RESILIENCE AND PROTECTIVE FACTORS IN A MIDWESTERN COMMUNITY:
A PARTICIPATORY ACTION APPROACH

A DISSERTATION
SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
DOCTOR OF PHILOSOPHY

BY
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BALL STATE UNIVERSITY
MUNCIE, INDIANA
May 2012
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Author’s Note

“The country’s future, of course, in great part, relies on the character of today’s youth and the extent to which they are prepared to handle the challenges of the future. We as a nation must work to ensure that our communities are strong and provide environments where children and families thrive.” (Al Gore, 2003, p.vii).
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Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

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Resilience is a systemic process between a person and his/her environment (Ungar, 2005), whereby a person demonstrates a pattern of “good outcome despite serious threats to adaptation or development” (Masten, 2001, p. 28). Despite much research, the resilience research field lacks consensus on specific definitions of resilience factors (Ungar et al., 2005). Therefore, it is recommended that research prioritize specific resilience variables (Luthar & Zelazo, 2003) while attending to contextual and systemic factors (Ungar, 2005).

The study took place in a community center in a low SES, predominantly African-American neighborhood in the Midwest. Neighborhood residents worked with research team members to co-construct a local definition of youth resilience through focus groups. Children meeting this definition were nominated by staff and participated in interviews about resilience factors. Children, parents, and staff also completed rating scales measuring resilient youth’s academic, behavioral, social, and emotional functioning. Qualitative examinations of data resulted in an ecosystemic model of resilient youth in...
the community. Resilience was found to be influenced by interactions between individual, familial, and community factors. Individual perseverance and adult involvement and awareness, as well as community cohesion were important protective factors identified by participants. Results of the study were shared with community center staff with plans to utilize them at the center to help promote positive youth functioning.
Whereas much psychological research on development in children has focused on problems and disorders, research focused on resilience has recently emerged as an important field of study. The concept of resilience has its roots in the salutogenic perspective, which calls for a focus not just on disease, but also on factors related to health (Antovosky, 1987). Resilience has been broadly defined as “a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p. 228).

Multiple terms are related to this umbrella concept of resilience (See Appendix A). A young person who demonstrates resilience shows competence, or successful mastery of tasks, despite risks/adversity that may threaten development. Things that aid a young person in achieving competence are known as protective factors. These terms and the research on them will be further explored in this chapter. Further, the reader will see that although broad definitions exist for these terms, the research field lacks consensus in terms of specific constructions of these concepts, which limits the applicability of resilience findings to a specific community. Therefore, in the current study, the research team worked with a specific neighborhood to construct a local and
culturally relevant definition of resilience. We then assessed specific risk and protective factors that exist within that neighborhood, and worked together to create a conceptual model of youth resilience in this neighborhood. This model provided specific information that was used, and can continue to be used, to promote positive child functioning in the neighborhood.

**Review of the Literature**

Research on resilience began in the 1960s, and for the next two decades focused on examining an individual's ability to overcome hardship (Luthar, 2006). At first, resilience was conceptualized as a stable personality trait that allowed people who possessed it to thrive despite experiencing stress and adversity (Ungar, 2005). Over time, the dominant view of resilience evolved to a view of resilience as a systemic process. This systemic process of resilience involves an interaction between a person and his or her environment whereby a person who has experienced adversity succeeds in demonstrating competence or positive adaptation in spite of the adversity (Luthar, 2006).

Historically, research on resilience has focused on the identification of risk factors, protective factors, and the process by which children grow and work towards competence. As resilience consists of competence despite adversity (Masten, 2001; Masten & Powell, 2003), adversity must first exist in a person’s life in order for him/her to be classified as resilient. Risk or adversity has traditionally been defined by using actuarially based predictors of negative developmental outcomes (Masten, 2001). The risk factors studied have typically included biological, familial, and/or environmental stressors (Puskar, Tusaie-Mumford, Sereika, & Lamb, 1999; Ungar, 2004; Werner, 1993). Risk has been specifically defined in the research in multiple ways, such as
exposure to prenatal stress, poverty, parental discord and/or psychopathology (Werner, 1993); low socioeconomic status (SES) and involvement in counseling (Ungar, 2004); or low SES, gender, and stressors associated with living in a rural environment (Puskar et al., 1999). The current study focused on factors neighborhood residents defined as stressful, such as negative peer influences, lack of support from the city, cultural messages, etc.

There is general agreement in the literature that resilience is a person-environmental interaction (Ungar, 2005). As such, resilience and competence are complex constructs that encompasses multiple facets of the individual and his or her environment. Conceptualizations of competence may vary, in that competence is not all-or-nothing. It is not something that an individual exhibits at all times and in all contexts (Luthar, 2006). Competence may differ over time and development or across situations for a given individual. In addition, competent functioning may not be constant. It may be viewed as “bouncing back” or recovering from life stressors and problems (Luthar, 2006; Ungar, 2008). An individual may show competence in some areas, but display weakness in other areas. Given the complexity of the construct of resilience and the processes influencing resilience, current research is working toward more precise terms to denote the specific aspects of resilience being studied.

While resilience researchers agree that there is such a thing as competence, there remains debate about who should define competence and how it should be defined (Masten, 2001). Competence has traditionally been defined as meeting important developmental milestones and/or having an absence of pathology (Masten, 2001). Therefore, competent functioning may consist of a combination of displays of positive
functioning despite risk factors and unique protective factors that contribute to optimal functioning. According to Masten's (2001) commonly accepted definition of resilience, resilience consists of competent functioning, or better than expected performance in multiple areas dictated by societal norms, in the face of adversity. Children who are resilient in 20th century United States would therefore demonstrate academic, behavioral, and social competence (Masten, Coatsworth, Neeman, & Gest, 1995). Alternatively, Ungar (2006) argued that using social convention to define competence may overlook resilience in some person-environment contexts. For example, he stated that a child engaging in defiant behavior may actually be demonstrating resilience by maintaining power, although society may not perceive this behavior as competent. Consequently, Unger (2006) proposed a constructivist model of resilience, whereby the individual helps create the meaning of resilience appropriate for her or his life.

Protective factors are those factors that help promote competence despite risk. Garmezy (1985) suggested that protective factors fall into three broad categories: personality, family environment, and support systems. Within these broad factors, Masten and Coatsworth (1998) identified two specific areas that have often been studied and have been strongly supported for promoting competence in various areas: secure attachments with caregivers, and self-regulation. These authors also identified characteristics of individual, familial, and environmental areas associated with resilient youth. Factors included intellectual functioning, disposition, self-efficacy, talents, faith, relationships with caregivers, parenting style, SES, relationships with extended family and positive attachments to other adults, pro-social organization involvement, and schools (Masten & Coatsworth, 1998). A diverse group of specific factors appears to be
related to competence in youth facing adversity. Further, as there are so many possible influential variables, it may be beneficial to identify and prioritize factors specific to the targeted population rather than to list protective factors (Luthar & Zelazo, 2003). Therefore, the current study utilized input from residents to identify important protective factors relevant to the unique youth in this specific neighborhood.

While early research on resilience focused on the identification of risk and protective factors associated with competence (Luthar, 2006), contemporary research is beginning to investigate models of resilience and to examine how risk and protective factors may interact to promote resilience in children and adolescents. Masten (2001) wrote that additional research is needed to examine the dynamic relationship between a person and her or his environment, and to determine specific pathways to resilience.

Brobrennner’s (1979) bioecological model is a systemic model that could provide a conceptual structure within which to organize resilience factors and their possible interactions with one another. Brofenbrenner’s model consists of nested levels of environmental systems, which reciprocally influence each other (Brofenbrenner, 1994). The interaction of a person and the immediate environment is referred to as proximal processes that “function as the engines of development” (Brofenbrenner & Evans, 2000, p. 118). Proximal processes are ways in which a person and his/her immediate environment, such as his/her family, interact and mutually affect one another. For example, a child and his/her parents who interact positively with one another may foster a secure attachment in the child and an authoritative parenting style by the parent, both of which act as protective factors against obstacles to success.
In their review of the research on resilience in youth, Rink and Trinker (2005) reported that the factors related to youth competence are “complex and multidimensional” (p.43). They identified four main categories to consider for adolescents: individual; familial; interactions in communities, such as schools, neighborhoods, and peers; and macrosystemic factors such as values, norms, and cultural beliefs. This model included Brofenbrenner's (1994) levels of the individual system, microsystem, mesosystem, exosystem, and macrosystem. Rink and Trinker (2005) proposed their conceptual model consisting of these levels to explain how youth competence is influenced by simultaneous interactions with various conditions (Rink & Trinker, 2005). Their model suffers at least one flaw, in that their depiction of the ecosystemic model does not highlight interactions between levels themselves. In addition, their model does not represent the influence of time on development. Therefore, the current study drew from their conceptualization, but also supplanted it within Brofenbrenner's ecosystemic model (See Figure One). This conceptualization allowed the current researcher to identify multiple complex factors that interact to serve as protective factors in the lives of youth at-risk for problems.

**Statement of the Problem**

There is a strong research foundation that identifies factors that appear to influence resilience. However, to date the bulk of the resilience research has focused on the identification of risk and protective factors affecting resilience. There is a lack of research solidly grounded in a conceptual model that encompasses the multifaceted nature of the person and his/her environmental interactions that result in resilience. Further, prior research has relied heavily on dominant societal convention to define
resilience, competence and coping (e.g. Masten's (2001) use of social skills, academic success, and lack of antisocial or defiant behaviors as indicating success in children). The research to date lacks a pragmatic contextual framework for resilience for any given individual. The result is a gap between science and practice, and between academic research and application to interventions.

Risk and protective factors studied in the past have not been chosen for conceptual or theoretical reasons (Luthar & Zelazo, 2003), and multiple variables and measures have been used to assess resilience concepts (Ungar, Lee, Callaghan, & Boothroyd, 2005). This approach to investigating factors associated with resilience has yielded a host of correlated factors that do not help guide intervention because no one intervention can address all of the factors (Luthar & Zelazo, 2003; Ungar, 2005). Luthar and Zelazo (2003) have therefore argued for a prioritization of specific, theoretically relevant factors. Additionally, Ungar (2005) has expressed a need for a more contextualized and applied understanding of resilience.

When examining whether a child in any community demonstrates success despite stressors, it is important to take into account cultural values and contexts, and to understand the values and voices of adults and youth in that community. It is also important to take into account cultural contexts in defining what is deemed as competence in a particular community. What is deemed healthy or adaptive in a group at a particular time may not be viewed as healthy or adaptive in another group (Ungar, 2006; Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong, et al., 2007). There has not been much research on how structural support systems, such as family units, schools, and the greater community influence resilience; instead research has tended to focus on
individual behaviors and psychosocial adaptations for success (Ungar, 2005). In particular, Ungar (2005) argued that the term resilience can be used to “reproduce social norms” (p.90) by identifying people who conform to mainstream social standards as competent and by placing too much emphasis on personal characteristics related to resilience. Children in particular deal with external stressors within their school, community, etc. (e.g. large class sizes, community violence, etc.) that they did not create and that they may not have the resources to change. Ungar (2005) argued that “we must understand resilience in a more ecologically fluid, historically sensitive and culturally anchored way” (p.90). Resilience research may be more beneficial if it examines resilience as a systemic process. More research is needed to examine the dynamic relationship between a person and his/her environment and to determine specific pathways to resilience (Masten, 2001).

Many researchers have highlighted the need for an examination of specific resilience factors within a cultural framework. Debate still remains over who should define competence and how to define that concept (Masten, 2001). All factors tend to be defined subjectively by people with power (e.g. the researcher, experts, etc). Yet, one cannot neglect the impact of values and beliefs in creating definitions of resilience and success. Success and competence are a function of cultural beliefs about development, and reflect adults’ beliefs and values (e.g. success as academic competence or following rules) (Boyden & Mann, 2005). Boyden and Mann (2005) claimed that “how children respond to adversity cannot be understood without reference to the social, cultural, economic and moral meanings given to such experiences in the contexts they inhabit” (p. 15). Therefore, what is required is a local, culturally defined definition of resilience that
takes into account both adult and child beliefs and values in the context of their community. These results can then be compared to results cited in the research literature to identify common and specific protective factors in various communities.

**Purpose of the Study**

Much of the resilience literature has imposed societal views of resilience on a group, and has focused on quantitative data that is detached from the population being assessed. These quantitative findings are not easily translated into practical clinical interventions for a particular community. The current study utilized social justice principles and community action methods in order to examine ecosystemic factors related to resilience in a specific neighborhood. This information was used to create a local definition of resilience, and to determine factors that can promote growth in children in the neighborhood.

The Communitarian model of social justice focuses on the processes of decision-making and interactions at both the individual and systems level (Vera & Speight, 2003). Specific social justice principles consist of sharing power, giving a voice to others, facilitating consciousness raising, building on strengths, leaving clients with tools for social change, and continually examining the researcher for bias and learning (Goodman, Liang, Helms, Latta, Sparks, & Weintraub, 2004). These principles work well with an ecosystemic examination of resilience by addressing not only individual issues, but also by taking into account family and community systems. In particular, the use of these social justice principles allows an examination of cultural and local values and beliefs. It gives a voice to the people in the community by relying on their involvement in planning the study, participating in semi-structured focus groups, and conducting in-depth
interviews with youth. These principles are also in line with community action research, which views participants as active members that help address a social question or problem (Carr & Kemmis, 1986; Herr & Anderson, 2005). This research helps move the process to a more emic (i.e., culturally-specific) understanding of resilience and protective factors (Allen, Mohatt, Rasmus, Hazel, Thomas, & Lindley, et al, 2006). In addition, action research aims to conduct research and produce community action simultaneously (Dick, 1993), thereby bridging the gap between science and research.

The current study employed community action research grounded in social justice principles to work collaboratively with a specific community. This project was designed to create a locally and culturally relevant definition of resilience, and to identify specific risk and protective factors that are theoretically and conceptually relevant to the field of resilience research for youth in the neighborhood. The project also examined youth who were identified by adults in the community as demonstrating competence. The children shared with the research team the individual and systemic protective factors that were relevant in their lives. This research resulted in local evidence that will be used to create interventions that increase competence and resilience in youth in that community, and will therefore bridge the gap between science and practice.

**Research Questions**

The broad research questions that guided this study include:

**Phase One**

1. What is the context for the current study? How do residents view their neighborhood?
2. How do adults in the neighborhood define resilience as it applies to youth in their neighborhood?
Specifically:

a. What risks to local youth development do the adults see as most evident within their neighborhood?

b. How do residents of the neighborhood define competence?

c. What individual, microsystemic, mesosystemic, exosystemic, and macrosystemic protective factors do they identify as important to foster resilience?

Phase Two

1. How do youth identified as resilient define resilience?

Specifically:

a. What risks or adversities do the children identify as relevant to their lives?

b. How do they define success/competence?

c. What specific protective factors do they identify as important in their lives?

d. How do they view themselves?

2. How do youth identified as resilient function in terms of social, academic, behavioral, and psychological competence?

Specifically: How do youth function on a variety of psychological and behavioral assessments in terms of:

a. Broad psychological functioning (which includes general competence, internalizing problems, externalizing problems, and total psychological problems), as measured by the Child Behavior Checklist?

b. Social, academic, and behavioral competence as measured by the Social Skills Improvement System?
c. Children's self-concepts, as measured by the *Piers-Harris Self-Concept Scale*?

**Definition of Terms**

**Resilience.** Resilience is a dynamic and systemic process between a person and his/her environment (Ungar, 2005) whereby a person demonstrates a pattern of “good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p.28). It is not a stable or constant trait, and may not be evident across all settings (Luthar, 2006). Resilience is a subjective term and is situated within a particular cultural and local view of competence and adversity. It is a superordinate construct that consists of risk and competence (Luthar, 2006).

**Competence.** Competence is a pattern of the absence of problems and the demonstration of positive behaviors (Masten, 2001). It is based upon current societal and cultural views and values related to success and normal development (Masten et al., 1995).

**Risk/Adversity.** These terms represent “a given probability that a youth will display problems” (Resnick & Burt, 1996). Factors that may increase this probability may be biological, relational, or systemic threats to positive growth.

**Protective factors.** Protective factors “are those that modify the effects of risk in a positive direction” (Luthar, 2006, p.743).

**Assumptions**

It was assumed that participants were honest and truthful in their responses.

It was assumed that stressors still existed in the neighborhood, and as such, youth in the neighborhood experienced risks such as lack of resources, low socioeconomic status, racial identity, etc.
It was assumed that some youth in the community functioned better than would be expected based on the risks they had experienced.
Figure 1. Brofenbrenner's Ecosystemic Model. (Brofenbrenner, 1994).

Exosystem (connections between two or more settings, one of which does not involve the individual)

Mesosystem (connections between Microsystems)

Microsystem (immediate environmental factors)

Individual
CHAPTER TWO- Literature Review

Research conducted in the last few decades has changed how psychologists view resilience. In the past, resilience was viewed as a trait that one might possess. Today, it is viewed as the result of a dynamic and fluid interaction among internal and external variables, including society and culture (Luthar, 2006; Ungar, 2005). Resilience is an overarching construct that subsumes both risk/adversity and competence/successful functioning (Luthar, 2006). It is defined as "good outcomes in spite of serious threats to adaptation or development" (Masten, 2001, p. 28).

Researchers have identified multiple variables as constituting risk, competence, and protective factors (e.g., factors that help facilitate resilience). The number of variables identified and the subsequent varied definitions of the terms have resulted in some confusion in the research field (Masten, 2001). Many researchers have argued the need for, and the benefits of, more precise examinations of specific resilience variables within a specific theoretical framework (Luthar & Zelazo, 2003). This research can lead to real-world changes and provide a context for understanding how resilience operates. Rather than listing multiple factors related to resilience, which does not facilitate effective interventions, researchers now recommend that research prioritize specific protective variables for specific communities (Luthar & Zelazo, 2003).
The current study examined how resilience is demonstrated by children in a specific setting. The community studied is a predominantly African American urban neighborhood in the Midwest. Because this neighborhood has multiple health and social welfare concerns (Bullman, Jarred, Mulroony, & Simmons, 1999), the primary researcher considered it to be a prime area in which to find children who have overcome adversity and are resilient.

In order to study these children in context, the researcher employed an ecosystemic model. This model is beneficial in the study of resilience because it allows a researcher to take into account individual, microsystemic (e.g. family, peers, etc), mesosystemic (e.g., interactions between settings), exosystemic (e.g., neighborhoods), and macrosystemic (e.g., history, culture, social conditions) factors; and how interactions among these systems influence resilience (Resnick & Burt, 1996). The examination of multiple variables and their interactions during the study led to the data-rich examination of these issues through qualitative methods.

Qualitative methods were used in this study to obtain in-depth information about community members' operational definitions of resilience constructs. Community action principles were also used to empower and influence positive growth in the community (Jason, Keys, Suarez-Balcazar, Taylor, Davis, Durlak, et al., 2002). The use of community action principles minimized the imposition of the researcher’s definitions and values on the construction of resilience concepts for the residents of the community. Therefore, the current study used community action principles and techniques, such as focus groups and semi-structured interviews, along with qualitative examinations of data to develop a local community-created definition of resilience. The study also identified
specific ecosystemic protective factors related to resilience for children living in a specific community.

The researcher hopes that this study will contribute to research that addresses what Lerner and Overton (2008) defined as the: really big question for science and society…What actions, of what duration, with what youth, in what communities, at what points in ontogenetic and historical time, will result in what features of positive youth development and contributions to self, family, community, and civil society? (p. 252).

