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## Juvenile offenders' self-perceptions of resilience during an intervention program

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JUVENILE OFFENDERS' SELF-PERCEPTIONS OF RESILIENCE  
DURING AN INTERVENTION PROGRAM

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Erik Gerald Roth

June 2012

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DURING AN INTERVENTION PROGRAM

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Erik Gerald Roth

June 2012

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## ABSTRACT

This research study looks into juvenile offenders self-perceptions of factors associated with resilience during an intervention program. It breaks resilience into two categories, traits shown to be associated with resilience, known as internal traits, and protective factors shown to lead to resilience, known as external traits. Data on these two categories were obtained through offender self-report. It was hypothesized that there would be a positive correlation between the level of resilience assets reported by the participants and the level of the program that the participants were in. Results showed evidence of a negative correlation between the two factors, rejecting the null hypothesis. Further study into the effectiveness of using strength-based intervention approaches in juvenile and adult facilities was recommended.

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## CHAPTER ONE

### INTRODUCTION

This section introduces resilience within the context of today's juvenile justice system. It will also describe the purpose of the study and why it is important at this time. It will end by explaining the importance of this study for the field of social work and the possible influences it may have on the field in the future.

#### Problem Statement

One question that has been pondered for years in the juvenile justice realm is how best to deal with juvenile offenders. Rehabilitation versus incarceration has been an ongoing debate for both the criminal and juvenile justice systems. However, even among those who believe in rehabilitation for offenders, there is still much disagreement about how to best accomplish it. Numerous research studies have addressed issues related to the rehabilitation of juvenile offenders.

Over the last 20 to 30 years, one increasingly important concept often discussed in relation to rehabilitating juvenile offenders has been research into resilience. Most research shows that protective factors



associated with resilience have a highly promising effect on reducing adolescent problem behaviors. With research into resilience and its related protective factors showing such positive results thus far, many programs are adding or incorporating ways to foster protective factors in their at-risk or offending clients.

These changes are taking place in a juvenile justice system that previously had been concerned with only risk factors found in adolescents and how to address those. As risk factors are virtually opposite of protective factors, this change in thinking will not come easily to most professionals in the field of juvenile justice and rehabilitation. Changing practices and thought processes from focusing on the negative risk factors to focusing on strengths-based positive factors will mean a major shift in how juvenile justice and rehabilitation are conceptualized and practiced. The paradigm shift from the punishment of juvenile offenders to their rehabilitation using the strengths based approaches of protective factors and resilience requires additional research to test the efficacy of new intervention programs.

### Purpose of the Study

The purpose of this study is to gain understanding into the effects that juvenile offender treatment facilities have on the nurturance of protective factors leading to resilience in juvenile offenders. As agencies begin to use resilience and protective factor research to inform their intervention strategies, it is becoming increasingly necessary to make sure that those new intervention strategies are effective. Research must continually be done on these new strategies to see what is working and what is not working. If the strategies are not effective, then reasons for this must be ascertained and steps taken to remedy it.

In order to collect information on the resilience levels of those within their programs, the Research unit of the San Bernardino County Probation Department will give three separate questionnaires to wards in a juvenile offender residential program as part of a longitudinal study. The program, called Gateway, is supported by the Juvenile Court of San Bernardino County. The first questionnaire will be given to wards upon intake into the program, the second will be given to them at a half point and the third will be given to them shortly before

graduation from the program, approximately 12 to 16 months after the first questionnaire. Before the Probation Department undertakes its longitudinal study however, a study designed as a pilot and empirical testing of the instrument was conducted. This pilot and empirical study will be the research described in this paper. The results of this study will be based on a single questionnaire given to all wards within the Gateway program at a given point in time.

The questionnaire given was created to assess self-reported characteristics of resiliency as defined by Benard (1991, 1993), as well as several protective factors thought to lead to resilience. The questionnaire used is similar to Constantine and Benard's Healthy Kids Resiliency Assessment in the makeup of the questions, however many questions were reworded due to differing environmental situations in the Gateway program from the population of the study for which the assessment was originally created.

The results of the pilot questionnaires were compared against each other depending on the level of the program that the participant was in. Participants in the early levels of the program were compared to participants

in the later levels of the program with the hopes that they would show an increase in the characteristics of resilience as they progressed through the program.

#### Significance of the Project for Social Work

Due to the recent influx of research done on protective factors and the preponderance of positive results protective factors seem to have on adolescent offenders' recovery, many juvenile offender rehabilitation and treatment facilities have begun using strategies to foster and enhance what they view as protective factors in their juvenile populations. The hope is that with greater personal assets and environmental protectors, adolescents leaving these facilities may overcome the impact of risk factors more easily, or more often, and have fewer instances of criminal reoffense.

An insufficient amount of research has yet to be done on the effects of these new protective factor enhancing strategies. Questions that need to be addressed are whether or not these strategies to foster protective factors in the lives of adolescent offenders work as intended, as well as if adolescents are graduating from

these rehabilitation programs with new assets to make them successful in the future.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Chapter two will provide a general history and overview of the concept of resilience. It will follow some of the major contributors through the progression from how to define resilience and what makes up resilience, to the importance of the concept and its use within the educational and juvenile justice systems. It will also provide a basic overview of the current knowledge base on this topic and where and how this research study will fit into that.

