptation strategies in the future.

**\* 10c. If there are any inducements (e.g., gifts, compensation, grades, bonus points) to participate, what are they and why are they necessary?**

There are no inducements to participate

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## I. Consent

**\*11a. Informed consent requires that participation be voluntary and that the participants have the right to withdraw at anytime without consequences. How will you explain these options to potential participants?**

The consent letter will outline that participation is voluntary and that there will be no consequences to guardians or their adolescent charges should they choose not to participate. Parents/guardians/foster parents/case workers will be informed that participation or non-participation in this study will not impact their youth's out of home placement. The consent letter will also outline that adolescents can withdraw from the study for up to two weeks following post-interviews and questionnaires. The administrator will also explain to participants prior to the administration of the YR: ADS or the interviews that they can stop whenever they want by notifying the administrator. Adolescents will be informed that there will be no negative consequences for quitting the study.

**\*11b. What happens to a person's data if he/she withdraws part way through the study?**

- it will not be used in the analysis
- it is logistically impossible to remove individual participant data
- it will be used in the analysis if the participant agrees to this (specify how this agreement will be obtained)

**\*11c. How will you explain this to the participants?**

The consent form will outline that if a participant withdraws part way through the study, their data will be destroyed by shredding their documents and will not be used in the data analysis of the study upon its completion. However, two weeks after post-administration of the questionnaire and the interviews is complete the participant can no longer rescind consent. This will be outlined in the consent form as well as verbally to adolescents and their respective guardians.

**\*12a. Are you in any way in a position of authority or power over participants?**

*Examples of a "power over" dilemma include teachers/students, therapists/clients, and supervisors/employees.*

No  Yes (If "yes", explain your relationship and how coercion will be prevented.)

**\* 12b. Provide a description of how this will be discussed in the consent process.**

**\* 13. How will you provide for ongoing consent by participants during the data gathering period? How will this be described to participants? *This is primarily an issue in research that occurs over multiple occasions or an extended period of time.***

One month before post-administration of the questionnaire to adolescents and post-interviews with adolescents and their parents/foster parents/guardians/case workers, a letter will be sent home to adolescents and their guardians reminding them of their participation in this study and the upcoming administration date of the YR: ADS and the post-interviews. Adolescents and adult participants will be reminded that they may revoke their consent at this time by contacting the primary investigator (me) or her supervisor if they wish to terminate their participation in the study.

**\* 14. Do you anticipate that this research will be used for a commercial purpose?**

No  Yes (If "yes", explain how you will describe this to the participants in the consent process.)

The consent form will outline that other planned uses of this data include the researcher's thesis, future publications, and/or conferences. Resiliency group profiles will be made available to Alberta Children and Youth Services by Krysta Wosnack at no cost for the possible creation of intervention and/or prevention programs for foster care and residential treatment youth. However, individual's names and results will not be disclosed.

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## **J. Anonymity and Confidentiality**

Questions 15 and 16 deal with anonymity and confidentiality. While these two concepts are related, they are NOT the same. Please refer to the Guidelines and the brief definitions below to assist you in answering these questions.

Anonymity refers to the protection of the identity of participants. Anonymity can be provided along a continuum, from “complete” to “no” protection. Complete protection means that no identifying information will be collected.

**\* 15a. Will the anonymity of participants be protected?**

Yes (completely)     Yes (partially)     No

**\* 15b. If “yes”, how will anonymity be protected and how will this be explained in the consent process?**

Identifying information will be collected insofar as to create a master list for coding for individual participants. Only the head researcher and their supervisor will have access to this list. Participants will be informed of their anonymity verbally and in the letter of consent. No names will appear anywhere on the data. Care-givers will be involved in the study insofar as participants themselves (e.g., participation in the interview process, personal perceptions and observations of the adolescents over the 6 month period) but will not be collecting data from the adolescents or soliciting information from the adolescents about their responses. Care-givers will know if their adolescent charges have been selected to participate as they will be selected as participants in conjunction with their adolescents. Care-givers role in the participation process will be explained verbally to them and on the consent form during the informed consent process.