**Study of Human Development**

The study of resilience and positive developmental outcomes must be grounded in broader human developmental processes. Many factors go into human development, including physical, neurological, cognitive, intellectual, relational, and affective factors that change over time (Greenspan & Greenspan, 2003). Further, human development is shaped by interactions among multiple biological, socio-cultural, and psychological variables (Ollendick, Shortt, & Sander, 2005). Developmental science has been defined as a systematic study of processes that result in biopsychosocial changes and continuity over time (Brofenbrenner & Evans, 2000). Development, therefore, is a complex interaction between multiple personal, environmental, and contextual factors that exists over time and results in changes.

Originally, researchers emphasized the study of “normal” development or typically occurring developmental process. More recently, researchers have investigated developmental psychopathology (i.e., the study of threats or problems during development) (Masten & Curtis, 2000). Developmental psychopathology is a macroparadigm that serves as a framework to organize the study of people's problems
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(Achenbach, 1990). It focuses on processes during development that result in maladaptation and on ways in which those processes may be altered (Masten & Curtis, 2000). Proponents of developmental psychopathology believe that problems result from maladaptations that occur when there is a lack of integration of systems (Ollendick et al., 2005). Problems may be caused by biopsychosocial processes (Barlow, 2000), whereby biological predispositions interact with learning, environmental, cognitive, and affective factors. Therefore, researchers have examined developmental milestones, transitions, and sequences in development to assess for problems (Ollendick et al., 2005). In order to assess for maladaptation, developmental psychopathologists have examined what constitutes "normal" development for each age level, factors that differentiate "normal" from "maladaptive" behaviors at each age level, patterns of problems at each age level, and relations between problematic patterns and long-term outcomes (Achenbach, 1990).

Impaired functioning in areas of development is often an important criterion for identification and diagnosis of mental health problems (Masten & Curtis, 2000). Research in developmental psychopathology focuses on risk and dysfunction (Watt, David, Ladd, & Shamoss, 1995) and on identifying vulnerabilities and ways to minimize them. Lerner (2003) argued that even as few as ten years ago, psychologists focused on child pathology and prevention and viewed children as “problems waiting to happen” (p. 3). However, others have argued that this focus is at the least incomplete. Some psychologists suggest that identifying risk factors and attempting to intervene to remove or modify those factors may not be enough; it may be more advantageous to consider the other possible outcomes that may occur. Rather than focusing on normal development or minimizing/avoiding problems during development (since they may occur anyway), why
not examine how people can overcome problems during development and obtain optimal functioning. For example, the examination of a representative sample of over 1,400 children found that while over two-thirds of the children experienced a potentially traumatic event before the age of 16 years, fifty to eighty percent of the youth did not demonstrate any impairment in mental health functioning (Copeland, Keeler, Angold, & Costello, 2007). Instead of focusing solely on how trauma resulted in impairment, experts in resilience would say researchers should study how the majority of these children who experienced adversity overcame it to demonstrate positive functioning. Instead of only examining risk factors, researchers should also take into account protective factors, or factors that help influence positive change to overcome life’s adversities (Harvey & Delfabbro, 2004).

The salutogenic orientation serves as a way to illustrate the move from focusing solely on pathology to examining resilience. The salutogenic orientation was proposed as a more comprehensive way to examine health (Antonovsky, 1987). This orientation places disease and health-ease on a continuum rather than viewing them as dichotomous, all-or-nothing variables. The salutogenic perspective calls for answers to the questions of why and how people move towards the health end of the continuum (Antonovsky, 1987). Antonovsky (1987) did not argue for a disregard for studying disease; instead, he sought a complementary role of the examination of health-ease and disease. This viewpoint parallels the field of resilience research. Resilience research does not discount that risk/adversity negatively impacts some people and results in dysfunction. Instead, it focuses on ways that people who experience adversity rise above it to continue to progress towards health and competent functioning.
Study of Human Resilience

As described above, the last few decades have seen the emergence of the study of resilience (Watt et al., 1995). Instead of focusing on pathology and risks, this perspective has examined ways in which individuals have thrived and mastered developmental tasks in spite of stressors and risks. The resilience paradigm examines the factors that “protect” people from adversity by helping promote competent functioning.

People who are resilient may show generalized resistance to stressors, which may manifest as an ability to remain towards the health-ease end of the continuum (Antonovsky, 1987), or they may show more specific resistance to stressors. Researchers have defined resilience as successful developmental growth despite adversity due to protective characteristics; competence under stress; and/or positive functioning, including recovery from trauma (Luthar, 2006; Ungar 2008). Aspects of resilience are not uniformly defined in the literature. However, the broader concept of resilience is generally defined as a positive outcome despite adversities/stressors that threaten healthy functioning and development (Masten, 2001). Resilience, therefore, is a superordinate construct that includes both risk and competence (Luthar 2006). Protective factors, or factors which influence the relationship between risk and competence and thereby increase resilience, are also considered important concepts in resilience literature.

These three factors -- risk, competence, and protective factors -- will be explored in this chapter. Problems in the definitions will be discussed and solutions in the current study to address these problematic definitions will be described.

A review of the resilience literature provides a historical context for these factors. Resilience research first began in the 1960s (Luthar, 2006). Resilience was at first
conceptualized as a stable personality trait that people possessed -- they were either able to thrive despite adverse circumstances, or they were not. Research at this time focused on the identification of individual factors associated with resilience. In the 1980s and early 1990s, changes took place in the field of resilience research that resulted in a more ecosystemic (e.g. examining individual, familial, and community influences), fluid, and specific view of resilience (Luthar, 2006). Resilience began to be viewed as domain specific, in that people who are resilient may demonstrate competence or success in some areas but not necessarily in all areas of their lives. Resilience was seen as something that may change over time; the fact that a person may be showing positive functioning does not presuppose superior future functioning. Finally, research shifted from just examining internal attributes of resilient people to examining external familial and environmental factors that influence resilience (Luthar, 2006). While this definition is broader and more fluid, thereby perhaps taking into account more real-world examples of resilience, it makes it harder to both define and make generalizations about resilience.

Ungar (2005; Ungar et al., 2007) claimed that some resilience research has started to take into account more cultural views and definitions of resilience. For example, some communities may value ties to the family and community, whereas others may place more value on individual pursuits and goals. Therefore, depending on specific community values, competence (and by it, resilience) may be conceptualized in different ways. Resilience research must also take into account a person’s view of their success, and the culture and context in which the person lives (Ungar, 2005). As Ungar (2005) stated, “we must understand resilience in a more ecologically fluid, historically sensitive and culturally anchored way” (p.90).
Therefore, the current view of resilience is that resilience is a process that occurs between a person and his/her environment (Ungar, 2005) and is influenced by personal, environmental, and cultural factors. As a whole, resilience research has moved from viewing resilience as a stable trait with broad consequences (e.g. a person is successful due to having high self-esteem) to examining resilience as a systemic process that occurs at a point in time with more specific outcomes (e.g. a person does well academically and behaviorally and his/her success is influenced by supportive family relationships and utilization of community resources).

As Luthar (2006) stated, resilience itself is never directly measured. Resilience is a "superordinate construct" of two dimensions -- adversity/risk and positive adaptation, and the presence of resilience is "indirectly inferred based on evidence of the two subsumed constructs" (p.742). Therefore, the definitions of these terms will be addressed.

Risk

As previously stated, resilience consists of competence despite adversity/risk (Masten, 2001; Masten & Powell, 2003). Adversity must, therefore, exist for people to be classified as resilient. Risk is defined as a serious threat to adaptation and development/growth (Masten & Powell, 2003). However, the specific way risk has been examined and defined has varied. Risk/adversity has often been defined in resilience studies by using statistical predictors of negative developmental outcomes (Luthar, 2006; Masten, 2001). For example, there is a genetic risk for depression, whereby having a relative with depression puts one at higher risk to develop depression (Kendler, Kessler, Walters, McLean, Neale, Heath, et al., 1995), though the actual development of depression is an interaction of biological risk and environmental factors. Risk can result
from isolated incidents or one factor (e.g. abuse), or it can be based upon the compilation of multiple factors (e.g. continued bullying) (Luthar, 2006). Some researchers define risk as behaviors that place an individual at a higher chance for poor outcomes (Resnick & Burt, 1996). An actuarial definition of risk holds that it is the accumulation of behavior problems that puts a person at a higher chance of poor outcome. An environmental perspective holds that community problems put a person at a higher chance of negative outcome. Finally, an alternative definition of risk focuses on cultural norms and developmental issues such as sensation-seeking (Resnick & Burt, 1996).

Many specific risk factors such as exposure to prenatal stress, poverty, parental discord and/or psychopathology have been identified (Werner, 1993). Other examples of risk include low SES and involvement in counseling (Ungar, 2004), or low SES, gender, and stressors associated with living in a rural environment (Puskar et al., 1999), to name a few.

While these multiple definitions of risk may lead to ambiguity in the research field, Resnick and Burt (1996) argued that these multiple ways of examining risk can be integrated by using an ecological perspective such as Brofenbrenner’s ecosystemic model. Resnick and Burt (1996) proposed a conceptualization of risk that consists of negative antecedents, such as macrosystemic and familial stressors, adverse conditions resulting in vulnerabilities, and early negative behaviors or experiences. This conceptualization better takes into account the complexity of multiple factors involved in risk, and is more in line with the current view of resilience as a dynamic process between multiple variables.
Competence

Competence is a construct similar to resilience, but four main differences exist between the two terms. Resilience is a broader construct than competence, and subsumes competence as part of its definition (e.g., resilience is competence despite adversity). Resilience includes risk, while competence does not. Resilience takes into account both the absence and presence of symptoms (e.g., the absence of behavior problems and the presence of pro-social behaviors), whereas competence tends to account for only the presence of certain positive behaviors (though this is not always the case). The final conceptual difference is that resilience includes both emotional and behavioral outcomes, whereas competence tends to be measured solely by observable behaviors (Luthar, 2006).

Competence is often defined according to societal standards. Competence has been defined as “a pattern of effective performance in the environment, evaluated from the perspective of salient developmental tasks in the context of late twentieth-century U.S. society” (Masten et al., 1995, p. 1636). This implies cultural specificity, and illustrates how difficult it is to come up with universal definitions of resilience, risk, and competence. Competence may involve meeting important developmental milestones, having an absence of problems, or both (Masten, 2001). For example, a child may be competent because he/she obtains high grades on tests, or because he/she lacks psychological or behavioral problems. The development of competence is a dynamic process between a person and his/her environment that involves multiple processes, pathways, and systems (Masten et al., 1995).

A longitudinal study by Masten et al. (1995) found support for a conceptual model of competence. This model consisted of three dimensions of competence in late
childhood that were moderately correlated: academic achievement, conduct behaviors, and peer social competence. Dimensions of competence in late adolescence were found to be academic, conduct, peer, job, and romantic competence. The dimensions of competence showed stability from childhood to adolescence, and mediated effects were found among variables in the longitudinal model. This model appears to offer a comprehensive view of competence in childhood according to majority societal standards of success. However, this model may not necessarily account for specific cultural values of competent functioning.

**Protective Factors**

Resilience studies have not produced a consistent set of protective factors. Variable-focused research on resilience has found factors such as parenting qualities, SES, intellectual functioning, and positive yet accurate self-perceptions to be important to competence (Alvord & Grados, 2005; Cleveland, Gibbons, Gerrard, Pomery & Brody, 2005; Dekovic, Janssens, & Van, 2003; DuBois & Silverthorn, 2004; Gregory & Rimm-Kaufman, 2008; Masten, 2001; Supplee, Shaw, Hailstones, & Hartman, 2004; Wright & Fitzpatrick, 2006). Alvord and Grados (2005) mirrored other researchers who looked at multiple levels of protective factors that are important for resilience. The factors they identified as essential protective factors are a proactive orientation (e.g., self-efficacy, self-esteem, a “realistic, positive sense of self” (p.239)), self-regulation, proactive parenting, group connections and attachments, school achievement, school involvement, IQ, academic skills, and community. Watt et al. (1995) examined nineteen adults in the upper-middle class who defined themselves as transcenders of adversity. They found that many of the participants identified the ability to take control of their lives, social support
from people outside of their family, and a feeling of inner drive as important factors related to dealing with adversity.

Garmezy (1985) suggested that protective factors could be grouped into three broad categories: personality, family environment, and support system, and other researchers have tended to support these groupings. Therefore, while a diverse group of factors appear to be related to resilience in people facing adversity, there seem to be some common themes or groupings of factors: personal views and regulation, family, and community. Many researchers would argue for the inclusion of larger cultural factors (Ungar et al., 2005) in these groupings.

**Problems with Definitions**

Problems exist in defining and conceptualizing factors related to resilience, and in defining resilience itself. Overall, these problems appear to stem from a lack of integration of concepts and the neglect of systemic and contextual factors (Ungar et al., 2005). Ungar et al. (2005) examined six well-known and often-cited resilience studies, and found they showed great variability in their methodologies and in the variables chosen for study, as well as an underrepresentation of minority groups in the samples. Resilience itself is difficult to define and is never directly measured; rather its definition is implied through the definition of risk and competence (Luthar, 2006). Resilience is not all-or-nothing; it is not a trait or behavior that people exhibit at all times and in all contexts (Luthar, 2006). A person may show competence in some areas and have weaknesses in other areas, yet still be considered resilient. Researchers are now starting to use more precise terms to denote what type of resilience they are studying. Some researchers have cited problems in determining how resilience occurs (Harvey &
Delfabbro, 2004). Others question whether it exists as a construct or as a “conceptual artifact” (Boyden & Mann, 2005, p. 9). There is still not a consensus among researchers as to what specific behaviors and levels are necessary to demonstrate resilience (Harvey & Delfabbro, 2004). The field of resilience may benefit from a specification of how resilience is defined in each particular study and setting.

Ungar (2005) wrote that while much research examines at-risk youth in terms of behavior and psychosocial issues, not much is been done to look at structural support systems and how children operate throughout those systems. Further, studies tend to limit community factors to an examination of socioeconomic status or employment. Contextualization does not tend to be emphasized, and positive outcomes defined by specific cultures may not be identified in research using standardized instruments and quantitative methods. Ungar (2005) proposed broadening the mainstream definition of resilience to include how systems interact with the individual in the resilience process.

In addition, other researchers attest to the risk of ignoring psychological issues by relying on behavioral measures to assess competence (Luthar & Zelazo, 2003). A child may be obtaining high grades in school and may have an absence of behavior problems, but may be suffering from depression or anxiety. Would that child be considered resilient? Therefore, the field may benefit from an examination of contextual variables and interrelations of factors, and from a consideration of competence in terms of both behavioral successes and healthy psychological functioning.

Further, there remains debate about how to define competence and who should create the definition for successful functioning (Masten, 2001). Research often does not take into account youth's own ideas and perspectives (Ungar, 06). Ungar (2006) argued
that socially defined competence may overlook resilience in some people. Engaging in some behaviors that society defines as "problem behaviors" may in fact be a component that helps youth experience themselves as resilient. For example, Ungar (2006) conducted an interview with a male youth in rural India who belonged to a paramilitary group. While his membership in the group was illegal, it provided the interviewee a sense of belonging, meaning, and self-efficacy, in addition to providing him the ability to express his cultural and ethnic identity. Ungar (2006) did not argue for justifying illegal behaviors, but argued for examining how these behaviors may help youth meet their needs. Context is important. It is also important to be cautious in labeling youths as having behavior disorders if their behaviors are adaptive in their current environments (James & Campbell, 2007). For example, a youth who runs away from home may be seen as deviant, but if he/she is escaping abuse, his/her behavior would be viewed as adaptive and protective.

Ungar (2004) proposed a constructivist model of resilience to take into account the importance of culture and context. In this model, the individual helps create the meaning of resilience appropriate for his/her life. Ungar’s (2004) constructionist interpretation of resilience proposes that resilience is health despite adversity, taking into account the interaction between youth and their specific environment. The theory is less structured than ecological theory, in that relationships are complex and chaotic and risk factors are multidimensional. The constructionist viewpoint of resilience takes on a more complex and unpredictable view of the situation, and aims to obtain more specific knowledge about a particular group of people, rather than focusing on more empirical and generalizable information. While Ungar (2004) discussed the differences between
Resilience and Protective constructivism and ecosystemic studies, he conceded that there were many similarities; in addition, his research emphasizes the examination of multiple systems that may relate to resilience.

**Conceptual Model Within a Specific Context**

While it may be ideal to determine the influence of all risk and protective factors on resilience, "there is no universal set of conditions that can be said to protect all children" (Ungar, 2006, p.25). Many researchers argue for the use of a more precise examination of variables within a theoretical framework (Luthar & Zelazo, 2003). Luthar and Zelazo (2003) stated that interventions cannot address all possible factors that may influence resilience; therefore research should examine specific variables and prioritize those variables in terms of value. The lack of connections between variables may be resolved by keeping in mind an ecosystemic model. This conceptual model allows people in the community to identify multiple levels of risks, protective factors, and competencies, and weave them together in a meaningful way. Brofenbrenner’s model allows the examination of resilience to reflect the natural interactions that youth face as they attempt to overcome adversity and succeed.

**Bioecological Model**

Brofenbrenner’s bioecological model of human development holds that "human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment” (Brofenbrenner, 1994, p. 572). Put more simply, the individual and her/his environment mutually influence each other at multiple levels (Brofenbrenner, 1979). The interactions of the person and the
immediate environment are referred to as proximal processes; these processes “function as the engines of development” (Brofenbrenner & Evans, 2000, p. 118). The model holds that the proximal processes differ systematically according to the specific properties of the person and environment (Brofenbrenner, 1994).

Brofenbrenner’s model consists of nested levels, which mutually influence each other (Brofenbrenner, 1993). The broadest level is the chronosystem, or time. The second broadest level is the macrosystem, which consists of the interaction of two or more settings that do not involve the person directly, but also influence the person (such as the larger community). The exosystem consists of the interaction between two or more systems, one of which does not directly involve the individual (such as the interaction between the parent and workplace, or characteristics of a neighborhood) (Brofenbrenner, 1994). The mesosystem, on the other hand, consists of the interaction of two or more systems or areas that involve a person (e.g., multiple Microsystems) (Brofenbrenner & Morris, 2006); for example, the interaction between a child's school and home, or interactions in the community. The microsystem is the most immediate system and directly involves the developing person, such as the family or school. The microsystem is:

a pattern of activities, social roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical, social, and symbolic features that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in, the immediate environment (Brofenbrenner, 1994, p.39).

Development occurs through the interaction of a person and his/her environmental systems over time, whereby each influences the other (Brofenbrenner &
Morris, 2006). Chaos, or lack of order within and across systems, is another element that may affect development. Chaos may result in "frenetic activity, lack of structure, unpredictability in everyday activities, and high levels of ambient stimulation" in systems (Brofenbrenner & Evans, 2000, p.121). Chaos can interrupt the proximal processes of development and result in maladaptation (Brofenbrenner & Evans, 2000). Further, a dysfunction can be viewed as "recurrent manifestation of difficulties...in maintaining control and integration of behavior" (Brofenbrenner & Evans, 2006, p. 803). Chaos, therefore, may result in dysfunction, and may be considered another form of risk/adversity. Brofenbrenner and Evans (2000) also proposed a view of protective factors within the model: they claimed that people require "active participation in progressively more complex reciprocal interactions" with people with whom they form strong connected relationships (p. 122). Protective factors help one demonstrate competence, or the "demonstrated acquisition and further development of knowledge and skills" (Brofenbrenner & Morris, 2006, p. 803).