#### Theories Guiding Conceptualization

The concept of resilience, as named, is only some 25 or 30 years old. However, the concept has been around much longer, having been studied under such concepts as invulnerability or invincibility. Dyer and McGuinness (1996), in their own review of resilience literature suggest several articles in which invulnerable children were studied. One such article was Anthony (1974), in which it was found that, as stated by Dyer and McGuinness (1996), invulnerable children were those that "focused on

supportive relationships with parents as well as an active mastery within themselves" (p. 276-277).

Another article in which invulnerable and invincible children were studied was done by Werner and Smith (1982). Their study, which looked at 698 children born in the year 1955 on the island of Kauai, Hawaii, looked at the differences between children who were considered healthily adapted and those who were seemingly less well adjusted. The study found that those children who were considered healthily adapted, or "invulnerable," most often had higher levels of parental involvement in their early lives. They were also seen as more socially active and able to elicit attention from others more easily. This study is seen as a pioneering step in developing the concept of resilience (Dyer & McGuinness, 1996; Luthar, Cicchetti, & Becker, 2000).

Following these studies, the terms "invulnerable" and "invincible" began to lose favor among researchers because of the terms' fixed and rigid qualities (Dyer & McGuinness, 1996). Researchers began seeing the concept as having a more flowing quality that may be present in different quantities throughout a person's lifetime based on their current circumstances. Rutter (1987), who really

first began to define and analyze the concept of resilience, referred to resilience as a "fluid" concept that acts to moderate the effects of risk or stress in an individual (Dyer & McGuinness, 1996).

The belief that resilience acts to moderate risk factors is one that seems to be shared among many resilience researchers (Rutter, 1987; Jessor et al., 1995; Luthar & Zigler, 1991). These researchers commonly believe that what is known as protective factors, or as described by Dyer and McGuinness (1996), as certain healthy abilities or resources that a person can access if needed, are not the theoretical opposites of the risk factor. For some time these two concepts were seen as complete opposites, where as the level of protective factors increased in an individual, the level of risk factors would decrease and vice versa. It was then argued by Rutter (1987) that risk factors and protective factors are not opposing sides of the same scale but that they each influence behavior independently of the other. So as risk factor levels are high and create problem behaviors in individuals, protective factors, if also high, will work to moderate those problem behaviors (Rutter, 1987).



The most used definition of resilience seems to refer to people bouncing back from adversity and being able to go about their lives in a healthy manner (Benard, 1993; Dyer & McGuinness, 1996; Prince-Embury, 2008; Santa, 2006). Dyer and McGuinness' suggestion that resilience is highly affected and influenced by protective factors, while not often directly referred to in others' writings, seems to be a general assumption held by resiliency researchers. Benard (1991, 1993) describes the relationship between resiliency and protective factors by suggesting that protective factors are the factors that lead to the attainment of resiliency characteristics. Due to this close relationship between resiliency and protective factors, much of the research around resilience revolves around the presence of protective factors in an individual's life (Benard, 1991, 1993).

There has been a great deal of research on protective factors and the traits and characteristics of a person that function as protective factors. Garmezy (1985) offers three general categories in which he believes protective factors fit. The first category is personality features, the second category is positive

family interactions, and the third is positive interactions and support from individuals outside of the family (Rutter, 1987).

Prince-Embury (2008) using very similar categories to Garmezy, suggests many different examples of protective factors within each of the three categories. In her first category which encompasses personal qualities of the individual, similar to Garmezy's personality features, she offers protective factors such as easy temperament, autonomy, effective coping strategies, and communication skills. For Prince-Embury's second category, pertaining to an individual's social environment and similar to Garmezy's second category of positive family interactions, she includes protective traits such as family cohesion and structure, emotional support, and positive styles of attachment. Her third category, related to Garmezy's third category, includes environmental protective factors, in which she includes factors such as positive school experiences, good peer relations, and positive relationships with adults other than parents (Prince-Embury, 2008, Garmezy, 1985).

In both of the previous two articles, the researchers seem to be discussing protective factors and

resilience characteristics as interchangeable notions. Although many researchers use these two terms interchangeably, others talk about protective factors as leading to characteristics of resilience, thus making them two separate entities. Still other researchers use terms such as vulnerability, in place of either or both of those terms (Luthar, Cicchetti, & Becker, 2000). Luthar, Cicchetti, and Becker (2000) describe several such discrepancies within resiliency research that lead to criticism for the entire construct of resiliency as a field of study. Most of the criticisms of the construct of resiliency revolve around inconsistencies in terminology and definitions vital to the construct and understanding of resiliency itself.

As noted earlier, Benard (1991, 1993) uses the terms of resilience and protective factors as separate and distinct concepts. She offers four attributes of a resilient child. These attributes, which include social competence, problem-solving skills, autonomy, and a sense of purpose and future, are qualities that most children possess that have been shown to be resilient in the face of adversity. Benard then discusses protective factors in the lives of these resilient children that have been

shown to lead to those characteristics of resiliency. She breaks these protective factors into three categories, caring and support, positive expectations, and ongoing opportunities for participation (Benard, 1991, 1993).

Each of these categories can then be fostered within three distinct environments of the child's life, the family, at school, and in the community. For instance, a child must feel cared for and supported by a loving adult at home, at school, and in the community. The child must also feel that there is someone in each of these environments that has positive and high expectations for that child to live up to. Last, the child must have meaningful and positive opportunities to participate in each of the three environments that make the child feel like they have some control over their environment. With high amounts of all of these factors, the child should show high levels of the attributes of a resilient child and have a higher chance of being resilient when met with high stress or traumatic situations (Benard, 1991).