**\* 15c. If “no”, justify why loss of anonymity is required and explain how this will be explained in the consent process.**

*Confidentiality refers to the protection, access, control and security of the data and personal information.*

**\*16a. Will you provide confidentiality to the participants and their data (print & electronic)?**

Yes  No

**\*16b. If “yes”, how will confidentiality be protected and how will this be explained in the consent process?**

Data will only be accessible to the researcher and their supervisor. No identifying information will be linked to the data. Data from this study will be locked in a secure cabinet, accessible only to the researcher and her supervisors. Data will be kept for five years; then destroyed by shredding. Participants will be informed of their confidentiality verbally and in the letter of consent.

**\*16c. If “no”, justify the lack of confidentiality and explain how this will be explained in the consent process.**

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## K. Results and Uses of Data

**\* 17. What other uses will be made of the data? How will this be described to participants?**

Data may be used in the researcher’s thesis, future publications and/or conferences. Re profiles may be made available to Alberta Children and Youth Services in an effort to e intervention and prevention programs for in care youth. Participants will be informed v the letter of consent of possible uses for data and will be ensured anonymity and confid data results and uses.

**\*18. When the research is complete what are your plans for preserving and protecting data or for destroying data (print & electronic)? How will these plans be described to participants?**

All data will be locked in a secure cabinet, accessible only to the researcher and her supervisors. Data will be kept for five years, and then destroyed by shredding. All electronic data will be protected by a password known only to me. At the end of the study, all data will be printed off and stored in the locked cabinet while the electronic copies will be permanently deleted after printing. All hard copies of data pertaining to this study will be destroyed by shredding five years after completion of the study. Adolescents and their guardians will be informed of the researcher's plans for preserving, protecting, and destroying the data verbally and in the letter of consent.

**\* 19a. How do you anticipate disseminating your results?**

- |  |   |
|--|---|
| <input type="checkbox"/> Directly to participants                          | <input checked="" type="checkbox"/> Published article     |
| <input checked="" type="checkbox"/> Thesis/Dissertation/class presentation | <input type="checkbox"/> Internet                         |
| <input checked="" type="checkbox"/> Presentations at scholarly meetings    | <input checked="" type="checkbox"/> Other (specify below) |

Resiliency group profiles may be made available to Alberta Children and Youth Services

**\* 19b. How will you describe the dissemination of results to participants during the consent process?**

The consent form will outline that I plan to disseminate my results in a thesis project and that the results may also be disseminated in future publications and/or possible conferences/workshops. Resiliency group profiles may also be made available to Alberta Children and Youth Services in an effort to expand their intervention and prevention programs for foster care and residential treatment youth.

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### L. Contact Information

**20. How will participants be able to contact you (and/or your supervisor) if they have questions or concerns about the study?**

*Provide telephone numbers that participants may use for the principal investigator, and (if applicable) the student's supervisor, and other researchers. The consent form must include the telephone number of the Chair, U of L Ed Faculty HSRC (403-329-2425).*

Participants will be able to contact me by phone (780-977-8082) and/or by e-mail ([krysta.wosnack@uleth.ca](mailto:krysta.wosnack@uleth.ca)). Participants will also be able to contact my supervisor, Dr. Thelma Gunn, by phone (403-329-2455) and/or by e-mail ([thelma.gunn@uleth.ca](mailto:thelma.gunn@uleth.ca)) and my supervisor, Dr. Wayne Hammond, by phone (403-280-1856 ext. 16) and/or by e-mail ([resiliencyinitiatives@gmail.com](mailto:resiliencyinitiatives@gmail.com)).

**\* 21a. Other than the investigators, what are the names of individuals (employees or volunteers) who will be involved in data gathering or management? If not known at the time of submission, provide this information to us when it becomes available.**

1. N/A

**21b. If these individuals require special training, skills, and/or qualifications, what are they and how will they be adequately prepared?**

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### M. Additional review criteria

**22. If there is anything else you believe the Committee should know about this study, provide that information below.**



**23. If applicable, attach the following documents to this application. Check those that are appended.**

- Consent forms (use the attached *Participant Consent Form Template*)
- Recruitment materials (for individuals, organizations, etc.)
- Interview schedules
- Questionnaires
- Permission to gain access to confidential documents or materials
- Approval from external organizations where required (or proof of having made a request for permission). In the case of studies involving schools within Zone 6, once HSRC approval has been granted, the Office of Graduate Studies and Research in Education will forward the proposal for district/school approval prior to the study beginning. You will be notified by the Chair, HSRC upon receipt of district/school approval.