Brofenbrenner's model offers the benefit of providing a more complex and inclusive examination of risk and protective factors, as well as taking into account interactions between systems. This model lends itself to "science in the discovery mode" (Brofenbrenner & Morris, 2006, p. 801), and allows one to examine resilience in real-world settings as it actually occurs.

While researchers have identified factors that relate to resilience, more research is needed on the dynamic relationship between a person and his/her environment, as well as specific pathways to resilience (Masten, 2001). The factors related to youth competence are “complex and multidimensional” (Rink & Trinker, 2005, p. 43). An
ecological perspective allows one to examine all levels of risk and protective factors and organize factors and their interactions, and can lead to a multi-leveled and comprehensive model (Resnick & Burt, 1996). The ecological perspective allows for an examination of factors in multiple levels, such as individual, familial (microsystemic), interactions in communities (exosystemic), and culture (macrosystemic) and interactions between settings (mesosystemic). Research supports the use of this comprehensive examination of youth behaviors (Rink & Trinker, 2005).

A possible weakness of the ecosystemic model is that it only provides a framework for the factors; further examinations must be made to determine actual relationships among variables within the model (Harvey & Delfabbrio, 2004). However, Brofenbrenner’s model can add clarity to the research field in the several ways. It allows the researcher to examine conceptually and theoretically relevant factors within a theoretical framework and to prioritize the importance of factors that influence resilience (which has been recommended by Luthar and Zelazo (2003)). In addition, it sets the stage for a broad examination of the construct of resilience so as not to neglect individual, familial, and larger systemic factors.

**Factors of Human Resilience**

As stated previously, resilience consists of competence despite adversity (Masten, 2001; Masten & Powell, 2003). Competence is an observable pattern that consists of the absence of problems and the demonstration of positive behaviors (Masten, 2001). Risk factors increase the probability that a youth will display problems (Resnick & Burt, 1996), while protective factors "modify the effects of risk in a positive direction” (Luthar, 2006, p. 743). An ecosystemic model allows for the examination of risk and
protective factors in multiple domains that interact and influence one another to affect a child's functioning towards resilience or towards problems.

**Integration of Factors and Model**

**Risk Factors**

**Individual level.** There are a plethora of identified risk factors that may negatively impact one’s developmental outcome. In terms of individual factors, biological predispositions play a role in the emergence of many psychological disorders (Barlow, 2000). Psychological disorders, learning disorders, substance abuse, and other psychological problems put children at a higher risk for social, academic, and behavioral problems (APA, 2000; Rainey & Nowak, 2005). Specifically for youth, age itself may be a risk factor. Children who are approaching adolescence are faced with many changes in their personal and social worlds, which may make them more prone to depression and other psychological issues (Vernon, 2004). Behaviors, such as early sexual behaviors, truancy, substance use, or running away may also put youth at risk for negative outcomes (Resnick & Burt, 1996) (though some researchers have used these behaviors as definitions of negative outcomes (e.g., Cleveland et al., 2005)).

A qualitative ethnographic study of fifty African American youth in an urban Midwest city characterized by low SES and inadequate health care was conducted in order to identify risk factors for violence, and with that, to assist with the development of a violence prevention program. Focus groups in this study identified individual risk factors as poor self-concept, poor decision-making, and the absence of a positive orientation toward the future (Reese, Vera, Thompson, & Reyes, 2001). In addition,
gender was related to risk, in that some of the males worried about lack of social reinforcement if they walked away from gangs and violence.

**Microsystemic level.** Youth perceptions of parental unavailability and parental inability to help their children were both identified as risk factors related to community violence (Reese et al., 2001). Specifically, concerns of possible risk factors in this study included neglect, physical abuse, parental drug use, limited/conditional acceptance by parents (e.g., lack of support or attention), and the multiple stressors parents possessed (such as holding multiple jobs and having low socioeconomic status). In another study, physical abuse, defined as being hit by a parent, was positively associated with the negative outcome of youth report of fighting (Wright & Fitzpatrick, 2006). Family intactness or lack thereof, not eating dinner together, and not talking with a parent were not significantly related to community violence. Overall, it appears that family dysfunction is related to negative outcome in youth (Resnick & Burt, 1996).

**Mesosystemic level.** Mesosystemic risk factors result from interactions among settings that hinder or pose a potential harm to development (Brofenbrenner & Morris, 2006). Examples from the literature include lack of organization and cohesion between organizations and people in the community (Reese et al., 2001). Haynie, Silver, & Teasdale (2006) conducted a neighborhood study of over 12,700 youths representing a national sample to assess factors related to youth violence. Results indicated neighborhood socioeconomic disadvantage was related to youth violence, for the most part, due to the relationship between neighborhood SES and peer networks. That is, youth living in lower SES neighborhoods were more likely to be friends with people with lower academic orientations and friends who fight, and these friendships were positively related
to youth violence. The interaction between variables was found to best account for the outcome of youth violence.

**Exosystemic level.** Youth in one study discussed multiple community variables that they viewed as risk factors related to violence (Reese et al., 2001). Many of the factors appeared related to economic difficulties and unemployment in the community and the sale of drugs to provide economically for residents. Some of the children viewed the community as not doing enough to keep them safe. They reported that the schools were not involved enough, the police were "ineffective", and the community lacked cohesion and organization. This left youth at risk for violence and crime (Reese et al., 2001). Peer pressure to affiliate with gangs and worry about community violence were also seen as related to joining a gang or engaging in violent behaviors (e.g., the need to join a gang to protect themselves) (Reese et al., 2001). Gang affiliation was positively associated with youth report of fighting (Wright & Fitzpatrick, 2006). Another study found that neighborhood disadvantage/problems and environmental stressors predicted depressive symptomatology and delinquent behaviors (Prelow, Danoff-Burg, Swenson, & Pugliano, 2004).

**Macrosystemic level.** Ethnicity and culture also play a role in youth's functioning, behavior, and identity. A study of approximately 300 high school students of various race/ethnicities found that perceived discrimination moderated the effects of ecological risk (external/community stressors and neighborhood problems) on delinquent behaviors (e.g. rule-breaking behaviors in the last three months) for African American youth, but not for European American youth (Prelow et al., 2004).
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African American youths face multiple identity tasks – they must define themselves as maturing young adults, as pubescent individuals, and as African American individuals. (Plummer & Tukufu, 2001). Plummer and Tukufu (2001) claimed that this racial resolution is a difficult process, “especially considering the sociopolitical implications of race in our culture” (p. 54). An individual's current stage of racial identity development influences his/her attitudes and behaviors towards self and others. It may also impact functioning, as youth work to define who they are and how they exist in society.

A study of over 900 youth (37% African American) found that preparation for racial bias, or "the frequency of discussions about the potential for unfair treatment and discrimination based on race" (p. 116) was associated with lower self-esteem and less ethnic affirmation, which were then associated with decreased academic efficacy and academic engagement. Preparation for bias was also indirectly predictive of more antisocial behavior (Hughes, Witherspoon, Rivas-Drake, & West-Bey, 2009). Therefore, racial and cultural factors may impact functioning by influencing youth's self-concept and expectations of interactions with others.

Socioeconomic status is another factor that may be associated with worse mental health and other negative outcomes. However, some researchers claim that socioeconomic status tends to not be the focus of much research, and instead is treated as a variable to be controlled for in studies (Liu, Ali, Soleck, Hopps, Dunston, & Pickett, 2004; Smith, 2008). Socioeconomic status may be related to classism, which may factor into power relations and oppression (Smith, 2008). Many of the risk factors identified by youth in Reese et al.'s (2001) study were seen as influenced by a lack of economic
security. Economic problems in the community were related to drugs and gangs in the community, stressors in the family, etc.

**Protective Factors**

**Individual level.** One important individual protective factor that is identified in the literature as important for all youth is a proactive orientation, which Alvord and Grados (2005) define as "taking initiative in one's own life and believing in one's own effectiveness" (p.239). This term takes into account self-efficacy, self-esteem, self-control, and optimism towards the future. A second protective factor that is evident in the literature is self-regulation (Alvord & Grados, 2005). Finally, cognitive abilities and talents were identified as influencing positive outcomes for youth (Alvord & Grados, 2005).

Reese et al.'s (2001) study further supported the idea of a proactive orientation as a protective factor. Youth reported that having a positive view of, and positive feelings towards self was related to overall well-being and nonviolence. Further, youth identified being able to take the initiative to seek out community supports and resources as a protective factor (which also relates to ecosystemic interactions between levels, and mirrors Ungar's (2005) description of the importance of navigating systems or working with structural supports). Girls reported that the pursuit of academic success was helpful, and boys believed that effective coping skills and communication skills were important protective factors against violence (Reese et al., 2001). Youth believed it was helpful to avoid and manage risky situations and to keep a positive and optimistic view of the future.
Many studies have examined self-esteem as a protective factor. Wright and Fitzpatrick (2006) studied risk and protective factors in African American youth. They surveyed over 1,600 African American youth in grades five through twelve in order to determine factors related to youth fighting. While self-esteem was found to be a protective factor in numerous studies (Cichhetti & Rogosch, 1997; Diamantopoulou, Rydell; & Henricsson, 2007), in this particular study, self-esteem was not significantly related to youth report of fighting after other factors were controlled. The self-esteem field lacks a clear definition of self-esteem and researchers often employ construct overlap (Peterson & Austin, 1985), which may account for these incongruent findings. Alternatively, self-esteem may be influenced by other ecosystemic factors. Or, this lack of consistency and clarity of definitions of self-esteem may be indications of specific differences in what factors matter in different populations and communities.

Microsystemic level. Another factor that seems to be important across studies in the prevention of high-risk behaviors is parents – their values, their personal characteristics, and their relationship with their child. Competent and rewarding interactions between a child and his/her family may influence feelings of self-esteem and behavior issues. Parenting relationships involve an interaction between the individual and his/her environment, whereby each influences the other. Studies consistently link parenting to resilience in youth (Masten, 2001).

Alvord and Grados (2005) identified proactive parenting, or an involved and effective authoritative parenting style, as an important influence on resilience. As youth experience developmental changes, parents may experience a need to change how they relate to their maturing children. Parenting may involve a shift from power-based
behaviors and may involve more flexibility and mutual communication, while maintaining firm and consistent discipline (Becker & Liddle, 2001). This parenting approach seems more in line with the authoritative style, in which parents provide appropriate discipline but emotionally support their children (Berk, 2004). Yet, the relationship must also involve more autonomy granting as youth develop from children into young adults. Indeed, as children mature "their developmental capacities increase in both level and range"; therefore, proximal processes must also change and become more broad and complex (Brofenbrenner & Morris, 2006, p. 798).

The quality of parental attachment has been shown to predict positive or negative outcomes in children (Masten & Coatsworth, 1998). Parental attachment is defined as a person’s affective bond with his/her parent or caregiver. According to attachment theory, as children reach adolescence, it is their internal representation of their parental relationship (as opposed to the relationship itself) that is most crucial for their psychological health (Arbona & Power, 2003). In one study, children who had lower levels of self-esteem had higher levels of avoidance toward their mothers and anxiety toward their fathers. Children who engaged in more antisocial behaviors had higher levels of avoidance and anxiety toward their mothers (Arbona & Power, 2003). Therefore, there may be a correlational relationship between style of parental attachment and aspects of children's social, emotional, and behavioral functioning.

Arbona and Power (2003) state that most research on attachment theory in youths has focused on European-American middle and upper class people. However, when these aforementioned attachment factors were examined in African American, Caucasian/European American, and Hispanic students, the only ethnic difference found
was that Hispanic students reported less child anxiety towards the mother than the other groups. This study suggests that attachment to parental figures may be an important global factor that is related to youth self-esteem, regardless of racial group.

In addition, other parental factors have been found to influence positive outcome. For example, one study found that proximal factors of parenting behaviors and parent-child relationship quality significantly predicted antisocial behaviors in a group of children, whereas other factors, such as socioeconomic status, were less directly related to behavior outcomes (Dekovic et al., 2003). Supplee et al. (2004) found that maternal instruction and cognitive engagement were related to children’s academic behaviors and emotion regulation.

A study of 140 children (60% Caucasian; 40% African American) entering Kindergarten in a small city in the Southeast found that positive mother-child interactions at that time were associated with a greater probability of those youth graduating from high school, regardless of other sociodemographic factors (Gregory & Rimm-Kaufman, 2008). Positive mother-child interactions were also associated with a greater probability of a higher grade point average (GPA) for African American children whose mothers did not have a high school education, and for children with low socioeconomic status. Yet, positive interactions were not related to GPA for other sociodemographic groups. These findings illustrate that a positive parent-child relationship may serve as a protective factor for children with low socioeconomic status (Gregory & Rimm-Kaufman, 2008). Finally, mother-child interaction was not related to standardized test scores (after sociodemographic factors were controlled). Despite these findings, more than 50% of the variance in achievement and school drop-out was still not explained (Gregory & Rimm-
Kaufman, 2008). Parents and family factors may be important to success, but may not explain it all alone; there are also other factors and interactions of factors that may influence competence.

Some factors, such as having an intact family, talking with family, and eating dinner together with family were not significantly correlated with African American youth report of fighting in the regression model (though family intactness was related in the bivariate analysis) (Wright & Fitzpatrick, 2006). These findings suggest that other factors may be more important in youth functioning. Reports claim that over 70% of lower-socioeconomic status class African American families are headed by women (Sue & Sue, 2003). In Arbona and Power’s (2003) study, African American students were less likely than Caucasian or Hispanic students to report living with their fathers. Therefore, one must be aware of different formations of family units, aside from the stereotypical two-parent, two-child family, and be careful not to stereotype those who do not “fit” these stereotyped portrayals of families. Researchers have addressed this bias and claimed that “[majority] reaction to African American families is due to our Eurocentric nuclear family orientation” (Sue & Sue, 2003, p. 296). This mindset may cause one to not see the strengths in a family consisting of a single mother, or a family that has a formation different from the nuclear family. Effective parenting and a healthy affective relationship with one’s parents seem to have a buffering effect against negative behaviors and appear to promote psychological well-being.

In addition to parental factors, other social and environmental protective factors have been identified in studies as important in promoting resilience. Connections and attachments to peers and others are also very important in developing competence to
overcome adversity (Alvord & Grados, 2005). The youth in Reese et al.'s (2001) study identified the following possible microsystemic protective factors (in addition to parental support and acceptance): adult supervision and willingness to help youth, youth involvement in church and structured activities (females), and youths' pursuit of academic knowledge (females). Researchers have identified the importance of encouraging children and assisting them in their quest for success (Alvord & Grados, 2005). Further work is needed to tease apart the relative importance of these factors in a select sample.

As mentioned previously, researchers have studied many protective factors related to resilience, and identified some general categories and groupings of these factors (Garmezy, 1985; Masten & Coatsworth, 1998). Though a large list of protective factors exist, not all studies have found support for links between resilience and the specific protective factors (Harvey & Delfabbro, 2004). Other microsystemic factors that were not significantly related to youth report of fighting included teacher attention and club and sport membership. Luthar (2006) recommended looking at a specific at-risk group and examining protective factors for that group rather than comparing protective factors across risk and non-risk groups.

**Mesosystemic level.** While multiple parenting qualities and styles were found to influence development, parent-child relationships do not exist in a vacuum. Therefore, it is important to examine the interactions between parenting factors and other contextual factors that influence development. Researchers examined parenting behaviors and style to see how they impacted risky behavior in non-urban African American youths coming from varying economic backgrounds (Cleveland et al., 2005). The authors claimed that
while a warm and involved parenting style is associated with healthy development in general, not much is currently known about the process of this association with non-urban African American youth. Parenting behaviors were examined in a study assessing youth substance abuse. Three parenting behaviors were identified as being important in the parenting process: monitoring, communication about substances, and parental warmth. The study found that these parenting behaviors were inversely related to youths’ substance use five years after the first measurement. The parenting behaviors primarily had an indirect influence on substance use. That is, parenting behaviors predicted peer associations and cognitions regarding substances, and these variables then predicted substance use (Cleveland et al., 2005). Parenting behaviors and peer associations therefore constituted a mesosystemic protective factor. Cleveland et al.’s (2005) study employed participants, 91% of whom had not used any substances at the time of the first measurement. Therefore, this study should be considered mainly in the context of preventing substance use. Research is also needed on how to help youths who are engaging in substance use; we must address both preventative and restorative approaches to youth health.

A study of parental monitoring and supervision of African American youth in a high-poverty urban area examined risk behaviors such as sexual activity, substance use, and violent behaviors/fighting. Parental monitoring was negatively associated with youth report of fighting (Wright & Fitzpatrick, 2006). Based on youth self-report, the final risk-protective factor model showed parenting as a second order factor that influenced health compromising and violent behaviors. Parental warmth and discipline (e.g. supervision and the existence of family rules) explained 29% of variance in health-compromising
behaviors and 19% of variance in violent behaviors during the start of the study. Over a series of years, parental warmth and discipline explained 42% of health-compromising behaviors and 30% of violent behaviors (Wright & Fitzpatrick, 2006). This study illustrates the importance of studying specific aspects of protective and risk behavior and their interactions with one another, and points to the importance of the parental relationship in promoting healthy development and functioning.

**Exosystemic level.** Navigating systems was essential to resilience in Ungar et al.’s (2005; 2008) studies. Navigating systems entailed having resources available in the environment and youth utilizing those systems of resources to help promote growth. In addition, results from Ungar et al.’s (2007) 14-site study resulted in a definition of resilience as how a person navigates through seven tensions. While individual factors, such as identity, and power and control were identified as important areas, many of the tensions dealt with larger community factors. Access to material resources, including education, finances, and physical needs, was identified as important. In addition, relationships with peers, teachers, family, and others were important, for the benefits of the relationships themselves (microsystemic factors), and for the assistance others provided to help youth obtain "resilience-related resources" (mesosystemic and exosystemic factors) (p.296). Cohesion, or responsibility to self and community, was also identified across sites as an important issue related to resilience. Ungar et al.’s (2005; 2008) studies illustrate the importance of multiple levels in development, as well as the interactions among systems and levels.

Other factors identified as important in communities include happiness at school (Wright & Fitzpatrick, 2005) and community policing (Reese et al., 2001). More work is
needed to examine structural supports and how children operate within these larger systems (Ungar, 2005).

**Macrosystemic level.** While some aspects of cultural identity development and biases may place one at-risk, culture also positively impacts development. For example, a study of 912 youth (37% African American) found that cultural socialization, "the extent to which parents emphasized cultural heritage, history, and pride", was positively related to academic efficacy, even when self-esteem and ethnic affirmation were controlled in the study (Hughes et al., 2009, p. 116). Cultural socialization was both directly and indirectly related (through ethnic affirmation and self-esteem) to academic efficacy and academic engagement.

Ungar et al. (2007) discussed macrosystemic tensions that were important to resilience. Cohesion related to sense of community, and took into account cultural beliefs and practices. Another tension was cultural adherence, which comprised of majority cultural adherence and local cultural adherence. Adherence or lack thereof to either type of culture, along with the interaction between cultures and adherence to them, could influence outcome. It was noted that "resilience was accounted for as the capacity to effectively cope with both identifications, in whatever pattern that would fit best culturally" (Ungar et al., 2007, p. 299). Ungar et al. (2007) identified social justice as another theme that influenced resilience, and consisted of an interplay between risk and protective factors.

While Ungar et al.'s (2007) work offers an example of an examination of structural supports and cultural influences on resilience, much of the resilience literature
has examined more individual factors (Ungar, 2005). More work is needed to take into account the effects of culture and society on resilience.