There is a fair amount of research that shows the effects of protective factors on the behaviors of children and adolescents. Much of that research has

involved adolescents who have a high level of risk factors, as those are the individuals who have the most potential to show the mitigating effects of protective factors. That research is then usually conducted within one of two populations. The first is either in schools or pertaining to protective factors relating to schools as schools are the place where research and innovations due to research have the highest potential to affect a large number of adolescents.

#### Resilience within the Educational System

Jessor et al. (1995) did a study on over 8000 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> graders. This study looked at three different protective factors, including positive orientation to school, and three separate risk factors in order to see the relation between protective factors, risk factors, and adolescent problem behavior. The study found that in all four waves of results, protective factors helped to reduce the amount of problem behavior even when in conjunction with high levels of risk factors (Jessor et al., 1995).

Sprott, Jenkins, and Doob (2005) outlined a longitudinal study done with over 22,000 Canadian

children ages 11 and below, over a span of 25 years. The study looked at the effects of an adolescent's commitment to school and education on three risk factors leading to early delinquency. The three risk factors examined were early aggression, cumulative risks, and peer deviance. The study found, across the board, that a strong school bond led to lower levels of early delinquency for adolescents with both high levels and low levels of each of the three risks (Sprott, Jenkins, & Doob, 2005).

#### Resilience within the Juvenile Justice System

Performing such research on high risk adolescents in schools and seeing the positive effects that protective factors had on them opened up research in another field. The second population in which the majority of resilience research is performed is the juvenile offender population. Considering the effects of protective factors on at risk children, opens up much debate on whether or not these same protective factors can be fostered within adolescents who have already offended and the affects that that will have on rehabilitation and reoffense.

Lodewijks, de Ruiter, and Doreleijers (2010) performed a study on an unspecified number of adolescent

offenders split into three groups. The purpose of the study was to explore the impact of protective factors on adolescent reoffense. The hypothesis was that in both low and high risk groups, the presence of protective factors could help to buffer against reoffense. The buffering effect was found to be evident in the high risk cases of all three of the groups, as well as the low risk cases of two of the groups. However, it was thought that the third group of low risk offenders did not show the same results because of a much smaller sample size (Lodewijks, de Ruiter, & Doreleijers, 2010).

A similar study done by Carr and Vandiver (2001) on 76 adolescent offenders sought to determine protective factors having an effect on whether or not the adolescence would reoffend or not. Their hypothesis was that nonrepeat offenders would show higher levels of protective factors than would repeat offenders, as well as lower levels of risk factors. Six protective factors were studied; personal characteristics, familial conditions, positive role models, peer selection, school interests, and activities and hobbies. It was found that levels of all six protective factors were on average, higher in the group of nonrepeat offenders than they were

in repeat offenders. Interestingly, it was also found that the total number of risk factors in the two groups was not significantly different (Carr & Vandiver, 2001).

With research being done on juvenile offender populations and the research showing protective factors' positive results, there are those (Woodward, 2008) who have began calling for a greater use of this knowledge to help inform interventions used with this population. Woodward (2008) believes that providing protective factors to adolescent offenders should be just as important as assessing for risk factors because providing protective factors may be the more effective of the two options (Woodward, 2008).

There are treatment programs that have started implemented strategies designed to increase the level of protective factors in their clients. One program using protective factors, described by Jenson and Vance (2004), is the New Hampshire Division for Juvenile Justice Services. Using their own strength-based assessment for protective factors, they have identified several protective factors that are commonly lacking in the lives of their youth. Eventually they plan to use this information to develop treatment plans targeted towards



providing or enhancing those missing protective factors (Jenson & Vance, 2004).

Another program beginning to consider protective factors in their treatment programs is the County of San Bernardino Probation Department. One of their treatment facilities, named Gateway, is using research on resilience and protective factors to inform the treatment processes of their wards. This program is the one that was studied for the purposes of this research project, with the intent of exploring the possible effects the program has had on levels of protective factors present in their youth since the youths' intake into the program. This research study will be one of few that have examined the effects of already implemented procedures developed to foster protective factors within the population of a juvenile offender treatment program.

#### Summary

In the current research done on resiliency and protective factors, there has been much evidence to show that protective factors have a positive and mitigating effect on the influences of risk factors in adolescents' lives. Through this work with the schools, as well as

adolescent offender populations, juvenile offender treatment and rehabilitation programs have begun taking into consideration the research on protective factors when implementing their services. Unfortunately, there has not been a large amount of research on the effectiveness of these new strategies and whether they are accomplishing their goal of fostering protective factors in the adolescents they serve. This research study attempts to address some of those issues.

## CHAPTER THREE

### METHODS

#### Introduction

This section will describe how the study will be done. It will discuss the methods used to carry out the data collection as well as the limitations of those methods. Information on participant sampling and data collection and instrumentation will also be provided. Finally, it will include a discussion on the protection of human participants as well as a description of how the data will be analyzed.

#### Study Design

This study was designed to explore juvenile offenders' self-perceptions of resilience characteristics acquired during an intervention program. It used a quantitative method of data collection in the form of a questionnaire. A questionnaire was used for several reasons. The first reason is that the whole population of the intervention program was intended to be studied, and due to time constraints, using a qualitative method to do this was not practical. The second reason is that due to the nature of the treatment facility in which the

subjects are being treated, getting access to the population for the extended period of time needed' for qualitative data collection would have proven extremely difficult. The final reason for using quantitative measures is that this study was designed as a pilot and empirical test for a long term study being done by the San Bernardino County Probation Department. The use of a standardized questionnaire will make this process easier to duplicate as well as easier to compare.