**Community Action Research and Social Justice Principles**

Previous sections of this paper have covered the issues of context and culture. However, it would be remiss not to explore two related principles that influence the inclusion of culture and context in the examination of resilience. Social justice principles and community action research have the mutual goal of promoting empowerment and working within a community to explore ideas and encourage growth. Social justice is defined as “scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination” (Goodman, Liang, Helms, Latta, Sparks, & Weintraub, 2004, p.795). Social justice can exist at the micro, meso, exo, and macro levels; it attempts to target both individual and societal changes (Goodman et al., 2004). The principles of social justice and advocacy hold that individual change is not enough; people need to work to change the social environment (Speight & Vera, 2004). Six principles are associated with social justice (Goodman et al., 2004). First, mental health professionals should engage in ongoing self-examination of their roles, power, and biases. They should share power with clients, engage in mutual decision-making, and help facilitate community growth. They should give voice to people who are often unheard, and can facilitate this by examining a problem in a way that is in line with the client’s culture and values. They should examine the culture and community itself in order to understand the context of the problem, and they should find ways to “amplify” voices of the clients so that others can learn about the client's situation. They should
Resilience and Protective

facilitate consciousness-raising by believing that “the personal is political”, as well as by realizing their views and those of the dominant culture, and being careful not to impose those views on clients. They should identify client strengths, and work to change society. Finally, professionals should help clients empower themselves by continuing to support the client and consulting with the community on ways they can continue to change and grow (Goodman et al., 2004).

Many of the resilience models used in the past century were decontextualized and reductionistic. They resulted in a separation of the scientist-practitioner and a tendency to view children out of the context of their environments (Lerner, 2003). Resilience research shares the basic overarching definition of unique competencies despite adversity, but the specific definition of resilience may vary according to specific studies, times, theories, and groups examined (Harvey & Delfabbro, 2004). Many researchers have not focused on the role of culture and context in resilience; in addition, most of the resilience research to date focuses on European-Americans (Arrington & Wilson, 2000). Arrington and Wilson (2000) state that “a question not fully addressed within research, or theory, relates to how to define resilience within the contextual biographies of ethnically diverse youth” (p.226). Others researchers argue that people need to understand ecological and cultural contexts in order to understand risk and protective factors (Keogh & Weisner, 1993). More work is needed to examine the developmental contexts of racial minority youth (Arrington & Wilson, 2000).

Constructivist methods and an ecosystemic model allow for participants to share their experiences and help shape the examination of resilience factors specific to their lives. Community action research moves closer to an emic (i.e., culture-specific)
understanding of resilience factors, which benefits both the researchers and the community (Allen et al., 2006). Like all research, community action research involves participants throughout the research process (Allen et al., 2006). Unlike other forms of research, however, community action research actively includes participants in actual planning and implementation of the project. Participatory action research, a specific form of community action research, aims to have people be more aware, heard, capable, and productive (Smith, 1997). It involves a framework of examining human action with goals of knowing self, seeking connections between people, and grounding research within context. It is a form of learning that focuses on power relationships, context, and empowerment (Smith, 1997).

**Rationale for the Study**

The current community action study is based on social justice principles. We examined resilience within an ecosystemic model by using community constructions of concepts to determine what specific protective factors help youth in this community deal with what specific risks in order to result in what optimal functioning. This approach helped bridge the gap between science and practice by creating a local understanding of the resilience concepts in the neighborhood. This knowledge can then be used to implement programs and trainings to improve youth functioning in the community. Specifically, the study created culturally and contextually relevant definitions of resilience, risk, and competence, and identified protective factors that community members attribute to success. This study allowed for a clear and context-specific definition of concepts, and helped promote strengths in the community by identifying resilient youth and protective factors. It empowered members of the community by
identifying their strengths, and by allowing them to being heard during the focus groups and research study. It gave participants tools for change. The study promoted competent functioning and growth in youth by providing tailored feedback that will be used to influence programs, trainings, and other activities in the community.
CHAPTER THREE-Methods

Restatement of the Purpose of the Study

The current study was conducted to collaboratively create a locally and culturally relevant definition of resilience for children in a specific Midwestern neighborhood. Community action research methodology was used to identify risk and protective factors. Community action research based methodology is defined as research done "by or with insiders to an organization or community" (Herr & Anderson, 2005, p.3). It uses social justice principles of working toward social change, examining roles and power, giving a voice to others, facilitating consciousness raising, identifying strengths, working to change society, and self-empowering the community (Goodman et al., 2004) to bridge the gap between scientific research and the practice.

Specifically, the study utilized focus groups composed of neighborhood residents to create a locally and culturally relevant definition of resilience and to identify specific risk factors for children in the local community. Ecosystemic theory was utilized as the conceptual model to account for the protective and risk factors of the individual, family, school, community, and larger society. Directors of the neighborhood’s community center and daycare program then used this locally constructed definition of resilience and list of risk factors to nominate youth who had experienced the risk factors and demonstrated competent behaviors consistent with the local definition of resilience.
Interviews with these children yielded relevant information about how the children viewed their individual resilience and resilience in general, including competence and protective and risk factors. Rating scales were obtained from the children, their parents, and staff members of the community center and daycare center in order to provide additional information about how these resilient youth functioned on a variety of behavioral and psychological measures. These measures helped provide information about how the youth functioned in areas commonly identified in resilience literature as dominant-culture demonstrations of resilience: social skills, academic performance, lack of behavior problems, and lack of psychological problems. Results were shared with the staff members as a validity check, and as part of a plan to discuss ideas that could be used to help increase resilience in the neighborhood children (e.g. by incorporating the findings into staff trainings, using the information for grant writing, etc.). This research, therefore, used collaborative community action methods to create local, conceptually relevant operational definitions for resilience concepts. It helped bridge the gap between science and practice by generating local evidence of resilience, and utilized results to help provide useful information for community members to promote positive change.

Setting

The community. The primary researcher had done counseling work at a tutoring enrichment program in the neighborhood. Through that work, the primary researcher developed a relationship with the executive director of the community center. As a result of that relationship, as well as the primary researcher’s awareness of risks in the neighborhood, and economic problems the community center was experiencing, an
agreement was made to conduct the current study within the neighborhood and to use the children at the community center as participants.

**Background.** The local community was established in the late 1800s. It was annexed by the city in the early 1900s, but retained its neighborhood name and identification. In the 1920s, there was an influx of African American citizens to the community, and in the 1960s, the boundaries of the neighborhood became what they are at the present time (Bullman et al., 1999).

**Development and challenges.** The city designated the community as an area with health and social welfare concerns in the mid-1960s. According to a 1960 census, 72% of the residents of the community were of minority racial status. Thirty percent of the families were living in poverty, and almost 17% of the housing units were reported to be deteriorating. The average resident had an 8th grade education and an income level below the national mean (Bullman et al., 1999). Many of these conditions remained similar in the late 1990s (Bullman et al., 1999). The neighborhood’s population was decreasing; many residents lived in poverty, and housing units continued to deteriorate.

In 1990, 71.3% of the residents of neighborhood were African American. The median household income was $19,822; whereas the state median income was $26,928, and the United States’ median income was $29,943 (U.S. Census Bureau, 2010). Unemployment was higher in the neighborhood than in the county (Bullman et al., 1999). Specific data for the neighborhood was not reported for educational and crime statistics; therefore, data for the larger city were reported. The city had a significantly lower high school graduation and college attendance rate than the state. City schools had lower SAT scores than suburban schools; whereas suburban schools had higher income, less poverty,
fewer single parent homes, and lower rates of adults with less than a high school diploma (Bullman et al., 1999). In terms of crime statistics, the city’s overall crime rates were higher than the state’s rates, but lower than the nation’s rates. The city had fewer property crimes, rapes, and aggravated assaults than the state and nation. However, the city had a higher murder rate than the state and nation rates (Bullman et al., 1999).

More recent statistics indicate that many of these trends are continuing. In February 2011, the state unemployment rate was 9.4%. The national unemployment rate was 9.5%, while the county where the neighborhood is located had an unemployment rate of 10%. The metropolitan area and city's unemployment rates were also higher than the state and national averages, with unemployment percentages of 10% and 9.7%, respectively (Stats Indiana, 2011). Statistics gathered by the US Census Bureau illustrate that the percentage of high school graduates in the city in 2000 was 75.8%, versus 82.1% for the state. The median household income in 1999 was $26,613 versus $41,567 for the state. Persons living below poverty in the city in 1999 represented 23.1% of the population, whereas the percentage of people living below poverty in the state was 9.5% (U.S. Census, n.d.). In 2010, there were 244 violent crimes, 2,084 property crimes, and 1,432 acts of larceny in the larger city (U.S. Department of Justice, 2010).

A look at a local elementary school in the neighborhood paints a clear picture of risks for the children of this community. The school website lists an enrollment of 313 students for the 2009-2010 academic year. Of this group, 55% of the children were African American, 33% were Caucasian, 11% were Multiracial, and 1% were Native American. Eighty-five percent of the students at this school qualified for free lunch in 2009-2010, and an additional 7% qualified for reduced lunch prices. The percentage of
students at the local school who passed the state standardized tests has consistently been below the state average since 1997 (when the data is first listed). In 2008-2009, approximately 30% of the local children passed the state test, half the statewide percentage of 60% (Indiana Department of Education, n.d).

Recent adversity and protective factors. Eighty-eight residents of the community were surveyed by Bullman et al. (1999) as part of a neighborhood study. Results from the study reflected residents’ thoughts about their neighborhood’s adversities and strengths. The sample was not meant to be representative of the community. The average respondent was married, retired, and a long-term resident of the neighborhood. The median age of respondents was 44.9 years. Survey results indicated that school and housing conditions were significant issues. Crime and drug abuse were the residents’ greatest concerns. Greatest neighborhood strengths were reported as unity and churches. The neighborhood residents maintain a strong sense of community (Bullman et al., 1999).

The neighborhood remains a low-income area where residents face multiple stressors. The history page of a local enrichment program states that the enrichment program was started in the late 1980s as an attempt to improve reading and math skills for the children in the neighborhood. The history page cites low socio-economic home settings, daily caregiver struggles, and subsequently, not enough stress of education ([community center website, n.d.]). (The citation of this site is not listed in order to protect the confidentiality of the study participants.) The enrichment program demonstrates both the risk factors associated with life in the neighborhood and the drive of residents to provide protective and growth opportunities for the community’s children.
The community center is another example of a factor that may positively impact youth and serve as a protective factor.

**The community center.** The executive director and director of the community center served as liaisons and consultants for the study, while the children and families who use the center were study informants and active participants in the focus groups and interviews.

The community center was built in the 1970s and serves as a community center for the neighborhood and surrounding areas (Farguheson, 2009). The center’s motto is “Building Family, Building Community, One Child at a Time” ([community center website], n.d.). The center offers cultural, educational, recreational, information, and referral services to people across the lifespan ([community center website], n.d.). At the time the current study was conducted, the center was facing a financial crisis. The city had withdrawn funding from all community centers in 2008. While the center was being sustained through funding offered by the County Board of Commissioners for building utilities and the help of program volunteers, the center required additional funding to remain open in the upcoming year (Farguheson, 2009).

**Overview of the Study**

The study consisted of two phases. During Phase One, the primary researcher consulted with community center staff and began to coordinate ways to approach participants. The primary researcher moderated two focus groups of adults in the neighborhood to construct a local operational definition of resilience. The director of the community center, as well as the director of a local daycare that utilizes the community
center, then identified youth in the neighborhood who demonstrated behaviors consistent
with this local definition of resilience.

During Phase Two, individual interviews were conducted with nominated youth. Rating scales assessing the psychological functioning, self-concept, and social skills of the youth were completed by the youth, their parents, and staff members from the community center or daycare facility. This data was used to determine which protective factors were most helpful in promoting resilience in these youth and, in addition to results from Phase One, was used to create a detailed profile of resilience in the children in this neighborhood. Phase Two also consisted of sharing study results with community center and daycare staffs to provide validation of the concepts and to collaborate on how the information could be used to promote resilience in children in the community.

**Phase One -- Focus Groups**

**Community Consultation**

Community action research is a strength-based approach that emphasizes the abilities of the researcher and the community members, and invites community members to help identify the questions for the study (Jason et al., 2002). There are not clear, well-established criteria for this research approach; instead, the methodology is often determined by the needs of the participants and a collaborative process between community members and researchers (Cresswell et al., 2007). Therefore, in the current study, community experts (the executive director and the director of the community center, and the director of the daycare facility) were consulted and collaborated with throughout the study, from preliminary meetings focused on increasing understanding of
the study topic and the community, to meetings focused on how to use study results to strengthen the community and promote resilience in youth.

In Phase One of the study, the primary researcher met with the executive director of the community center to discuss how to approach and recruit potential participants. The executive director discussed the center, its functions and members, as well as how the study could benefit both the community center and the researcher. The executive director and primary researcher also discussed the logistics of recruitment. The executive director suggested that the primary researcher create flyers (see Appendix B) and distribute them to parents when they pick their children up from the community center after school program. Plans were made for the primary researcher to recruit parents on weekdays from 4:30 until 5:15pm (the time families come to pick up their children from the centers).

Participants

Community experts. The executive director of the community center, the new director of the community center (her successor), and the director of the local daycare served as community experts in the current study. The primary researcher initially made contact with the executive director of the community center, who agreed to serve as primary liaison for Phase One of the study.

The executive director of the community center is an African American woman who is a retired schoolteacher and is very active in the community. She founded an educational enrichment program for youth and took a leadership role at the community center in order to help the center continue to run. As primary liaison, the executive director helped coordinate recruitment of participants and coordinate focus groups;
provided information and context about the neighborhood; and helped establish research, focus group, and interview questions.

The executive director of the community center identified a local daycare facility as another place to recruit families. Daycare students come to the community center after school two days every week for homework and recreational activities. The executive director of the community center also identified the director of the daycare center as an additional community expert to meet and consult with throughout the study. The director of the daycare facility is an African American woman who helped research team members make contact with and recruit participants, helped nominate resilient children, helped coordinate parent and child sessions, and provided information about children's behaviors and attributes.

Additionally, as Phase One of the study was nearing completion, the executive director took a less active role at the community center, and a new director was hired for the community center. This director served as the primary liaison for Phase Two of the study. The new director of the community center is an African American male in his thirties who helped coordinate recruitment and parent and child sessions, helped nominate resilient children, provided information about children's behaviors and attributes, and helped utilize results for community change.

**Focus group members.** Phase One of the study consisted of five adults, aged 18 and older, who participated in the community center either individually or as part of a family at the time of the study. Fifteen adults originally expressed interest in participating in the focus groups. However, only three of the original fifteen people actually came to the various focus group meetings. One member brought her spouse to the focus group.
Due to the low show rate of potential participants, one staff member at the community center was asked to participate in the second focus group. The three people who had signed up, one spouse, and one staff member constitute the final five participants for Phase One. Demographic information for focus group members is presented in Table 1.
Table 1  

*Demographics of Focus Group Participants*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
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</tr>
<tr>
<td>Female</td>
<td>3</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Young-middle age</td>
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</tr>
<tr>
<td>65 years or more</td>
<td>2</td>
</tr>
<tr>
<td>Marital status</td>
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<tr>
<td>Married</td>
<td>4</td>
</tr>
<tr>
<td>Not reported</td>
<td>1</td>
</tr>
<tr>
<td>Work status</td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>1</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
</tr>
<tr>
<td>Not reported</td>
<td>3</td>
</tr>
<tr>
<td>Time in community</td>
<td></td>
</tr>
<tr>
<td>0-1 year</td>
<td>1</td>
</tr>
<tr>
<td>3-5 years</td>
<td>1</td>
</tr>
<tr>
<td>6-10 years</td>
<td>1</td>
</tr>
<tr>
<td>40+ years</td>
<td>2</td>
</tr>
<tr>
<td>Relation to Center</td>
<td></td>
</tr>
<tr>
<td>Parent of Child</td>
<td>3</td>
</tr>
<tr>
<td>Grandparent of Child</td>
<td>1</td>
</tr>
<tr>
<td>Staff</td>
<td>1</td>
</tr>
</tbody>
</table>
All participation in this study was voluntary. Participants all gave verbal and written consent to participate, and were able to leave the study at any time without penalty. No incentives or inducements were offered to the participants, though refreshments were served during focus groups. Benefits to participants included the opportunity to collaborate with others and be heard, and the ability to receive feedback about the study.

As seen in Table 1, all focus group members were African American adults, and most were married. Members varied in terms of their relation to the community center, work status, and years lived in the community.

**Research team members.** The researcher is viewed as an active instrument in qualitative studies (Morrow et al., 2001; Patton, 1999), and therefore, information about the researcher's credibility is important to include in the study (Patton, 1999). Information that should be shared includes anything that may negatively or positively affect the results (Patton, 1999). Therefore, relevant information about research team members for Phase One and Phase Two is described in their respective sections. The research team for the first phase of the study consisted of the primary researcher and three additional team members recruited by the primary researcher through Ball State University’s Department of Counseling Psychology and Guidance Services. The primary researcher is a Caucasian female in her late-20s who had lived in Indiana for approximately four years at the start of the study. She moved from the East Coast to Indiana for graduate school, and was enrolled in the doctoral program in Counseling Psychology. The primary researcher had previous experience working with children, working with group dynamics, and conducting interviews. In addition, she had the most knowledge of the resilience research
literature, as well as the methods of the current study. The three additional research team members were all Caucasian females in their early-20s who were first year doctoral students in the Counseling Psychology program, and all had an interest in qualitative research methods. None of the research team members were originally from the state of the study. All were from middle class suburban neighborhoods. All had previous experience and an interest in working with children.

All members completed the CITI Training for ethical conduct in research. Team members attended an orientation where they were trained in qualitative coding techniques by the primary researcher (See Appendix I). Training consisted of a didactic presentation and the review of a manual developed by the primary researcher, as well as practice coding a section of text together. The four team members were responsible for transcribing and coding the focus group information. They utilized qualitative coding to create thematic categories for the data obtained from the focus groups, and drew conclusions about the findings based upon these codings.

One of the three first year doctoral students also served as a co-facilitator during the focus groups. This team member accompanied the primary researcher to both focus group meetings. She recorded the meetings and took notes of the first few words spoken by each speaker in order to help identify the various speakers during the transcription process. This team member had previous experience in working with groups.

Materials

**Focus group script.** A script was developed for use during the focus groups to help guide the conversation towards research areas. The script consisted of questions based on important areas identified in the resilience research (Ungar et al., 2005) and
areas identified by the executive director of the community center as being of interest to the staff at the community center. This resulted in the final focus group script, listed in Appendix H.

**Method for Phase One**

The method of the current study, like that of most action research, continued to develop throughout the phases of research, through the use of planning, acting, observing and reflecting on the study (Kidd & Kral, 2005). The first phase of the study helped the research team start to understand resilience as it exists in children in the local community. It also provided the foundation for co-creation by the research team and neighborhood residents of an operational definition of resilience that is meaningful for the neighborhood (Carr & Kemmis, 1986).

The primary researcher introduced the study to the executive director of the community center and staff members at the community center. She then collaborated with them to determine the best method for making contact with community members and recruiting possible participants. The meeting involved a discussion about risks and resilience in the community, and ways that the study could benefit the community center. This meeting, and the ones following it, helped negotiate the focus of the research and built a trusting working relationship with community members. This is a key part of the early stage for action research, especially for an outside researcher (e.g. a researcher who is not a member of the community in the study) (Cresswell et al., 2007; Dick, 2000; Kidd & Kral, 2005). In addition, the meetings helped the researcher and community members collaborate on how to introduce the study to others in the community (Cresswell et al., 2007). The primary researcher asked the staff members questions based on Ungar et al.’s
(2005) study of resilience, such as: Whom should I speak with? How can I recruit and engage participants? Where and when should I hold focus groups? The executive director also provided the primary researcher with contact information for the Board of Directors for the community center. The Board of Directors was established in 2008, and consists of 15 board members who represent a wide range of community organizations (Farguheson, 2009). An introductory letter was sent to the Board describing the study, and offering contact information for the primary researcher in case of questions or concerns (See Appendices D & J).