Since this study includes only a single round of data collection it will not include data on the same individuals in the different time frames of the program. This could affect the results as the data compared in the differing time frames will be based off of separate individuals' beginning levels of resiliency at entry to the program. If the initial resiliency characteristics of each of the individuals differ to a large degree, it could make comparing the differing individuals at separate time frames less valid than comparing the different time frames of the same individual.

Despite these limitations, the hypothesis of this study is that levels of resiliency characteristics will increase as the phase of the program the wards are in

increases. In other words, the levels of resiliency characteristics reported by offenders will continue to rise during their stay in the intervention program.

### Sampling

The population within the treatment facility is usually 35 to 40 individuals. The initial intent for this research study was to get the participation of each of those individuals. Unfortunately, due to concerns with the potential vulnerabilities of a juvenile population and concerns with obtaining proper informed consents of participation, as well as insufficient time to address those concerns, the minors within the program were unable to be included in the data collection process. Hence, the data collected for this study was from the participants of the program that were over the age of 18 and able to sign their own informed consent forms. Restricting the participants to those who were age 18 or over ultimately meant the number of participants was limited to eighteen individuals.

## Data Collection and Instruments

The data were collected using a single questionnaire (APPENDIX. A) which was given to the participants at each of the two Gateway facilities. Both facilities are considered Gateway, however, they treat individuals in different levels of the program. One facility treats juveniles in levels one and two. Individuals in levels one and two have likely been in the program for a shorter length of time and are subject to greater restrictions as well as a more structured schedule. The second facility houses individuals in levels three through five. These levels correspond to individuals who have been in the program longer and who have earned additional freedoms and opportunities. All participants in the separate facilities were given the questionnaire at the same time.

The questionnaire used to collect data from the participants has a total of 61 items. Two of these questions are about demographics. The demographic information included information on which level of the program the participants are in, as well as information about their age. There was not enough demographic information to identify participants.

The remaining 59 items are split into two main subcategories. The first subcategory is made up of questions about the participant's level of external resilience factors. These are assets that are provided by the individual's environment. External assets were then split into five subscales. These subscales are based on the environment in which the external assets would be fostered and they include parents, Gateway, peers, school, and community. Each of these subscales is then split into two or three facets. The facets are based on actions within the environments that help to foster resiliency. They include caring relationships, high expectations, and meaningful participation.

Questions one through 39 all deal with external assets. The subscale of parents can be broken down into caring relationships (epCR), questions one and two, and high expectations (epHE), questions three through five. The Gateway subscale can be split into caring relationships (egCR), questions six through eight, high expectations (egHE), questions nine through 11, and meaningful participation (egMP), questions 12 through 14. The peers subscale is split into caring relationship (epCR), questions 15 through 17, and high expectations

(epHE), questions 18 through 20. The subscale of school can be split into all three of the facets, caring relationships (esCR), questions 34 through 36, high expectations (esHE), questions 37 through 39, and meaningful participation (esMP), questions 31 through 33. The final external subscale of community was also split into all three facets, caring relationships (ecCR), questions 24 through 26, high expectations (ecHE), questions 27-30, and meaningful participation (ecMP), questions 21 through 23.

The remaining items (40-59) all represent internal factors of resiliency. These are assets that come from within the individual and are often seen as directly resulting from the presence of external assets in an individual. For this study, internal factors are further broken down into five subscales. These subscales include cooperation and communication (iCC), questions 45, 48, 51, 55, 56, and 57, empathy (iE), questions 46, 52, 54, problem solving (iPS), questions 40, 41, 42, and 43, self-awareness (iSA), questions 49, 58, and 59, and goals and aspirations (iGA), questions 44, 47, 50, and 53. Internal factors were not further split into facets.



The questionnaire was adapted from Constantine and Benard's Healthy Kids Resilience Assessment (Constantine, Benard, & Diaz, 1999, & Constantine & Benard, 2001) which was created for use within secondary schools. The questionnaire used in this study asks the same basic questions with minor changes in phrasing and terminology due to the differing environments in which it was intended to be used.

#### Procedures

Data was gathered from both Gateway facilities. The questionnaires were given to participants at each facility during one of their group sessions. These sessions are led by program employees, known as Caseload Counselors. Caseload Counselors are probation officers that work with the wards on a daily basis and are responsible for helping them progress through the program.

Those conducting the research informed the participants of their right to not participate in the study through a reading of the consent statement (APPENDIX. B). The participants were allowed to take their questionnaires into their living spaces so that the

presence of program employees did not affect their answers.

#### Protection of Human Subjects

Names and other identifying information were not used for this study. As noted earlier, a limited amount of demographic information was collected, but not enough to identify participants. To provide further security, the questionnaires are being kept in a locked cabinet in the office of the supervising researcher of the participating probation department.

#### Data Analysis

The construct that is being studied in this research project is resilience. For the sake of this project, resilience is broken down into eight different subscales. Five subscales will focus on internal assets of individuals which have been shown to be present in many resilient individuals. For this study these assets will be referred to as "resilience characteristics." These resilience characteristics include empathy, autonomy/sense of self, problem solving, cooperation and communication, and goals and aspirations. The other three subscales will focus on external assets found in the

environments of the participants. These will be addressed as "protective factors" for the purpose of this study. They include caring relationships, high expectations, and meaningful participation.

The variables used in the study are the levels of the program that the participants are in, as well as the constructs of resiliency characteristics and protective factors described earlier. The level of the program the participants are in will be the independent variable and the dependent variable will be the levels of resiliency characteristics and protective factors shown in the participants.

The relationships examined by the study are those between the different levels of the program. Information on resilience characteristics and protective factors were gathered about each of the levels and that information was compared. A one-way analysis of variance was conducted to show any significant difference among the groups.

#### Summary

This chapter discussed the methods used to conduct this research project. This research project explores the

differences in perceived characteristics of resilience among a group of offenders in five different levels of an intervention program.

## CHAPTER FOUR

### RESULTS

#### Introduction

This section will explore how the data were analyzed as well as the results that were found. This section is guided by the research hypothesis which is that the levels of resiliency characteristics reported by offenders will increase exponentially with the level of the intervention program the participants are in.

#### Presentation of the Findings

A total of 18 participants were included in this study. Fourteen of the participants were 18 years old, while the remaining four were 19 years of age. The participants spanned all five levels of the intervention program though they were not evenly distributed in the levels. Figure 1 shows the frequency of individuals in each of the five levels of the intervention program.

Table 1. Level Frequencies

Level	Frequency (n)	Percentage (%)
1	1	5.6%
2	2	11.1%
3	3	16.7%
4	5	27.8%
5	7	38.9%
Total	18	100.0%

Descriptive statistics of each subcategory, subscale, and facet were run on the data. These descriptive statistics will be presented here, starting with the external facets of each subscale, moving on to the subscale as a whole, and then each subcategory. Specific descriptive statistics of the variables will not be given for each of the program levels because of a lack of data for some of the individual levels. However, the correlation between each variable and the level of the program will be given. These correlations will directly inform the hypothesis as they will describe the relationship between the independent and the dependent variables.

Also provided is the Cronbach's alpha reliability coefficient. The Cronbach's alpha is a measure of the reliability or internal consistency of the given scale to measure its intended factors. Cronbach's alpha is measured on a scale between 0 and 1, with anything over .7 being an acceptable reliability.

The scale used for this study is a six item Likert scale ranging from one to six. One through three, "strongly disagree", "disagree", and "slightly disagree" respectively, represent the belief of an absence of the particular resiliency factor by the participant. A one indicates a strong belief of absence while a three indicates a weaker belief of absence. Four through six, "slightly agree", "agree", and "strongly agree" respectively, represent a belief by the participant that they do possess the asset. A six indicates a strong belief that they possess the asset while a four indicates a weaker belief that they possess it.

External Facets

Starting with the external facet of parent caring relationships (epCR), the mean score was 4.53, suggesting a slight belief that the participants possess the asset. The median score is 5.00 and the standard deviation is

1.46. The correlation between parent caring relationships and level of the program is not shown to be significant,  $n=16$ ,  $r=.294$ ,  $p>.05$ . Cronbach's alpha is measured at .788, suggesting that the facet has acceptable internal consistency.

The next external facet, parent high expectations (epHE) has a mean score of 5.15, suggesting a firm belief that the participants are exposed to this asset. The median score is 5.50 with a standard deviation of 1.39. The correlation between parent high expectations and level of the program is not shown to be significant,  $n=16$ ,  $r=-.332$ ,  $p>.05$ . Cronbach's alpha is measured at .916, suggesting that it has an excellent internal consistency.

The external facet of Gateway caring relationships (egCR) has a mean score of 3.75, showing a slight belief in the possession of the asset by the participants. The median score is 5.75 with a standard deviation of 1.59. The correlation between this asset and the level of the program is not significant,  $n=17$ ,  $r=-.427$ ,  $p>.05$ . The alpha coefficient is measured at .934, also showing an excellent internal consistency.



Gateway high expectations (egHE) has a mean score of 4.38, showing a modest belief in the possession of the asset by the participants. The median score is 5.00 with a standard deviation of 1.79. The correlation between Gateway high expectations and the level of the program is not significant,  $n=17$ ,  $r=-.388$ ,  $p>.05$ . Cronbach's alpha is measured at .856, suggesting that the facet has good internal consistency.

The external asset of Gateway meaningful participation (egMP) has a mean score of 3.82, again showing a minimal belief in the possession of the asset. The median score is 4.33 with a standard deviation of 1.68. The correlation between Gateway meaningful participation and the level of the program is not significant,  $n=17$ ,  $r=-.315$ ,  $p>.05$ . Cronbach's alpha coefficient measures .770, suggesting it has acceptable internal consistency.

The external facet of peer caring relationships (epeerCR) has a mean score of 3.69, suggesting a minimal belief of possession of the asset by the participants. The median score is 4.33 and the standard deviation is 2.03. The correlation between the facet and the program level is measured as not significant,  $n=16$ ,  $r=-.202$ ,

$p > .05$ . The Cronbach's alpha is .974, suggesting excellent factor reliability.

The external facet of peer high expectations (epeerHE) has a mean score of 3.31, suggesting a slight disbelief of possession of the asset by the participants. The median score is 3.33 and the standard deviation is 1.51. The correlation between the facet and the program level is measured as not significant,  $n=16$ ,  $r=-.114$ ,  $p > .05$ . The Cronbach's alpha is .711, suggesting acceptable internal consistency.

The next asset, school caring relationships (esCR), has a mean score of 4.23, reflecting the participants' slight belief that they are exposed to this asset. The median score is 5.00 with a standard deviation of 1.58. The correlation between this asset and the level of the program is not significant,  $n=17$ ,  $r=-.394$ ,  $p > .05$ . The alpha coefficient is .711, suggesting acceptable internal consistency.