Based upon the discussion resulting from these questions, which was documented through note taking by the primary researcher, plans were made to recruit participants for focus groups. Focus groups are essentially guided group interviews, led by a moderator, that result in rich data (Morgan, 1998). They offer the benefit of gaining in-depth contextual information about diverse topics (Morgan, 1998). The four steps of focus group use consist of planning, recruiting, moderating, and analyzing and reporting (Morgan & Scannell, 1998).

**Planning.** The executive director and primary researcher met several times to discuss logistics of the study, to update the executive director on the timeline and methods of the study (see Appendix C), and to discuss ways that the study could benefit the community center. The primary researcher also met with other staff members to discuss the study and gain permission to recruit participants from various activities. (Some of the questions that the primary researcher asked included the aforementioned questions based on Ungar et al.’s (2005) study.) Answers to these and other questions helped frame the design of the study. As meetings progressed, and throughout participant
recruitment, logistical issues such as meeting times and scheduling issues were discussed with the community center staff members, and local solutions were explored to help the study fit within the local culture and context (e.g. working around the schedules of working parents, etc.).

Plans specific to the community were made for participant recruitment. Specifically, the primary researcher planned to go to the centers on days when the most children were present; focus group times were scheduled to correspond with pick-up times so that family members would be available; childcare was provided by the community center staff; and refreshments were provided by the primary researcher since the meetings were held around dinnertime. This stage involved planning recruitment, taking action, and making modifications to the study based on observations (Morgan & Scannell, 1998). For example, it was originally determined that the primary researcher would recruit participants at a monthly lunchtime meeting, but since none were scheduled during the recruitment time, changes were made to maximize the likelihood of obtaining participants.

**Recruiting.** The final method of the study consisted of the primary researcher going to the community center and daycare facilities to post flyers and speak with parents and family members when they came to pick up their children from the afterschool program. These people were asked to participate in one of two 45-60 minute focus groups to discuss how children can succeed. Two groups were used so that the primary researcher could compare patterns of data across and between groups (Barbour, 2007).

Adults who were interested in participating in the study were asked to provide their name, possible availability for two proposed group times, phone number, and the
best time to reach them. The primary researcher followed up with all potential participants with one to two telephone calls. Seven people signed up for the first focus group, and eight people signed up for the second focus group.

The primary researcher and research team member arrived at the community center 30 minutes before the start of each group to set up the room for the group meeting. When participants first arrived, refreshments were made available so as to encourage a relaxed atmosphere and to show appreciation for the participants’ time and effort (Barbour, 2007). During the first focus group, two people who had signed up for the group showed up to the meeting, and one person brought her spouse, so that three people in total were in attendance. The primary researcher waited until eight minutes past the scheduled time for the group to start in order to allow for people who may have been running late (but not to inconvenience the members who had come to the group), and then began the group. During the second focus group, one member out of the eight who had signed up showed up to the meeting. One member called to say she was stuck at work and would try to make it later to the meeting. The primary researcher called all of the other people who had signed up and said they would attend, but only made contact with one person who said she had forgotten and would try to make it to the meeting later. The primary researcher asked a community center staff member to participate in the focus group so that the group could proceed with two members. The researcher waited a few more minutes and began the group ten minutes later than the scheduled time with the two participants.

**Moderating.** All participants were given a written consent form, which was verbally reviewed with them (Appendix E). The participants were given the chance to ask
questions, and then were asked to sign one copy of the consent form and return it to the primary researcher. They were given another consent form for their personal records. During the first focus group, one of the participants expressed reluctance to participate in the group without knowing more about the specifics of the group, so the primary researcher read the focus group questions aloud for the group and explained the study in more detail. The participant expressed a bit of reluctance about research in general, but then signed the consent form and participated in the group. The primary researcher and research team member checked-in specifically with this member at the end of the focus group to make sure she was comfortable with her participation and the way the group meeting had gone, and to ask her for recommendations as to how to make future participants more comfortable with the process. She reported being fine with the focus group and recommended sharing the questions with the other group before having participants sign consent forms. This process was put into place for the second focus group (per continued development of the method (e.g., Kidd & Kral, 2005)).

Each group began with a review of the consent forms and a discussion of confidentiality (See Appendices F & G). An audio recorder was used with participants' permission so that the meetings could be recorded and transcribed and the data coded. The primary researcher facilitated the groups through the use of the script (Appendix H). The script was developed based on a review of the literature, especially Ungar et al.’s (2005) focus group questions, and questions were designed to gain more information about the community and context. The purpose of these questions and resulting discussions was to have neighborhood residents and the research team begin to co-create a locally meaningful definition of resilience (Carr & Kemmis, 1986).
At the start of the focus group, group members were asked to introduce themselves to the group. The first question asked members to describe their community in general. Members were asked to discuss what challenges youth in their neighborhood faced, and then were asked to discuss what successful children in their neighborhood "looked like" -- what characteristics and behaviors these children displayed. Finally, members were asked to discuss protective factors in their neighborhood.

In addition to script questions, the primary researcher asked for clarification or elaboration if the participant gave a brief response, or if the researcher was unsure of what the respondent meant by his/her statement. The primary researcher also provided verbal encouragement to members to discuss topics. Each group ended with the opportunity for the members to ask any questions or express concerns. Members were given the option to receive feedback about the outcome of the focus groups, and all members expressed an interest in being contacted (and provided verbal permission to be called with that information).

**Phase One Coding and Analysis**

The two session tapes were transcribed and reviewed against the recording to check for accuracy by the primary researcher. Any identifying information was removed and the transcripts were then sent via a password protected file to the three doctoral students on the research team. The primary researcher and research team members individually utilized grounded theory techniques to code the data. Codings and comments were sent back to the primary researcher and were combined into groupings of information. Categories were further organized by the primary researcher, and then the research team met to discuss final categories and subcategories. The final categories were
analyzed by the primary researcher and her dissertation chair, and the data was examined within an ecosystemic model, which will be further described below and in Chapter Four.

**Qualitative analyses.** Qualitative methods were used to identify and explore relationships among concepts related to resilience. Grounded theory was chosen for analysis because this method is more likely to reflect the lives of actual people, as opposed to more abstract theoretical constructs (Strauss & Corbin, 1998). Grounded theory is "derived from data, systematically gathered and analyzed through the research process" (Strauss & Corbin, 1998). Grounded theories use data to examine themes and relationships among variables. Strauss and Corbin (1998) made the argument that this type of analysis allows one to do both science and art. This analysis maintains scientific principles and qualifications, but also allows for the creativity of the working team's creative process (Strauss & Corbin, 1998). This process is reflective and collaborative, much like community action research itself.

Grounded theory consists of describing something, conceptually ordering information, and then constructing theories from that information (Strauss & Corbin, 1998). Tools in grounded theory that were used throughout the analysis included microanalysis, which consists of focusing on parts of the data that appear important to the coder and examining those parts of the data through multiple perspectives, asking questions, and making comparisons (to other information in the data and the coders' personal experiences). Other tools used included writing memos (i.e., writing the coder's immediate thoughts and processing of the data in the margins), and being aware of biases (which is done through writing memos, discussing issues with team members, and being open and honest during coding) (Strauss & Corbin, 1998). Four people (the three research
team members and primary researcher) coded the data in order to increase the internal reliability of the constructed categories. This analyst triangulation facilitated the examination of data from multiple angles/perspectives, and provided a check against biases in data interpretation (Patton, 1999). Grounded theory consists of three phases of analysis, though they may not always be sequential (Strauss & Corbin, 1998). Continuous analysis and interaction with the data results in phases that are linear but may cycle (Henwood & Pigeon, 2003).

For the current study, analysis began with open coding, which involved reviewing the scripts and identifying meaning units of concepts (Morrow et al., 2001), and giving names or labels to the codings, to provide organization within which to compare data (Henwood & Pigeon, 2003). During the open coding phase, research team members individually analyzed the data paragraph by paragraph and asked, "What is the major idea of this paragraph?" For each paragraph, the coders assessed the main idea, and then examined the data within the paragraph in more detail to help develop the categories. Particularly relevant or striking information was microanalyzed. For example, a community member reported there was talk about closing the community center, and he was not sure where the children would go in the summer if the center closed. The coder wrote, "This statement makes me think that he has a sense of pride and a need to protect what he considers to be his own community." As another example, when a community member stated, "Ok, now we're telling y'all this, what are y'all going to do?" The coder wrote, "Restating gratitude, but also wishing to see the community's agenda addressed. Future-oriented; she is asking where will additional help come from and how". This analysis of one sentence contributed to the examination of factors such as protection of
community, community and outsiders, sense of community pride, and improvement in the community.

Coders were asked to look at not only the actual words in the transcript, but also at the meaning and concepts behind the words. Each team member individually reviewed the transcripts and provided coding information for each paragraph of text in order to obtain rich information and decrease potential coder bias. The information included analysis of the text and impressions (i.e., memos) of the coders, and resulted in further refinement of categories and links between topics. At this point, the individual coders sent their coding schema to the primary researcher.

The axial coding phase consists of comparing categories with one another in order to further develop categories, create higher-order categories, and link them to subcategories (Strauss & Corbin, 1998; Morrow et al., 2001). Axial coding was started by the primary researcher. The primary researcher combined the four analyses of each of the focus group sessions into one compilation, and organized them into major categories that stood out from the data individually by each coder.

Seven broad categories were identified from the focus group data. The categories were as follows: protective factors, risk factors, success in children, community, view of children, process remarks, and the community center. The primary researcher organized the data into the broad categories, using the coders’ comments, and did a preliminary grouping of similar ideas under the broad categories. Data that did not easily fit into a group, or seemed to fit into multiple categories, were italicized and left separate from the groupings. The compilations were emailed back to each participant for review, along with questions for consideration. Team members were asked to consider the following: Does
the data in each group belong in the same group with each other? Are there other groups where it may fit better? What overall themes or headings would fit with the groups we created? What other ideas or impressions do you have about the data? In this way, team members continued with the axial coding process of relating categories and subcategories (Morrow et al., 2001) as well as searching for negative cases and examining possible rival explanations for the data (Patton, 1999). Finally, this step set the stage for selective coding, whereupon the data were examined as it related to a key theme (Morrow et al., 2001).

The primary researcher held a meeting with her three team members. During that meeting, axial coding was completed and selective coding, in which members looked at concepts and theories suggested by the data (Strauss & Corbin, 1998), was started. Team members discussed each category, decided on a name for the category, discussed the parameters of the category, and voted on ambiguous data to see if it best fit with that category. There was some question as to whether some of the subcategories were separate, related, or subsumed under each other. The primary researcher, in an effort to minimize her biasing of the research team members' perceptions, grouped the data under large categories, but asked the other three research team members to develop labels for the subcategories and to give feedback on whether or not certain statements fit under the subcategories.

Selective coding was started during the team meeting by discussing major themes in the data (Strauss & Corbin, 1998). After this meeting, the primary researcher met with her dissertation chair to discuss the progress of the team, and to finish selective coding. Selective coding involves integrating categories into theoretical schemes (Strauss &
Corbin, 1998). During that meeting, the researcher and her chair discussed theoretical models that help explain the data. An ecosystemic model was found to add clarity to the data, in that it helped account for the relationships between subcategories and categories. For example, focus group members discussed how community members at school, home, and the community center work together to provide structure and accountability for the children. This statement did not fit into one category; instead, it represented processes in the microsystem (e.g., family, school, community center) and the interactions of these agencies (e.g. the mesosystem). By viewing the protective and risk factors through an ecosystemic framework, many of the concepts were related, and they influenced and interacted with one another. After this meeting, the final listing of categories and subcategories was sent to the research team members for final review. Research team members provided feedback as to whether or not they agreed with the identified factors and structuring of information.

**Reporting. (Methods to facilitate a segue from phase one to phase two).** A final draft of the categories and subcategories was compiled and shared with the community center executive director, director, and an instructor at the community center. During this meeting, the study results were shared with the staff. This step served as a participant check to help ensure validity of the constructs for the community (Morrow et al., 2001). Staff members were asked to verify that the constructs had face validity for their community. Each category and subcategory was read, along with example statements from each, and staff members were asked if these findings reflected what they saw in their community. The staff agreed that the statements reflected their knowledge of the community, except for one statement about disciplining or correcting neighbors'
children, which they reported as seeming to be something that had happened in earlier
generations but was not prevalent at the present time. In addition to the subcategories
identified from the data for success, the staff also mentioned a child's pride in his/her
achievement as being important, and role models as being important. These questions
were included in the interview script in phase two. Staff members expressed a desire for
continued feedback during the study. The primary researcher also obtained additional
questions/areas staff members wanted to be included in the phase two interviews (per the
value of having community members help create research topics and question in
community action research (Jason et al., 2002)). Staff members discussed an interest in
learning about the following additional areas: the role of media influences on children,
satisfaction and suggestions for improvements at the community center, and peer
pressure. Following the validity check, themes and subthemes related to risks and
competence were used by the primary researcher to construct the local definition of
resilience (See Appendix K), and this was used in Phase Two as the criteria for
nominating children for interviews.

**Phase Two**

**Overview**

Phase Two involved gaining a deeper understanding of resilience in children,
specifically protective factors, to create a profile of resilience factors in the community.
Children who demonstrated the operational definition of resilience were nominated by
community experts to participate in the study. Information about risks, protective factors,
and competence was gathered from the children through the use of individual semi-
structured interviews. Rating scales were completed by children, parents, and staff and
resulted in information about these resilient children's self-concepts, and their social, academic, and behavioral functioning.

**Participants**

**Community experts.** The same community experts that participated in Phase One participated in Phase Two, except for the aforementioned change of the new director of the community center serving as primary liaison for Phase Two, while the executive director played a less direct role in this phase of the study.

**Research team.** The research team for the second phase of the study consisted of the original three doctoral students, as well as three masters students. Team members were recruited through the Ball State University Department of Counseling and Guidance Services. Two undergraduate students were originally involved in the team, but due to scheduling conflicts, did not join the final research team. One additional masters student was recruited and served on the research team, but was unable to attend recruiting times, and did not join the final team. The final six members are all Caucasian people in their early-mid-twenties. There were five female and one male research team members. The six team members were delegated responsibilities for the study, and all members attended a two-and-a-half hour training session conducted by the primary researcher. Manuals and protocols were developed by the primary researcher, and reviewed with the team members by the primary researcher during the training session. During that meeting, members were trained on recruitment, consent/assent, rating scale administration and scoring procedures, transcription, and interviewing (for those members involved in each of the activities) (See Appendices K through CC). The primary researcher was available
throughout the study through email and/or cell phone for consultation, and initiated regular individual and group check-ins.

As researchers are an active part of the study, it is important to examine possible researcher effects (Patton, 1999). Therefore, important information about the interviewers is as follows: The two research team members who conducted the child interviews had prior experience working with children. They are both females in their early twenties. One member had previous experience conducting qualitative interviews. One interviewer was from the same state as the participants, but reported while her home town was "a bit rough", her part of the town was "sheltered". She did not have many neighbors, and was home-schooled, but church was an important part of her community and gave her a sense of neighborhood. This interviewer reported that she did not have many expectations entering the interviews, other than being a bit nervous about conducting the interviews. The other interviewer was from a suburban area in a different state. She was raised Christian and grew up in a two parent home. Her neighborhood had an overall higher SES than the neighborhood of the study. This interviewer had years of experience working with children in a neighboring area to that of the study, and had experience conducting interviews.

These two team members met with the primary researcher and reviewed the protocols and scripts. A mock interview was conducted with the two of them until they felt comfortable asking the script questions and eliciting elaboration on answers. The primary researcher was available throughout the study via phone and email to consult, answer questions, coordinate procedures, etc.
Resilient children. A local and culturally relevant conception of resilience was created within the community as a result of the focus groups conducted in Phase One. The community experts were given this definition of resilience (see Appendix K) to serve as one of the inclusion criteria for children participating in Phase Two.

Experts were given the aforementioned operational definition of resilience, as well as the remaining inclusion criteria for the study. Additional inclusion criteria for nomination consisted of the child’s grade level (third through fifth grade, approximately aged eight through eleven years); current involvement in the community center; and later, willingness and ability to attend an interview with someone from the research team. Nominations were made based on the inclusion criteria.

Children in these grade levels were at the developmental level of late childhood or early adolescence. This age group was used in part because they were a convenient sample, in that older children were not used because not many older children were served by the community center. However, the sample was also purposive, in that focus group members’ discussions focused on working with and protecting children as opposed to adolescents. Further, younger children were not used in the study because children in the late childhood/early adolescent stage of development represent better self-reporters. The late childhood/early adolescent stage of the development is a time when children start to use their cognitions to engage in reality testing (O’Connor, 2000). In addition, children at this age begin to categorize and express more complex emotions (Wood et al., 1996). These two developments result in more complex thoughts and feelings, and a better ability to self-report those thoughts, feelings, and behaviors. Further support for using this age group comes from researchers who report that children may not be reliable
reporters of some behavior problems until about nine years of age (McMahon & Frick, 2005).

Children at this age are close to embarking on adolescent development. They are starting to deal with conflicts between dependence and independence (Wood et al., 1996). Early adolescence is often a tumultuous stage of development, in which many adolescents experience interpersonal and emotional problems (Vernon, 2004). This may make them prone to stressors and risks, and therefore, they may offer relevant examples of demonstrating resilience.

The community center and daycare directors nominated twenty children who they perceived to demonstrate this locally created definition of resilience, and indicated if each child faced one or more of the identified risks, and/or demonstrated the local definition of competence. They also indicated how well each child fit the description of resilience. This was indicated by rating each child's percentage of definition met, with 0 meaning the child did not fit the definition at all, to 100 meaning the child completely fit the definition. Five-point increments were used for the ratings (e.g. 0, 5, 10, 15...) (see Appendix K). This list was then emailed to the primary researcher via a password protected file. Children who were nominated by the experts with a 75% or higher rating of resilience were selected for use in the study.