School high expectations (esHE) has a mean score of 4.95, the highest mean score of the external assets, suggesting a firm belief that they are exposed to this asset. The median score is 5.67 with a standard deviation of 1.56. The correlation between school high expectations

and the program level is not significant,  $n=16$ ,  $r=-.189$ ,  $p>.05$ . The Cronbach's alpha coefficient is .947, showing excellent internal consistency.

School meaningful participation (esMP) has a mean score of 3.38, suggesting a very slight disbelief that participants are exposed to this asset. The median score is 3.33 with a standard deviation of 1.77. The correlation between this asset and the level of the program is highly significant,  $n=17$ ,  $r=-.658$ ,  $p<.01$ . The alpha coefficient measures at .820, giving this asset good internal consistency.

The facet of community caring relationships (ecCR) had a mean score of 4.36, showing a modest belief in the possession of this asset. The median score is 5.67 with a standard deviation of 2.08. The correlation between caring relationships in the community and the program level is not significant,  $n=16$ ,  $r=-.360$ ,  $p>.05$ . Cronbach's alpha is .908, again showing excellent internal consistency.

Community high expectations (ecHE) has a mean score of 4.46, again showing a modest belief by the participants that they are exposed to this asset. The median score is 5.75 with a standard deviation of 2.25.

The correlation between this asset and the level of the program is not significant,  $n=16$ ,  $r=-.236$ ,  $p>.05$ . The Cronbach's alpha coefficient for community high expectations is .992, suggesting excellent internal consistency.

The last of the external facets, community meaningful participation (ecMP) has a mean score of 2.94, reflecting a disbelief in the possession of this asset by the participants. The median score is 2.67 with a standard deviation of 1.47. The correlation between community meaningful participation and the program level is not significant,  $n=18$ ,  $r=-.055$ ,  $p>.05$ . The Cronbach's alpha coefficient is .700, meaning it has acceptable internal reliability.

#### External Subscales

The mean scores of each facet were then combined to form a single score for each external asset subscale. The parent subscale (eP) has a mean of 4.78 suggesting an overall firm belief that the participants possess this parenting asset. The median is 4.78 and the standard deviation is 1.33. The correlation between this asset and the program level is shown to be not significant,  $n=17$ ,

$r=.067$ ,  $p>.05$ . The alpha coefficient for the parent subscale is .855, showing a strong internal consistency.

The external gateway subscale (eG) showed a mean score of 4.03, showing a small level of belief from the participants that they possess these external assets. The median score is 4.56 with the standard deviation at 1.72. The correlation between this subscale and the program level is not significant,  $n=17$ ,  $r=-.380$ ,  $p>.05$ . The Cronbach's alpha coefficient is .956, meaning the gateway subscale has excellent internal reliability.

The external subscale of peers (EPeer) has a mean score of 3.49, showing a nominal disbelief in the possession of this set of assets. The median score for the peer subscale is 4.00 and the standard deviation is 1.68. The correlation between this subscale and the level of the program is not significant,  $n=16$ ,  $r=-.174$ ,  $p>.05$ . The Cronbach's alpha coefficient measures at .915, showing an excellent internal reliability of the subscale.

The school subscale (eS) has a mean score of 4.15, showing that the participants of the study slightly believe they are exposed to these external assets in their school environment. The median score is 4.44 and

the standard deviation comes out to 1.38. The correlation between the school subscale and the program level is measured as significant,  $n=17$ ,  $r=-.528$ ,  $p<.05$ . The Cronbach's alpha coefficient is .906, meaning it shows excellent internal reliability.

The final external subscale of community (eC) showed a mean of 3.90, suggesting a slight belief that the participants are exposed to the assets within it. The median score is 4.70 and the standard deviation is 1.72. The correlation between this subscale and the program level is not significant,  $n=18$ ,  $r=-.308$ ,  $p>.05$ . The Cronbach's alpha coefficient is .931, suggesting it has excellent internal consistency.

#### Internal Subscales

With the external subscales reported on, the internal subscales will be reported on next. The internal subscale of cooperation and communication (iCC) has a mean of 4.08, suggesting that the participants slightly agree that they possess this factor. The median score is 4.00 with a standard deviation of 1.19. The correlation between the level of cooperation and communication of the participants and the level of the program is not significant,  $n=18$ ,  $r=-.392$ ,  $p>.05$ . The Cronbach's alpha

coefficient is .923, meaning it has excellent internal reliability.

The internal subscale of empathy (iE) has a mean score of 4.28, meaning that the participants see themselves as slightly possessing this quality. It has a median score of 5.33 and a standard deviation of 1.89. The correlation between this subscale and the level of the program is not significant,  $n=17$ ,  $r=-.272$ ,  $p>.05$ . The alpha coefficient is .905, suggesting that the empathy subscale has excellent internal consistency.

The subscale of problem solving (iPS) has a mean score of 3.71, showing that participants have a very slight belief that they possess this quality. The median score is 4.75 with a standard deviation of 1.89. The correlation between problem solving and the program level is not significant,  $n=15$ ,  $r=-.016$ ,  $p>.05$ . Cronbach's alpha is .898 for this subscale, showing it has good internal reliability.

The internal asset of self-awareness (iSA) has a mean score of 5.26, indicating that the participants believe strongly that they possess this attribute. The median score was 6.00 with a standard deviation of 1.40. The correlation between the self-awareness subscale and

the level of the program is not significant,  $n=17$ ,  $r=-.286$ ,  $p>.05$ . The Cronbach's alpha coefficient is  $.937$ , meaning it has excellent internal reliability.

The final internal subscale of goals and aspirations (iGA) has a mean score of  $4.94$ , showing a firm belief that the participants possess this asset. The median score is  $5.75$  and the standard deviation is  $1.59$ . The correlation between goals and aspirations and the program level is not significant,  $n=18$ ,  $r=-.369$ ,  $p>.05$ . The Cronbach's alpha coefficient is  $.851$ , suggesting the subscale has good internal consistency.

#### External and Internal Subcategories

Combining all the external asset subscales produced a mean score for the subcategory of external assets of  $4.61$ . This means that the participants, on average, fall in between "slightly agree" and "agree" when they report on their belief that they are exposed to these external assets. The median score for the subcategory of external assets is  $5.2$  and the standard deviation is  $1.45$ . The correlation between the external asset variable and the level of the program comes out as insignificant,  $n=18$ ,  $r=-.417$ ,  $p>.05$ . The Cronbach's alpha coefficient is  $.967$ ,



showing that the internal consistency of the variable is excellent

Combining all the internal asset subscales produced a mean score of 4.04, indicating a slight belief of the participants that they possess these internal assets. The median score was 4.38 and the standard deviation was 1.24. The correlation between the internal asset variable and the program level is not significant,  $n=18$ ,  $r=-.367$ ,  $p>.05$ . The alpha coefficient of the internal asset subcategory is .969, again showing an excellent internal reliability.

#### Summary

This section laid out how the data were analyzed as well as the results that were found through the data collection process. This section was guided by the research hypothesis.

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

In this chapter, the results of the data analysis will be reviewed and then discussed in consideration of the hypothesis. Limitations of the study will also be discussed along with suggestions for further research.

#### Discussion

#### Findings

This study's hypothesis is that the level of resilience factors of Gateway participants will increase as they progress through the program and the level they are in increases. As noted earlier, the correlations between the program level and the different variables will be the data that is used to decide whether or not the hypothesis has been validated.

Unfortunately, due to the low number of participants in the study and the uneven distribution of participants in each level, the majority of correlations came out as not significant. There were two variables, however, that did turn out as significantly correlated with the program level. Those variables were the external facet of school

meaningful participation and the external school subscale.

These variables had significant negative correlations, meaning that as the participants progressed through the levels of the program, they reported lower levels of the external assets of meaningful participation at school and, conversely, lower levels of overall school assets. This shows evidence against the original hypothesis that the levels of reported resiliency assets would increase with the level of the program the participants are in. However, no cause can be indicated for these results. The results may be due to the fact that participants are required to attend fewer school hours because they are given other opportunities such as outside work experience.

It is interesting to note that although only two variables are considered significantly correlated with the level, all but two variables show a negative correlation with the level, and the variables that are significantly correlated show much higher negative correlations than those which are not significant. The number of negative correlations, even insignificant ones, is surprising and shows cause for further study of this

topic. With the overall results of the correlations, the study's null hypothesis must be rejected.

As noted in the methods section of this report, one of this study's functions is as a preliminary pilot survey and empirical test for a further longitudinal study to be conducted over the next several years. In order to evaluate the instrument for further use, the Cronbach's alphas were determined for each of the variables in order to evaluate their internal consistency. This shows whether or not each of the items within the single subscales and facets measure the same thing. As discussed in the results section, each of the variables' Cronbach's alphas were .700 or above. This suggests that each grouping of items has at least an acceptable level of internal consistency if not better. Unfortunately, due to the small amount of data collected, factor analysis was not able to be conducted on the individual items to further test the instrument. Factor analysis enables the instrument to be trimmed down by showing which items can be removed without significantly changing the results. At this point, there is insufficient evidence to draw conclusions regarding the Gateway program's effectiveness.

## Limitations

This study has several limitations that have affected the data collection process and thus the results of the study. As mentioned in the methods section, due to concerns with the potential vulnerabilities of a juvenile population and concerns with obtaining proper informed consents of participation, as well as insufficient time to address those concerns, the juveniles that were intended to be studied were unable to be included in the data collection process. This left only the adult population of the program to be surveyed and brought the study's participants down from around 40, to 18 participants.

This led not only to a small number of participants to be included in the study, but also to the exclusion of the population that was most intended to be studied, juvenile offenders. Thus, none of the results can be shown to be indicative of any juvenile offender population.

Another limitation of the study is that the data collection was done on separate groups of individuals for each of the levels rather than following the same group of individuals through all of the levels of the program.

As the resilience of each of the participants was different at intake, this could cause a disparity in the measurement of change of resilience throughout the levels of the program. Had the study followed the same group of individuals through each level of the program, the individuals would have had the same initial resilience score and the change in their level of resilience could have been more easily and accurately measured.

#### Recommendations for Social Work Research and Practice

Based on this pilot study, recommendations are to continue with the already planned longitudinal study. This longitudinal study will take place over several years, collecting information from Gateway wards during three separate time periods of the intervention program, at intake, at promotion to the second facility, and shortly before release from the program. It will focus on the differences in the levels of resilience of each individual throughout the program, ascertaining if the program's strategies for increasing resilience in their clients are successful. As the longitudinal study is being designed to specifically address the limitations of this study, it will most likely obtain more in depth and

significant results. If the results of the longitudinal study are similar to this study's results and show negative correlations between resilience assets and time in the program, then further research must be done on reasons for these results and the program must be evaluated to see why it is not having the intended effect on its clients.