This process resulted in 15 children eligible to participate in the study. Attempts were made to recruit all 15 children. One child chose not to participate in the study, although parental consent was given. Attempts to obtain consent from one other parent were unsuccessful; one parent did not pick his/her child up from the center, so parental consent could not be obtained. Of the 15 eligible children, a total of 13 children were able
to be interviewed for the study. In addition to an interview, each child, one of his/her parents, and a staff member who knew the child completed various rating scale measures to provide additional information about resilience. Demographic information for the 13 children is presented in Table 2 in summary form; specific information is not provided to help ensure confidentiality of the participants.
Table 2

*Demographic Data for Interviewed Children*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Grade</td>
<td></td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
</tr>
<tr>
<td>Self-Identified race</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>4</td>
</tr>
<tr>
<td>Mixed</td>
<td>1</td>
</tr>
<tr>
<td>Not known</td>
<td>8</td>
</tr>
<tr>
<td>Years in community</td>
<td></td>
</tr>
<tr>
<td>0-3</td>
<td>4</td>
</tr>
<tr>
<td>4-7</td>
<td>3</td>
</tr>
<tr>
<td>7+</td>
<td>5</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td>Frequency of worship</td>
<td></td>
</tr>
<tr>
<td>Less than weekly</td>
<td>3</td>
</tr>
<tr>
<td>Weekly</td>
<td>5</td>
</tr>
<tr>
<td>Twice weekly</td>
<td>5</td>
</tr>
<tr>
<td>Household composition</td>
<td></td>
</tr>
<tr>
<td>Mother and sibling(s)</td>
<td>6</td>
</tr>
<tr>
<td>Mother and father</td>
<td>2</td>
</tr>
<tr>
<td>Mother and partner</td>
<td>2</td>
</tr>
<tr>
<td>Mother and stepparent</td>
<td>1</td>
</tr>
<tr>
<td>Father and stepparent</td>
<td>1</td>
</tr>
<tr>
<td>Grandparents</td>
<td>1</td>
</tr>
<tr>
<td>Important family outside household</td>
<td></td>
</tr>
<tr>
<td>Grandparents</td>
<td>10</td>
</tr>
<tr>
<td>Father</td>
<td>6</td>
</tr>
<tr>
<td>Siblings/Stepsiblings</td>
<td>3</td>
</tr>
<tr>
<td>Uncle</td>
<td>3</td>
</tr>
<tr>
<td>Cousin(s)</td>
<td>3</td>
</tr>
<tr>
<td>Mother</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 2 Continued

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important family outside household</td>
<td></td>
</tr>
<tr>
<td>Aunt</td>
<td>2</td>
</tr>
<tr>
<td>Stepmother</td>
<td>1</td>
</tr>
<tr>
<td>Stepfather</td>
<td>1</td>
</tr>
</tbody>
</table>
As illustrated in the table, children ranged in age from eight to eleven years, and were in the third, fourth, or fifth grade. Most children were not able to verbalize their racial identity. Children varied in terms of their time spent living in the neighborhood, family composition, and important family members.

**Measures**

Rating scales offer many benefits in clinical work. They are easy to administer, cost-effective, standardized, able to be completed by multiple informants, do not take much time to administer, and can assess for behaviors that occur at a low frequency but are important to assess (Erickson, 1998; Kearny, Cook, Wechsler, Haight, & Stowman, 2008; Schulenberg, Kaster, Nassif, & Johnson-Jimenez, 2008). A possible detriment to using behavior rating scales is that they may not assess some developmental and contextual factors (Schulenberg et al., 2008). In the current study, rating scales were used as a supplement to the child interviews that did take into account development and context.

Based on the existing literature, the following measures were chosen to examine characteristics and behaviors of the resilient children in the current study:

**Social Skills Improvement System (SSIS).** This system is a multi-rater approach to examine social skills in different settings, and consisted of student, parent, and teacher rating forms. The SSIS was also used to examine problem behaviors across settings, as well as academic competence (Gresham & Elliott, 2008). The SSIS covered three domains: Social Skills, Problem Behaviors, and Academic Competence, with subcategories for each domain. Social Skills and Problem Behaviors were listed on the student, parent, and teacher forms. In terms of Social Skills, children were rated in terms
of: Communication (e.g. "Speaks in appropriate tone of voice"); Cooperation (e.g. "Interacts well with other children"); Assertion (e.g. "Stands up for herself/himself when treated unfairly"); Responsibility (e.g. "Takes responsibility for his/her actions"); Empathy (e.g. "Feels bad when others are sad"); Engagement (e.g. "Joins activities that have already started"); and Self-Control (e.g. "Ignores classmates when they are distracting"). In terms of Problem Behaviors, subscales measured Externalizing Behaviors (e.g. "Has temper tantrums"); Bullying (e.g. "Bullies others"); Hyperactivity/Inattention (e.g. "Fidgets or moves around too much"); Internalizing Behaviors (e.g. "Acts lonely"); and Autism Spectrum Behaviors (e.g. "Is preoccupied with object parts"); this scale was included only on parent and teacher forms). Academic Competence was specific to the teacher rating forms, and consisted of Reading Performance, Math Performance, Motivation, Parental Support, and General Cognitive Functioning.

Respondents were asked to rate the frequency of the child’s behaviors on a 4-point scale, where N=Never/Not True, S=Seldom/A Little True, O=Often/A Lot True, and A=Almost Always/Very True. The Teacher and Parent forms also asked respondents to rate the importance or perceived value of the Social Skills behaviors. Importance was rated on a 3-point scale, where N=Not Important, I=Important, and C=Critical.

The SSIS was designed to take about 15-20 minutes to complete, and was based on behaviors observed over the past two months. The Student Form was written below a second grade reading level, and the Parent Form was written at a fifth grade reading level (Gresham & Elliott, 2008).
The SSIS represents an updated revision of the Social Skills Ratings System (Gresham & Elliott, 2008). The new SSIS has updated national norms (with a norming sample comprised of participants as follows: 66.7% White, 22% African American, and 11% Hispanic children), additional subscales, more overlap between forms, improved psychometric properties, and validity scales (Gresham & Elliott, 2008). The SSIS was standardized on 4,700 children ages 3-18 years old who were representative of the United States in terms of sex, race, SES, and geographic region. The SSIS has good internal consistency on all forms (alpha ranges from .93-.96 for the Social Skills Scale, Problem Behavior Scale, and Academic Competence Scale for Teacher, Parent, and Student Forms; alpha ranges .70s-.80s for Social Skills subscales across respondents; alpha in the .80s for Problem Behavior Subscales). Test-retest reliability ranged from .81-.84 for the Social Skills Scale (with student, then teacher, then parent as lowest to highest), and from .77-.87 for the Problem Behavior Scale (with student, then teacher, then parent as lowest to highest). Test-retest reliability for the Academic Competence scale for teachers was .92. The test-retest reliability subscale median ranged from .71 (child) to .81 (teacher).

The SSIS manual reported modest support for convergent and discriminant validity of the subscales, where similar subscales within rater forms had a mean correlation of .30 and discriminant medians were .20, and correlations between rater forms ranged from .25-.28 for similar subscales and .17-.24 for dissimilar scales. Mean correlations between the SSIS scales and similar scales on the Behavior Assessment System for Children ranged from 46.3 to 55.3 for all rater forms. There are sex differences on the SSIS that are in line with prior research, in that females tend to score higher on Pro-social Behaviors, and males tend to score higher on Problem Behaviors (Gresham & Elliott, 2008).
Interrater reliability between teacher and parent reports range from .53 to .66. Interrater correlations between teacher and parent ratings for Total Social Skills and Total Problem behaviors ranged from .21 to .33. While this number may appear low, smaller correlations may be due in part to the measures assessing different areas of social skills (Diperna & Volpe, 2005). More importantly for the current study, Demaray and Ruffalo (1995) reported that the SRSS (predecessor to the SSIS) interrater reliability estimates are better than those of most cross-informant ratings. Furthermore, Achenbach, McCounaghy, and Howell (1987), in their meta-analysis of behavioral/social problems in children and adolescents, found a weighted mean correlation of .22 for self-other ratings, and a weighted mean correlation of .20 for self-teacher ratings. Therefore, it appears that the SRSS may offer better than average interrater information on perspectives of children’s social skills.

For the current study, all forms of the SSIS were utilized. Children completed the Student Form; a parent completed the Parent Form; and due to pragmatic considerations, the directors and staff members of the community center and daycare completed the Teacher Form of the SSIS for the nominated children. Sex-specific norms were used upon the SSIS author’s recommendation, due to differences in social skill development between the sexes (Gresham & Elliott, 2008). The SSIS validity indices were used to determine tendency to overreport problems. Social Skills and Academic Competence scales were based on a normal distribution, where standard scores less than 85 indicated Below Average behaviors, standard scores between 85 and 115 indicated Average behaviors, and standard scores above 115 were considered to indicate Above Average behaviors. In terms of Problem Behaviors, scores were negatively skewed, and any
standard score above 100 indicated that the child displayed more behavior problems than average (Gresham & Elliott, 2008). The SSIS scores were used to create profiles of social, behavior, and academic performance, and were used in conjunction with other forms of information to create profiles of resilience in children in the community.

**Child Behavior Checklist (CBCL).** Current psychological health and adjustment was assessed with the Child Behavior Checklist (CBCL). The Child Behavior Checklist is a 113-item behavioral measure used to assess both problems (internalizing and externalizing) and strengths (e.g. involvement in activities, friendships, etc.) of children ages 2-18 years old. There are multiple scales designed for children of different ages, and separate norms exist for males and females. The CBCL consists of three Competence Scales (Extracurricular, Academic, and Social), and eight Problem Scales (Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behaviors, and Aggressive Behaviors). The eight Problem Scales load onto Internalizing Problems and Externalizing Problems Scales; the combination of these two scales result in a Total Problems Score (Achenbach, 1991).

The Parent and Teacher Forms were used in the current study (Child Forms only exist for children aged 11 years and older), with the child's parent completing the Parent Form, and the director or staff of either the community center or daycare center completing the Teacher Form for each child. The CBCL forms asked respondents to rate the child's behavior over the past six months. The Competence scales required the respondent to rate frequencies and skill in different areas. The Problem Scales items
Resilience and Protective

consisted of a 3-point rating scale, where 0=Not True; 1=Somewhat or Sometimes True; and 2=Very True or Often True (Achenbach, 1991).

The CBCL manual (Achenbach, 1991) reported strong reliability scores. Interrater reliability is reported to be .927 for the Competence items and .99 for the Problem items. Interrater reliability on the Competence and Problem Scales was also reported to be high (r=.87 for the School scale, and r=.74-.76 for Competence scale). Other researchers have reported an interrater reliability score of about .66 among parents, and have claimed that some differences in scores may be more of a reflection of variability between raters than true scores or measures of behaviors (Doll, 1998). One week test-retest reliability was reported to be .952 for Problem items, and ranged from .80-.90s for all but three scales (Achenbach, 1991). Internal consistency ratings for Internalizing, Externalizing, and Total Problems scales are above .89 (Doll, 1998). Some of the Syndrome Scales also evidence good internal consistency, such as the Aggressive (.92), Anxious/Depressed (.86-.88), and Attention scales (up to .84) (Furlong & Wood, 1998).

While these scales have demonstrated high internal consistency, the Competence Subscales have an internal consistency of about .5 (Furlong & Wood, 1998). Some authors have claimed that the Competence Scales may be better used to determine differences in problems with competency, as opposed to the strength-based approach of measuring competence (Doll, 1998; Furlong & Wood, 1998). The CBCL has been shown to have strong validity and reliability (Achenbach, 1991; Doll, 1998; Furlong & Wood, 1998). It appears that the Internalizing, Externalizing, and Total Problem scores are the most reliable and valid scores to use when making decisions. The measure has been widely researched and shown to be a valid and reliable test (Doll, 1998; Furlong &
Wood, 1998). Therefore, while the entire CBCL was administered, the Problem Scales (of Internalizing and Externalizing Problems) were emphasized in the present study. The Total Problems Score, which is the combination of Internalizing and Externalizing Problems, was used as a global measure of psychological health for each child. Specific subscales were also examined for trends in ratings.

**Piers-Harris Children's Self-Concept Scale 2: "The Way I Feel About Myself" (Piers-Harris 2).** The Piers-Harris Children's Self-Concept Scale 2 (Piers-Harris 2) was administered individually to the children in the study in order to gather information about their self-concepts, or the way they viewed themselves.

The Piers-Harris 2 is a brief, 60 item self-report measure written at a second grade reading level, and takes about 10-15 minutes to complete (Piers & Herzberg, 2002). The Piers-Harris 2 contains two Validity Scales (Inconsistent Responding, Response Bias), and six Self-Concept Domain Scales: Behavioral Adjustment (e.g. "I am well behaved in school."), Intellectual and School Status (e.g. "My classmates in school think I have good ideas"), Physical Appearance and Attributes (e.g. "I have nice hair"), Freedom from Anxiety (e.g. "I get worried when we have tests in school."), Popularity (e.g. "My classmates make fun of me"), and Happiness and Satisfaction (e.g. "I am a happy person"). These six domain scales resulted in a Total Self-Concept score. Children were asked to read each item and then mark "Yes" or "No" as to whether or not the statement applied to them. Higher scores were indicative of a more positive self-evaluation (Piers & Herzberg, 2002).

The Piers-Harris 2 is an update of the original scale, with new nationwide norms based on a sample of 1,387 students aged 7-18 years. The Piers-Harris 1 and 2 are widely
used, and have been cited in over 500 journal articles and books. The updated norms represent the U.S. Census in terms of race, region, and education. The internal consistency for the age group used in this study was .71-.92. Test-retest reliability was not available yet for the second edition, but the reliability ranged from .65 (for 10 weeks) to .96 (for three to four weeks) across studies for the first edition. Factor analyses done showed that the domains represent separate but related areas. Some convergent validity was demonstrated in that a small but negative relationship was demonstrated between the Piers-Harris 2 and measures of anger, aggression, and PTSD (Piers & Herzberg, 2002).

For the current study, validity of responses was assessed using the validity guidelines outlined in the Piers-Harris 2 Manual (where Total Score, Response Bias, and Inconsistent Responding are considered). The Domain Scores were calculated by converting the raw scores into t-scores and percentile ranks. For the Piers-Harris 2, the domain scales have a mean of 50 and a standard deviation of 10, so a t-score of 40-60 is considered to be the normal range (with $t=40-44$ representing Low Average; $t=45-55$ representing Average, and $t \geq 56$ representing Above Average). Self-concept domain scores and total scores were examined to create profiles of the resilient children (Piers & Herzberg, 2002).

**Other materials: Interview script.** The main method of gathering information in phase two of the current study was a semi-structured interview with the nominated children. An interview script was developed based on the categories identified in the literature, focus groups, and the feedback session with the community experts. Aside from gathering demographic data, the interview questions addressed the following topics: self-concept, success (personal and in general), risk factors/obstacles to success, how to
resilience and protective factors, role models, competence/health, personal and family pride, media, peer pressure, and the community center (See Appendix R). The questionnaire was developed by the primary researcher, and reviewed by her dissertation chair. In addition, a group of six children known by the dissertation chair were consulted in order to assess the comprehensibility and understandability of the items, and modifications were made to questions based on their recommendations.

**Method**

Once children were nominated, recruitment began. Team members individually went to the community center or daycare center during the pickup times from the afterschool programs. Community center and daycare staff members identified the children's parents/guardians and approached them individually. Staff explained that a research team was doing a study on how to help children succeed, and asked if someone from the research team could talk with him/her for a few minutes. If the guardian agreed, a research team member asked the guardian and child to step into another room for a few minutes. The research member verbally explained the study (Appendix L), reviewed the interview questions with families (Appendix R), obtained informed consent from the guardian for his/her child’s participation, and obtained assent from the child (Appendix M). The research team member set up a date and time to interview the child during the afterschool program. The guardian received a copy of the informed consent form.

A few guardians said that they did not have time that day to talk to a research team member. In those cases, the research team member asked if there was another day during the week at pickup time that they would be able to talk.
Once a guardian and child consented/assented to participate, the family was assigned a number from one through thirteen that coordinated with the number on the nomination list. This number was written on all rating forms and interview notes as the only identifier. The child and family’s names were only written on the consent forms, nomination list, and a scheduling book, all of which were kept in a locked cabinet in the Ball State Practicum Clinic.

A research member also set up a date and time to have the guardians fill out the parent rating forms. This was either done at the time when the guardian consented for the child’s participation, or on a separate day during pickup from one of the centers. Four parents did not complete rating scales for their respective child/children (five children total). One child was picked up by his grandmother, and the attempts made by the center to get in touch with the child’s parent were unsuccessful. One parent was not able to come to the community center to complete forms due to her work schedule. One parent, with two children in the study, moved out of town during the study and therefore was not included. This resulted in eight sets of information for analysis. (See Appendix N for consent form.)

Finally, the director of the community center and the director and staff from the daycare agreed to fill out the staff rating forms or have staff members fill out the rating forms for each child. Consent was reviewed and obtained from these individuals. The staff members were given a number of blank rating forms that corresponded to the number of children for whom they agreed to complete forms. The research team member reviewed the directions for form completion with the staff, and answered any questions they had. The directors of the community center and daycare were also given the phone
number of the primary investigator in case they or their staff had any questions during or after completing the forms. Rating forms for twelve children were returned (one child moved during the course of the study and the staff did not fill out forms for him.) (See Appendix O for consent form.)

**Child sessions.** The nominated children were interviewed individually by one of the two trained research team members. One interviewer ended up interviewing the first six children, and the other interviewer interviewed the seven children recruited later in the study. Therefore, it was especially important that the interviewers communicated during the time in the study when the second team member began interviewing children. The primary researcher facilitated a sharing of information so as to increase the internal consistency of administrations of the interviews and rating forms.

Interviews were held in a room separate from the other children in the community center or daycare so as to ensure confidentiality. The interviewer asked the child if the interview could be audio recorded, and again obtained verbal assent for it. The interviewer first read the confidentiality script to the child and answered any questions/addressed any concerns the child had (Appendix P). The recorder was then turned on, and the interviewer stated the participant number to identify the child. The interviews followed the semi-structured format of the script, which began with demographic information questions (Appendix Q) to ease the child into the interview process and to establish rapport, and then consisted of 19 questions based on Ungar’s study (Ungar et al., 2007; Ungar et al., 2005) and Phase One of the current study (see Appendix R). The interviewers concluded the interview by checking out with the child,
per the check-out script (Appendix S). The child was given the opportunity to take a small bag of bracelets and candy as a thank you gift for participating in the study.

If time allowed that day and the child appeared on-task and still interested, the interviewer administered the two child rating forms to the child. (One child did not have enough time to complete the rating forms that day, and he was given the rating scales during another session.) Each child was asked to fill out the Piers Harris Scale-2, which assesses child self-concept and takes about 10-15 minutes to complete, and the Social Skills Improvement System, which assesses academic, social, and behavior skills and takes about 10-25 minutes to complete. (Appendix T). The interviewers read an administration script aloud so as to ensure reliability across research team members (Appendix U).

Parent sessions. Parent rating forms were filled out by parents during individual meetings at the community center in the presence of a research team member, who relied on the use of an Administration Script to help standardize administrations (Appendix V). A team member read the script aloud, and then answered any questions during administration. Parents filled out the Social Skills Improvement System (SSIS) and the Child Behavior Checklist, Parent Rating Form, (CBCL-PRF) (See Appendix T). These measures were administered in random order (to decrease any reactivity effects) and took 20-30 minutes for guardians to complete. Following completion, the research team members gave the guardians a thank you gift of $5, placed the forms in a sealed envelope, and returned them directly to a locked filing cabinet in the Ball State Practicum clinic. After completing the rating forms, parents were given a form that asked them to indicate if they would like to receive feedback about their ratings or the general findings
of the study (Appendix W). No information from child or staff forms was shared with parents in order to ensure confidentiality.

**Staff procedures.** Teacher Rating forms were filled out by the directors and staff members of the community center and daycare. The directors were given blank rating forms and directions were reviewed with them by a staff member during the recruitment stage. Staff filled out the Social Skills Improvement System (SSIS), and the Child Behavior Checklist-Teacher Rating Form (CBCL-TRF) for each child. Following completion, staff wrote the first letter of the child's first and last name on a post-it, attached it to the child's forms, and placed the forms in a sealed envelope. A research team member took the forms back to Teacher's College, whereupon they wrote the corresponding confidential number on the top of the rating forms, and shredded the post-its. The director of the community center completed forms for children he knew best, and staff at the daycare center completed forms for children with whom they had the most contact. (See Appendix X and Y for original materials.)

Staff members had the option to receive a thank you gift of $5 for each child for whom they complete rating forms. The staff could accept the gift or could donate it to their respective centers. Staff members from the community center used the thank you gifts as a donation to the center; it is unknown what the staff members from the daycare center chose to do with their thank you gifts. Staff members were also able to receive general feedback about the study’s results over the phone or in person or writing. No individual information about the child was revealed to staff members.
Analyses

**Interview data.** The sessions were divided so that research team members rotated responsibilities for transcription and checking transcripts. Each transcript was therefore transcribed by one research team member and checked by another one to help increase accuracy of transcripts. Once each transcript was checked and approved by the designated member, the transcript was emailed to the three doctoral students on the research team (who had done the codings for Phase One) and the primary researcher via a password protected file.

Grounded theory was again used to analyze the data. The three doctoral students on the research team individually completed open coding for each transcript (Appendix BB). Transcripts were coded response-by-response (as opposed to sentence-by-sentence, etc.). During this process, members individually: named/labeled each answer (e.g. "What is the major idea?"); performed microanalysis by scanning the data for interesting or relevant phrases and analyze them in more detail; began to group information and develop categories and subcategories in terms of features and attributes and dimensional properties (Strauss & Corbin, 1998).

At this point, team members emailed their codings to the primary researcher via a password protected file. The primary researcher combined codings and organized them to start to create categories and subcategories for the axial coding phase. As this was occurring, new interviews were analyzed by research team members, and connections were made between responses (e.g., team members would label responses in later transcripts with subcategory names determined from coding previous transcripts). The categories were further refined by group members throughout the data analysis process,
as additional interviews were completed and additional information was obtained. Team members communicated via email partway through the process, whereby the primary researcher shared the categories and subcategories created thus far and asked for feedback on the labels and fit of the data. An in-person meeting was held after all of the interviews were completed and codings were done. The three team members and primary researcher engaged in axial coding, whereby the categories and subcategories were further integrated and defined, and began selective coding, whereby they discussed major themes from the data (Strauss & Corbin, 1998). The primary researcher continued the selective coding process by a continual examination of the data and consideration of data as it may present in a conceptual model. (The final categories and subcategories were shared with the director of the community center in order to serve as a validity check. This will be discussed in more detail in chapter four.)

Additionally, at the research team meeting, team members discussed their experiences, biases, and possible researcher effects (Patton, 1999). One interviewer did not discuss many expectations or biases. She reported enjoying working with the children, and discussed coming from a different background than many participants, in that she grew up in a middle class suburban environment. The other interviewer described how she became immersed in the context of the study (Morrow et al., 2001). She reported that she spent much time sitting in the daycare, in particular during the recruitment and interviewing phases. She reported observing the values of the daycare center staff and children, such as being structured and working hard. Many of the parents seemed to know each other and demonstrated a sense of community. She reported that she anticipated the children coming from “nontraditional” families, but found many of the children came
from single-parent or two-parent homes. She also expected the children to engage in more story-telling during the interviews, and was surprised by their concrete answers to questions. The interviewer found that many of the children had noticeable problems, such as stuttering or inattention and hyperactivity symptoms, but most seemed very confident and reported many strengths.

Both interviewers noted that the children seemed excited by the interviews and really seemed to want to do them. The children did not seem guarded, and in fact, seemed used to interacting with people in their late-teens to mid-twenties due to the volunteers from the area's college often being involved in the center and daycare. In fact, one child asked one of the interviewers for help with his homework. Overall, both interviewers noticed a sense of community in the center and daycare and an openness on the part of the children involved in the study.

**Rating form data.** Research team members (or the primary researcher) scored the information from the rating forms according to scoring guides in the rating scale manuals, and the information was then checked and compiled by the primary researcher. Raw scores were converted to standard scores, and categories of scores were noted. In order to protect child confidentiality, rating form results were combined, and only frequencies of categories (Below Average, Average, Above Average) were reported for scales and subscales. This information was then examined for trends in the data. In particular, high frequency categories were noted, as were similarities and/or differences across raters. This information was then used for descriptive purposes to supplement the qualitative data.
Feedback and Planning

Following analysis of all the data, the research team discussed findings with staff at the community center (and parents/families, if interested) to serve as a participant check (Morrow et al., 2001) and to collaborate on how the results could be used to benefit the center through informing program development, staff trainings, and possibly grant proposals. Allen et al. (2006) made the claim that future research should directly assess for the empowerment of community members. Therefore, attempts were made to consult with community experts and participants were consulted about their perceptions of the results and the process of the study.

Two attempts were made to contact each parent by phone, and messages were left on answering machines. One parent returned the primary researcher's phone call. That parent's rating results and general study results were shared with her, and the parent provided feedback about participating in the study and ideas for how to use the study results to help benefit children and community members. Study results were also emailed to the director of the community center, after which the primary researcher and director had a phone meeting to discuss results. The primary researcher shared the parent feedback and ideas with the director, and discussed results, implications, and ways to use the data to benefit the center and neighborhood. The director agreed with the overall results of the study. He asked for clarification and additional detail on feedback about the community center. The primary researcher emailed him that information and discussed with him how it may be used to promote the center for grants and other opportunities. The director and primary researcher also discussed how specific results from the study will help inform interactions and lessons at the center. The primary researcher is currently
planning on creating a brochure with study results for the center to give out to parents, and possibly, a brochure for schools. The director of the center is continuing to consider additional ways the results may be utilized.
CHAPTER Four – Results

The purpose of this chapter is to summarize the themes found in the focus groups (Phase One) and interview data (Phase Two) as well as to present the trends found in the rating scale data (Phase Two). Thick descriptions of participants are not provided in order to protect the confidentiality of the youth. An overview of relevant participant information was provided in Chapter Three.

Phase One: Emerging Themes from Focus Groups Discussions

Four broad categories were identified a priori, and focus group questions were based on these categories. The first theme of community was examined to create a context for the study of resilience. The other three categories - challenges, competence, and protective factors - were created based on the literature base. After semi-structured focus groups took place, grounded theory was used to analyze the focus group data. Table 3 consists of exemplars from the Open Coding phase, whereby research team members reviewed each paragraph for meaning and labeled the data accordingly (Morrow et al., 2001). Through this process, coders began to create categories from the data (Strauss & Corbin, 1998).
Table 3

Open Coding of Focus Groups

<table>
<thead>
<tr>
<th>Transcript</th>
<th>Open Coding Comments</th>
</tr>
</thead>
</table>
| I: That sounds great. And can I ask you, you said things are getting better and you're coming together and beautifying, but before that, even on the worse side, what are some of the challenges kids are facing? | • Drugs  
• Children are challenged to decline drugs  
• Drug dealers, people who are bad influences  
• Churches try to be protective factor  
• One of the significant challenges facing children in this community is exposure to drug use (maybe?) and drug dealing.  
• All communities have people who pressure children to try drugs.  
• Community center gives the children a place to go and things to do  
• Another mention of parents working a lot and needing services for their children while they are at work.  
• Community center trips give the children an opportunity to do different things. Some families have a hard time taking trips during the summer because parents work all the time.  
• Parents work, economic problems, can't take them on trips (not opportunities)  
• Proud of the community.  
• Proud  
• The Center provides affordable safety that helps build the community. Kids are safe from bad influences when they have a safe place to go and the community benefits in the long run. |

R3: Well you know everyday kids face drug problems. I mean there's people you know who just be selling drugs and stuff like that. But the churches buy up a lot of property and that just keeps them going. You know (laughs), if I see them hanging over here and that's an empty place I'm going to buy it and that way they have to keep going. So no matter where you go or what in the neighborhood you live in, there's always somebody out there connecting them to drugs. But so far, I think everything has been good, the children have some place to go because here, even in the summertime we'll be going on trips, different things like that, and that helps because a lot of children's parents work all of the time and they can't afford to take them no place and sometimes this may be the only trip that they'll get to go to in the summer. So I'm just real proud of it. I think our community is really getting up there.
### Table 3 Continued.

<table>
<thead>
<tr>
<th>Transcript</th>
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</thead>
<tbody>
<tr>
<td>I: It sounds like it. Do you have ideas about challenges kids have? Or adversities or risks?</td>
</tr>
<tr>
<td>R5: No, I don't have a clue.</td>
</tr>
<tr>
<td>R4: The older, you know the oldest guys, young men, get hot so the younger group try to hang out. The younger group of kids, young boys mainly, (peers??) from the young groups try to hang out with them. But they think they mad? because the older kids, the older, the teenagers try to hang out, to come over here, and hang out here, or they got their little brother or little cousin hanging out with them, so as long as kids have somewhere else just doing something to do, I haven't been seeing the younger kids hanging out with the bigger kids.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Open Coding Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Risks -- drugs, drug dealers; parents work, economic problems, parents can't take them on trips (lack of opportunities)</td>
</tr>
<tr>
<td>• Protective -- Churches, places to go</td>
</tr>
<tr>
<td>• <em>Is this person not contributing because they have not lived in the community as long?</em></td>
</tr>
<tr>
<td>• Nothing add.</td>
</tr>
<tr>
<td>• Risks – not know.</td>
</tr>
<tr>
<td>• Young boys try to hang with older ones</td>
</tr>
<tr>
<td>• Protect by something else to do or somewhere to go</td>
</tr>
<tr>
<td>• Not sure what this all means….sounds like the center occupies the younger kids so that they are less influenced by time spent with older kids/teenagers.</td>
</tr>
<tr>
<td>• Younger kids do not hang out with the older kids as much</td>
</tr>
<tr>
<td>• Adversity/risk example: Older kids negatively influencing younger kids</td>
</tr>
<tr>
<td>• Risk -- young boys try to hang with older ones</td>
</tr>
<tr>
<td>• Protective -- somewhere else to go or something else to do, keeps them from hanging out with older kids</td>
</tr>
</tbody>
</table>

*Note.* Italicized words are memos written by coders. Some data was excluded to protect confidentiality. [] = edited to protect confidentiality. ??? = words unclear. R3, R4, & R5 = respondents; I = interviewer.
At this point in the analysis, the primary researcher compiled the coders' comments and grouped similar statements together. Based upon these groupings, multiple broad categories emerged: the community, the community center, positives/helpful factors, negatives/risks/harmful factors, success, view of children, and focus group process. Four of these categories were based on themes established a priori (community, challenges, competence, and protective factors), while the other three categories emerged from the focus group data itself.

In terms of the data-driven focus group categories, the community center emerged as an important feature of the community. Through the open coding process, we found that many comments focused on the community center itself. As focus group members discussed their neighborhood, many of the members discussed the importance of the community center to the development of competent, successful, resilient children. This factor, along with the community center staff’s interest in feedback about the center, led to the creation of the community center as a theme. Because many focus group members discussed their view of children, this perspective also became a general category of the study, particularly in the context of risk and protective factors. Finally, research team members commented on the process of the focus group meetings themselves, including the possible thoughts, themes, and motivations the focus group members brought to the discussions. This category was used to create the context of the study and to examine the validity of the study in terms of potential biases and researcher influences.

After determining the study’s major categories, the primary researcher grouped similarly coded items together under each category. Comments that did not fit easily into the group were separated from other items for a later more thorough review by research
team members; repetitive comments were kept in the listing due to different ideas evoked by the respective wording of the individual ideas. The primary researcher then sent this list to the research team members and asked them to consider the fit of the data within categories, overall categories/headings, and other ideas that evolved through an examination of the data. This examination of the data led to the axial and selective coding phases, which took place during a research team meeting and a later meeting between the primary researcher and her dissertation chair. Table 4 consists of the Axial and Selective Coding phases, whereby categories and subcategories were developed, linked, and examined for concepts, and results were integrated into a conceptualization of resilience in the neighborhood (Strauss & Corbin, 1998; Morrow et al., 2001).
Table 4

 Axial and Selective Coding for Focus Groups

<table>
<thead>
<tr>
<th>Axial Coding</th>
<th>Axial/Selective Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>-the community should do more with their children</td>
<td>Category: Community</td>
</tr>
<tr>
<td>-kids should have more opportunities, alone and with families</td>
<td>S1:</td>
</tr>
<tr>
<td>-elementary students’ needs are getting met, but more services are</td>
<td>Developmental</td>
</tr>
<tr>
<td>needed for middle and high school children</td>
<td>Framework -- things</td>
</tr>
<tr>
<td>-kids only have community center and enrichment center as resources</td>
<td>were not so great in</td>
</tr>
<tr>
<td>-overcome adversity and doubts of people outside of the community</td>
<td>the past, but are in</td>
</tr>
<tr>
<td>-no crime rate, shoot out</td>
<td>process of making</td>
</tr>
<tr>
<td>-a lot has been done, but there is more to change; “we still got a long</td>
<td>many improvements;</td>
</tr>
<tr>
<td>way to go, but we can a long way”; progress, but still work to be done</td>
<td>some outsiders cause</td>
</tr>
<tr>
<td>-kids can play outside and families can sit on porch in evenings and be</td>
<td>some problems, and</td>
</tr>
<tr>
<td>safe</td>
<td>many outsiders have</td>
</tr>
<tr>
<td>-the community is compared to a person growing and developing, moving</td>
<td>negative perceptions/</td>
</tr>
<tr>
<td>through the developmental stages of growth; still in flux and</td>
<td>lack of knowledge/do</td>
</tr>
<tr>
<td>development</td>
<td>not acknowledge</td>
</tr>
<tr>
<td>-friendly, positive, informed, involved</td>
<td>improvement; while</td>
</tr>
<tr>
<td>-help people find things (if you were lost, they would)</td>
<td>community is</td>
</tr>
<tr>
<td>-know about resources</td>
<td>improving, more</td>
</tr>
<tr>
<td>-&quot;everybody knows about everything&quot;</td>
<td>improvement is</td>
</tr>
<tr>
<td>-personal commitment to make changes in the community</td>
<td>needed</td>
</tr>
<tr>
<td>-pretty quiet, laid back</td>
<td></td>
</tr>
<tr>
<td>-many extracurricular things to do -- church, park, Frisbee golf,</td>
<td></td>
</tr>
<tr>
<td>supportive of people's things (e.g. fish fry)</td>
<td></td>
</tr>
<tr>
<td>-been great, some friendly people some not</td>
<td></td>
</tr>
<tr>
<td>Axial Coding</td>
<td></td>
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<tr>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>- overall positive view of community</td>
<td></td>
</tr>
<tr>
<td>- safe, some bad perceptions caused by outsiders from Chicago, Detroit, etc, very caring, compassionate, concern for kids</td>
<td></td>
</tr>
<tr>
<td>- sad that outsiders cause trouble and that some younger kids make bad choices, but overall very good</td>
<td></td>
</tr>
<tr>
<td>- outsiders may see more negative whereas insiders see lots of good</td>
<td></td>
</tr>
<tr>
<td>- need to come together and give themselves -- if help one or two children, is worth the effort</td>
<td></td>
</tr>
<tr>
<td>- it takes a village</td>
<td></td>
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<tr>
<td>- community has to pitch in, work together, optimism that if work together can help all children</td>
<td></td>
</tr>
<tr>
<td>- is appreciative of the researchers; many outside the community are not always interested or invested in them</td>
<td></td>
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<tr>
<td>- shares community</td>
<td></td>
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<tr>
<td>- involvement of parents</td>
<td></td>
</tr>
<tr>
<td>- knowledgeable</td>
<td></td>
</tr>
<tr>
<td>- togetherness</td>
<td></td>
</tr>
<tr>
<td>- &quot;fought for it&quot; to overcome barriers in loss of resources -- did so together</td>
<td></td>
</tr>
<tr>
<td>- &quot;supportive and committed&quot; to the center</td>
<td></td>
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<tr>
<td>- pride and recognition of success</td>
<td></td>
</tr>
<tr>
<td>- renewed pride</td>
<td></td>
</tr>
<tr>
<td>- a mentality of us against all</td>
<td></td>
</tr>
<tr>
<td>- all want kids to support</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Axial/Selective Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category: Community</td>
</tr>
<tr>
<td>S2: &quot;It takes a village&quot; of people being active together</td>
</tr>
<tr>
<td>Axial Coding</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>-there may be a bit of a need to do more that may mirror the community's needs of providing services for older children, some specific to center?</td>
</tr>
<tr>
<td>-satisfied, very satisfied</td>
</tr>
<tr>
<td>-important</td>
</tr>
<tr>
<td>-best thing</td>
</tr>
<tr>
<td>-needed, well-needed</td>
</tr>
<tr>
<td>-filled gap in parent/family resources</td>
</tr>
<tr>
<td>-kids have improved due to it</td>
</tr>
<tr>
<td>-sufficient</td>
</tr>
<tr>
<td>-admired</td>
</tr>
<tr>
<td>-staff appreciated; staff commended</td>
</tr>
<tr>
<td>-&quot;tickled to death&quot; about the center</td>
</tr>
<tr>
<td>-especially important in the summer</td>
</tr>
<tr>
<td>-parental gratitude</td>
</tr>
<tr>
<td>-affordable</td>
</tr>
<tr>
<td>-like the community, because it's a place that watches over the kids</td>
</tr>
<tr>
<td>-helps kids who face daily challenges and decreases crime in the community</td>
</tr>
<tr>
<td>-wonderful</td>
</tr>
<tr>
<td>-needs to do more</td>
</tr>
<tr>
<td>-has put in thousands of dollars of time to help the community and children</td>
</tr>
<tr>
<td>-will be successful because everyone is coming together</td>
</tr>
<tr>
<td>-happy about all of the volunteers at the center; try for funding</td>
</tr>
<tr>
<td>Table 4 Continued</td>
</tr>
<tr>
<td>-------------------</td>
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<tr>
<td><strong>Axial Coding</strong></td>
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<td></td>
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<tr>
<td></td>
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<tr>
<td>children just need one person in the community</td>
</tr>
<tr>
<td>accountable between school and community center -- sign in kids, call parents to inform, parents call community center to inform</td>
</tr>
<tr>
<td>churches buy land to drive away drug dealers</td>
</tr>
<tr>
<td>keep kids from potential negative or harmful activities</td>
</tr>
<tr>
<td>keep kids from wandering - &quot;got to find them&quot;; track them down</td>
</tr>
<tr>
<td>keep kids out of bad group</td>
</tr>
<tr>
<td>preventative, protect</td>
</tr>
<tr>
<td>rules and regulations (sign in and sign out, etc)</td>
</tr>
<tr>
<td>rules, structure, manners</td>
</tr>
<tr>
<td>stay safe</td>
</tr>
<tr>
<td>take out the bad -- mom and dad if have problems</td>
</tr>
<tr>
<td>confront kids in trouble -- tell them to go home if know parents will call them to keep them informed</td>
</tr>
<tr>
<td>keep kids in line by informing parents -- can't get away with things (protect from outside and self)</td>
</tr>
<tr>
<td>chores</td>
</tr>
<tr>
<td>have expectations for children, regardless of SES</td>
</tr>
</tbody>
</table>
Table 4 Continued