Due to the fact that many offender treatment programs are just beginning to use a strengths-based resilience approach with their wards, rather than risk based interventions, there is presently a lack of research into the effectiveness of using this approach within individual intervention programs. Further research needs to be done into the effectiveness of using a strengths-based resilience approach in juvenile and adult offender intervention programs.

APPENDIX A  
QUESTIONNAIRE



## Gateway Survey

Since starting Gateway, I have had a <i>parent/guardian</i> who...	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Unable to Answer
1...I have had regular contact with by phone or mail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...has visited me on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...has taken interest in my progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...encourages me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5...expects me to follow the program rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At Gateway, I've had a <i>Caseload or other adult</i> who...	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Unable to Answer
6...listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...talks with me about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...is interested in my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9... expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...I enjoy doing activities with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13...lets me have input on unit decisions.

14...expects me to act like an upper level.

<b>At Gateway, I've had a friend or friends who...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Unable to Answer</b>
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15...really care about me.

16...talk with me about my problems.

17...help me when I am having a hard time.

18...do well in school.

19...don't get consequence.

20...try to do what is right.

<b>While at Gateway, I have...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Unable to Answer</b>
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21...participated in clubs, sports teams or other activities outside of Gateway.

22...taken lessons in music, dance, art, sports or a hobby.

23...enjoyed helping others.

Since starting Gateway, there has been an adult <i>outside Gateway, other than my parent/guardian, who...</i>	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Unable to Answer
24...really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25...I trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26...notifies when I am upset about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27...tells me when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28...believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29...always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30...expects me to obey the law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since starting Gateway, I have...	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Unable to Answer
31...done interesting activities in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32...spoken up in my classes at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33...done things at school that made a difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since starting Gateway, there has been a teacher or some other adult <i>at school or ROP</i> who...	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Unable to Answer
34...really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35...listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36...cares when I am not there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37...tells me when I do a good job.

38...always wants me to do my best.

39...believes I will be a success.

While outside Gateway (like on outings or furlough)...	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Unable to Answer
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40...when I need help I find someone to talk with.

41...I know where to go for help with a problem.

42...I try to plan ahead for difficult situations.

43...I try to work out problems by talking or writing about them.

Tell me about yourself:	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Unable to Answer
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44. I have graduated or plan to graduate from high school or get my GED.

45. I can do most things if I try.

46. I try to understand what other people feel and think.

47. I plan to go to college or trade school after release.

48. I enjoy doing projects with others.

49. I understand the choices that I make.

50. I don't expect to be arrested again in the future.

51. I stand up for myself without hurting others' feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. I feel bad when someone gets their feelings hurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. I believe that I will be happy and successful in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. I try to understand what other people go through.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. I get along with someone who has different opinions than mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. There are many things that I do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. I can work out my problems in a positive way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. There is a purpose to my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. I understand my moods and feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Circle One.

60. What level of Gateway are you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. How old are you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Constantine, N. A., Benard, B., & Diaz M. (1999, June). Measuring protective factors and resilience traits in youth: The Healthy Kids Resilience Assessment. Paper presented at the 1999 Society for Prevention Research National Conference, New Orleans.  
 Constantine, N. A. and Benard, B. (2001). California Healthy Kids Survey Resilience Assessment Module: Technical Report. Berkeley, CA: Public Health Institute.  
 Adapted by Erik Roth

APPENDIX B  
INFORMED CONSENT

### Informed Consent

You are being asked to be a part of a research study that will look at how easily you deal with hard times you have gone through in your life. You will be asked questions about your strengths and the support you have at home, school and in the community. The purpose of the survey is to help us build a better program at Gateway.

The questionnaire will take between 15 and 30 minutes to complete. All of your answers will be private and will not be seen by other Gateway minors or staff, your Probation officer or your parents. Your name will not be asked for on the questionnaire.

Your participation in this study is completely up to you. There will be no consequences for not starting or finishing the questionnaire. Many of the questions will be easy to answer, though some may be more difficult. If at any time you are uncomfortable with a question, you may choose to not answer that question or stop taking the questionnaire all together. There will be no consequences for either of these actions. If you would like to talk about any of the questions or your feelings about them, the Caseloads will be available at all times during the study to talk with you.

After you complete the questionnaire, you will be given a debriefing statement. This will give you further information on the study. If you would like privacy you may take the questionnaire to your room and complete it there. Once you are done with the questionnaire, please insert it in the envelope provided, seal it, and give it to a Caseload Counselor. If you don't want to participate, you can either not take a survey, or you can take a survey and insert the blank survey into the envelope as you would if you had finished it.

If you are over 18 years of age and would like to take part in this research study then please mark and date below.

Place a check mark here

Date \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT



## Debriefing Statement

Thank you for taking this survey. It was created to study your views of how Gateway has prepared you to enter back into society after graduation. By identifying strengths and weaknesses in this mission, Gateway will be able to better help individuals taking part in the program in the future.

The survey was created by Erik Roth, student at Cal State University San Bernardino, using the Healthy Kids Resiliency Assessment. Erik's project is called, "Offenders' Self-Perceptions of Resilience."

If you have any questions about the study, please feel free to contact Dr. Ray E. Liles, faculty supervisor, at 909-537-5557. If you would like to see a copy of the results of this study, please contact the San Bernardino County Probation Research Department or access the Pfau Library at California State University, San Bernardino.

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