<table>
<thead>
<tr>
<th>Axial Coding</th>
<th>Axial/Selective Coding</th>
<th>Category: Positive/Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>- a need for ways to help children and parents get out of jail, decrease recidivism, so parents can help their children - university, programs, volunteers - church or Sunday school, pray for parents in prison, prison ministry - churches</td>
<td>S3-Exosystemic - resources -- university, community center, church</td>
<td></td>
</tr>
<tr>
<td>- have expectations for children, regardless of SES - have to give children time - reward by important adults, not just parents - spend time with kids in their environment</td>
<td>- involvement in day-to-day/awareness (also an interaction between systems, can go between levels)</td>
<td></td>
</tr>
<tr>
<td>- dedication to what's best for kid - encourage positive values that are left in kids</td>
<td>- desirable qualities of adults</td>
<td></td>
</tr>
<tr>
<td>- &quot;It takes a village to raise a kid&quot; - ALL adults watch out - community join together - community take charge - community work together - help community to help kid - instill same messages at home and community center - continuity and consistency of lessons - interactive - it takes a village; all community come together and help; &quot;us coming together to help&quot; - parents with shared experiences and goals? adults got through with having a goal and tools to achieve goal - support system - take care of and look out for each other in the community - takes more than the nuclear family -- need community center, other adults, outside volunteers - united -- home, community center, community - watch after each others' kids</td>
<td>- community support/collaboration (goes across levels in the model *) Mesosystemic factors</td>
<td></td>
</tr>
<tr>
<td>Axial Coding</td>
<td>Axial/Selective Coding</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>-&quot;parents are the first teachers and they have to do their part to help our children be successful&quot; -- collective ownership also; our children</td>
<td>Category: Positive/Helpful</td>
<td></td>
</tr>
<tr>
<td>-&quot;instill betterness&quot; -- young minds can change</td>
<td>S4-Microystem</td>
<td></td>
</tr>
<tr>
<td>-give responsibility</td>
<td>-education/teaching</td>
<td></td>
</tr>
<tr>
<td>-help with homework, educational resources, computers</td>
<td>-social network</td>
<td></td>
</tr>
<tr>
<td>-kids love school, need to have that love fostered and a place for it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-kids need to be taught how to contribute and maybe take responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-learn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-teach kids basic skills so they can take care of themselves, no matter what their disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-teach kids how to solve problems when they are young so they know how to when they are older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-teach kids, correct them if they make mistakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-teach/learn skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-children just need one person in the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-children/peers who are good influences are important because peer pressure is so powerful (kids may do bad things even if teach not to at home and school if peers influence); &quot;that's to me what it's so very important who your kids are with...because they're going to take on whatever&quot; the kids do</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-contact with volunteers and college students (positive role models?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-interact with &quot;good kids;&quot; peer support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-social skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-socialize with kids their own age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-teach and encourage them to help others, do something for somebody else</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-volunteers from the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axial Coding</td>
<td>Axial/Selective Coding</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>- accountability between school and community center -- sign in kids, call parents to inform, parents call community center to inform - keep kids from potential negative or harmful activities - keep kids from wandering - &quot;got to find them;&quot; track them down - keep kids out of bad group - parents and adults hold kids accountable - parents need to give discipline, structure, keep control of relationship with child, do - don't let child be the boss - preventative, protect - rules and regulations (sign in and out) - rules, structure, manners - stay safe - take out the bad -- mom and dad if have problems - chores - have expectations of child, regardless of SES - a place with peace in chaos - university, programs, volunteers - church or Sunday school, pray for parents in prison, prison ministry - churches - kids have sense of belonging and possession, special place, feel less isolated, less trapped, more free - kids talk to community center about their problems - kids trust community center - participant said that family, God, and church helped him succeed; remember upbringing, Christian parents - place - to belong, be at, learn from - parents expose kids to new and unique things, even if they don't have money</td>
<td>Category: Positive/Helpful S4-Microsystem - structure/ accountability/ safety -resources</td>
<td></td>
</tr>
</tbody>
</table>
Table 4 Continued

<table>
<thead>
<tr>
<th>Axial Coding</th>
<th>Axial/Selective Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>-be involved, active, informed firsthand</td>
<td>Category: Positive/Helpful</td>
</tr>
<tr>
<td>-check on children by going to school, talking to teachers, checking homework</td>
<td>S4-Microsystem</td>
</tr>
<tr>
<td>-commitment -- parents support children and support each other</td>
<td>-involvement in day-to-day/awareness</td>
</tr>
<tr>
<td>-figure out what kids are doing</td>
<td></td>
</tr>
<tr>
<td>-go to kids' school</td>
<td></td>
</tr>
<tr>
<td>-involvement of community center and home</td>
<td></td>
</tr>
<tr>
<td>-know what's happening in the day-to-day; parents and other important adults</td>
<td></td>
</tr>
<tr>
<td>-parents who are aware</td>
<td></td>
</tr>
<tr>
<td>-parents who observe and are involved</td>
<td></td>
</tr>
<tr>
<td>-participant active in the community, together work for kids, &quot;fought for it&quot; -- camaraderie, collaboration, personal involvement</td>
<td></td>
</tr>
<tr>
<td>-participant volunteers materials and time</td>
<td></td>
</tr>
<tr>
<td>-personally involved with children - parents and community members</td>
<td></td>
</tr>
<tr>
<td>-parents who will follow through</td>
<td></td>
</tr>
<tr>
<td>-have expectations for children, regardless of SES</td>
<td></td>
</tr>
<tr>
<td>-have to give children time</td>
<td></td>
</tr>
<tr>
<td>-is not a financial things - can be low SES but if have standards/expectations and follow through, and commitment, kids are going to succeed</td>
<td></td>
</tr>
<tr>
<td>-make a game of doing chores and do things together</td>
<td></td>
</tr>
<tr>
<td>-parents bring there for their children</td>
<td></td>
</tr>
<tr>
<td>-parents need to just be there for them when they are aging -- two or single parents</td>
<td></td>
</tr>
<tr>
<td>-reward by important adults, not just parents</td>
<td></td>
</tr>
<tr>
<td>-spend time with kids in their environments</td>
<td></td>
</tr>
</tbody>
</table>

-values -- it is more important to spend time with children than to be concerned about how clean the house is | -desirable qualities/devotion to caregiver role |
<p>| -kids be the main interest | |
| -patience from adults | |
| -patience, understanding | |
| -personal commitment of adults to kids (not just their own) | |
| -dedication to what's best for kid | |
| -encourage positive values that are left in kids | |
| -parents being there for their children | |
| -parents learn from mistakes and improve parenting for other kids | |
| -parents need to give love | |</p>
<table>
<thead>
<tr>
<th>Axial Coding</th>
<th>Axial/Selective Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>-parents putting bad pasts behind them, pull themselves out and make life for themselves and family (be resilient themselves)</td>
<td>Category: Positive/Helpful</td>
</tr>
<tr>
<td>-supportive home where the children are accepted</td>
<td>S4-Microystem</td>
</tr>
<tr>
<td>-parents/caregivers making sacrifices for children</td>
<td>-desirable qualities/devotion to caregiver role</td>
</tr>
<tr>
<td>-parents who will follow through</td>
<td></td>
</tr>
<tr>
<td>-&quot;It takes a village to raise a kid&quot;</td>
<td></td>
</tr>
<tr>
<td>-ALL adults watch out</td>
<td></td>
</tr>
<tr>
<td>-community join together</td>
<td></td>
</tr>
<tr>
<td>-community take charge</td>
<td></td>
</tr>
<tr>
<td>-community work together</td>
<td></td>
</tr>
<tr>
<td>-help community to help kid</td>
<td></td>
</tr>
<tr>
<td>-instill same messages at home and community center -</td>
<td></td>
</tr>
<tr>
<td>continuity and consistency of lessons</td>
<td></td>
</tr>
<tr>
<td>-interactive</td>
<td></td>
</tr>
<tr>
<td>-it takes a village; all community come together and help; &quot;us coming together to help&quot;</td>
<td>S5-Individual</td>
</tr>
<tr>
<td>-parents with shared experiences and goals? adults got through with having a goal and tools to achieve goal</td>
<td>-connected, good character, internal motivation</td>
</tr>
<tr>
<td>-support system</td>
<td></td>
</tr>
<tr>
<td>-take care of and look out for each other in the community</td>
<td></td>
</tr>
<tr>
<td>-takes more than the nuclear family -- need community center, other adults, outside volunteers</td>
<td></td>
</tr>
<tr>
<td>-united -- home, community center, community</td>
<td></td>
</tr>
<tr>
<td>-watch after each others' kids</td>
<td></td>
</tr>
<tr>
<td>-good character</td>
<td></td>
</tr>
<tr>
<td>-have children involved in center or activities</td>
<td></td>
</tr>
<tr>
<td>-feel free and less isolated</td>
<td></td>
</tr>
<tr>
<td>-internal drive</td>
<td></td>
</tr>
<tr>
<td>-loss of community resources - pool -- mayor closed it and other resources</td>
<td>Category: Risk Factors</td>
</tr>
<tr>
<td>-larger community/city not on side or share best interest, so community must join together and support own (us against all?)</td>
<td>S1 – Chronosystem=nonce</td>
</tr>
<tr>
<td></td>
<td>S2-Macrosystemic – lack of resources</td>
</tr>
</tbody>
</table>
Table 4 Continued

<table>
<thead>
<tr>
<th>Axial Coding</th>
<th>Axial/Selective Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>-gimme, gimme, gimme</td>
<td>Category: Risk Factors</td>
</tr>
<tr>
<td>-cultural/societal forces that encourage instant gratification</td>
<td>S2-Macrosystemic</td>
</tr>
<tr>
<td>-not in power? share results with the right people</td>
<td>-sociocultural issues</td>
</tr>
<tr>
<td>-race</td>
<td>(sign of times/more</td>
</tr>
<tr>
<td>-urban, African American</td>
<td>than community)</td>
</tr>
<tr>
<td>-Chaos in systems -- incarcerated parents; minority parents face discrimination within the system -- longer sentences, not get second chances, not support after prison, lack of education, felony record; lack of knowledge or ability to fill out paperwork or grants, not have people to help, get negative feedback from people then get discouraged</td>
<td>S3-Exosystem</td>
</tr>
<tr>
<td>-funding is a huge obstacle</td>
<td>-lack of resources,</td>
</tr>
<tr>
<td>-gang fighting, being out on streets</td>
<td>programs, support</td>
</tr>
<tr>
<td>-run across street</td>
<td>-negative peers/</td>
</tr>
<tr>
<td>-want to hang out with older kids (older=bad); negative influences</td>
<td>violence/community</td>
</tr>
<tr>
<td>-other take advantage of kids, especially if they are &quot;slow&quot; or hyperactive, lure the children into drug use</td>
<td>violence/drugs</td>
</tr>
<tr>
<td>-&quot;monkey see monkey do&quot;; follow the leader</td>
<td>(*Mesosystem - lack</td>
</tr>
<tr>
<td>-kids can be contaminated</td>
<td>of programs result in</td>
</tr>
<tr>
<td>-kids naive and followers</td>
<td>kids out in the street</td>
</tr>
<tr>
<td>-bad and good groups</td>
<td>which leads to</td>
</tr>
<tr>
<td>-bad things happen in small towns like this community -it's shocking</td>
<td>gangs)</td>
</tr>
<tr>
<td>-crime, violence</td>
<td></td>
</tr>
<tr>
<td>-drugs, drug dealers, bad influences</td>
<td></td>
</tr>
<tr>
<td>-kids want to be in the streets</td>
<td></td>
</tr>
<tr>
<td>-lots of people = gang</td>
<td></td>
</tr>
<tr>
<td>-older/prior generation is lazy and can affect the next generation</td>
<td></td>
</tr>
<tr>
<td>-children nowadays can't run around in neighborhood without being watched because they may be stolen/kidnapped (opposite of what other group said about it being safe)</td>
<td></td>
</tr>
<tr>
<td>Axial Coding</td>
<td>Axial/Selective Coding</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>-lack of personal/family resources</td>
<td>Category: Risk Factors</td>
</tr>
<tr>
<td>-large class size</td>
<td>S4-Microsystem</td>
</tr>
<tr>
<td>-uncertainty -- where do kids go</td>
<td>-lack of resources</td>
</tr>
<tr>
<td>-lack of resources negatively affect children</td>
<td>-home life-lack of supportive home life/ parental guidance</td>
</tr>
<tr>
<td>-need funds in community itself</td>
<td></td>
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<tr>
<td>-lack of support</td>
<td></td>
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<tr>
<td>-need for programs, activities, busy to prevent struggle</td>
<td></td>
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<tr>
<td>-only have community center and enrichment center</td>
<td></td>
</tr>
<tr>
<td>-if you do not discipline your child someone else will and it will not be done the way the parents would like</td>
<td></td>
</tr>
<tr>
<td>-news and media stories of people doing things to children;</td>
<td></td>
</tr>
<tr>
<td>parents who harm their children (abuse/neglect?)</td>
<td></td>
</tr>
<tr>
<td>-parents who do not see kids/parenting as fun</td>
<td></td>
</tr>
<tr>
<td>-parents who are too busy for their children - this problem transcends SES</td>
<td></td>
</tr>
<tr>
<td>-parents with addictions</td>
<td></td>
</tr>
<tr>
<td>-parents with addictions, spending time at bars and with drugs instead of with kids</td>
<td></td>
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<tr>
<td>-incarcerated parents</td>
<td></td>
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<tr>
<td>-parents work many hours, not able to actively raise kids</td>
<td></td>
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<tr>
<td>-single parent homes</td>
<td></td>
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<tr>
<td>-some parents who don't work still do not have time for their children, do not take advantage of free and other opportunities, not want to spend time with kids - not working, just need a break</td>
<td></td>
</tr>
<tr>
<td>-things at home cause children to be angry and frustrated; conflict and anger frustration at home influences child, child acts it out; home life influences the child, &quot;here's some conflict and anger and frustration that comes out in children&quot;</td>
<td></td>
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<tr>
<td>-peer pressure</td>
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<tr>
<td>-children are influenced by their friends to do the wrong things</td>
<td></td>
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<tr>
<td>-children may be smart and capable but may hesitate or not try because their friends don't do it</td>
<td></td>
</tr>
<tr>
<td>-kids do bad things (such as smoking or drinking) even if they are taught at home and school not to because of peer pressure</td>
<td></td>
</tr>
<tr>
<td>-want to be accepted</td>
<td></td>
</tr>
<tr>
<td>-peer pressure to use drugs or engage in bad behavior combined with need to be accepted</td>
<td></td>
</tr>
<tr>
<td>-peer pressure may be at the root of drugs/alcohol problems</td>
<td></td>
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<tr>
<td>Axial Coding</td>
<td>Axial/Selective Coding</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>-autism/functional autism</td>
<td>Category: Risk Factors</td>
</tr>
<tr>
<td>-physical/biological limitations/problems -- premature birth with physical limitations; doctor not thinking child would walk/talk</td>
<td>S5-Individual</td>
</tr>
<tr>
<td>-&quot;slow,&quot; hyperactive, kids impressionable, want to belong</td>
<td>-biological/psychological problems</td>
</tr>
<tr>
<td>-kids are impressionable</td>
<td></td>
</tr>
<tr>
<td>-academic performance; higher grades</td>
<td>Category: Success/Competence</td>
</tr>
<tr>
<td>-awards - good grades/performance; A honor roll; A-B honor roll; reading certificates; As instead of Ds</td>
<td>S1-Academic</td>
</tr>
<tr>
<td>-educated</td>
<td>performance</td>
</tr>
<tr>
<td>-graduate from high school, go to college</td>
<td>-graduate high school, go to college, make honor roll, get certificates</td>
</tr>
<tr>
<td>-talk to elderly people with respect, respect for others, polite, how to interact with others</td>
<td>S2-Interpersonal</td>
</tr>
<tr>
<td>-lend in, help wash dishes, clean up, cook</td>
<td>performance and respect</td>
</tr>
<tr>
<td>-respectful</td>
<td>-get along with others, share, take turns, mindful to authority, respectful of others and elderly, polite</td>
</tr>
<tr>
<td>-getting along with others -- positive and skillful interactions with others</td>
<td></td>
</tr>
<tr>
<td>-getting along with children</td>
<td>S3-Behavior</td>
</tr>
<tr>
<td>-like to help others, concerned about others</td>
<td>-not talk back, be mindful, helpful</td>
</tr>
<tr>
<td>-like to help others, enjoy working, like learning and asking questions</td>
<td></td>
</tr>
<tr>
<td>-share with others, take turns</td>
<td></td>
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<tr>
<td>-socially healthy</td>
<td></td>
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<tr>
<td>-speak well with others</td>
<td></td>
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<tr>
<td>-not act out</td>
<td></td>
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<tr>
<td>-behavior better</td>
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</tbody>
</table>
Table 4 Continued

<table>
<thead>
<tr>
<th>Axial Coding</th>
<th>Axial/Selective Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>-smiling and happy and friendly and respectful”&lt;br&gt;-calm in the center of the storm&lt;br&gt;-content, settled&lt;br&gt;-growth&lt;br&gt;-peace in chaos&lt;br&gt;-smiling and happy children, even if things aren't going well&lt;br&gt;-some internal processes/traits&lt;br&gt;-good character, personality&lt;br&gt;-able to walk/talk when premature and have physical problems and problems and people say they won't be functional&lt;br&gt;-communicate, self-care, even when still have a disorder&lt;br&gt;-Christian rooted&lt;br&gt;-want to do something with their life; want to do something other than basketball&lt;br&gt;-don't mind doing things, want to do things&lt;br&gt;-like learning/asking questions, inquisitive, don't mind doing homework and reading&lt;br&gt;-be able to resist cultural/societal forces that encourage instant gratification&lt;br&gt;-can resist instant gratification&lt;br&gt;-enjoy working, don't mind working&lt;br&gt;-self-motivated? self-sufficient? like doing things that are good for them?</td>
<td>Category: Success/Competence&lt;br&gt;S4-Self-Concept/ Psychological well-being&lt;br&gt;-smiling, happy, peaceful, despite bad things that may be happening, settled, &quot;the good and the pure&quot;&lt;br&gt;S5-Adaptive skills&lt;br&gt;S6-spiritual root&lt;br&gt;S7-Internal motivation&lt;br&gt;-inquisitive, curious, want to do things, want to help others, responsible</td>
</tr>
<tr>
<td>Axial Coding</td>
<td>Axial/Selective Coding</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>-has seen change in kids</td>
<td>Category: View of Children</td>
</tr>
<tr>
<td>-view young kids as innocent and pure, impressionable, naive, followers</td>
<td>-Theme: Children start out good, innocent, pure, and impressionable; there is a process of growth that needs to be improved so people should start with young children; as children grow they are influenced by outside forces until they become teenagers, who are often viewed as mindset and bad.</td>
</tr>
<tr>
<td>-younger more respectful</td>
<td>-There is some acknowledgement that children are knowledgeable and know what is helpful to them.</td>
</tr>
<tr>
<td>-teenagers already mindset, young are alterable, almost like blank slates?</td>
<td>-Children are a commodity that must be protected by the community.</td>
</tr>
<tr>
<td>-young not get in as much trouble as older</td>
<td></td>
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<tr>
<td>-normal good growth process -- bad things slow it down</td>
<td>Category: Process S1: some defensiveness, protection of community, self-promotion, and pride</td>
</tr>
<tr>
<td>-can tell by 2nd or 3rd grade if kids will succeed</td>
<td></td>
</tr>
<tr>
<td>-some kids can't be blamed for not succeeding</td>
<td></td>
</tr>
<tr>
<td>-value what kids have to say -- kids as informed/experts</td>
<td></td>
</tr>
<tr>
<td>-&quot;when you got to beg children to do certain things that's good for them, you know, they fight it, you wonder if they're going to succeed&quot;</td>
<td></td>
</tr>
<tr>
<td>-&quot;because you can drive to the bucket but you can't make them drink&quot;</td>
<td></td>
</tr>
<tr>
<td>-&quot;children are so innocent and they should be taken care of&quot;</td>
<td></td>
</tr>
<tr>
<td>-children need attention and will find it, positive or negative</td>
<td></td>
</tr>
<tr>
<td>-kids act out (hit, kick, etc) to get attention</td>
<td></td>
</tr>
<tr>
<td>-children did not ask for the life they were given -- so community should help them in any way they can; the community OWES it to the kids; kids as innocent -- did not ask for parent problems</td>
<td></td>
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<tr>
<td>-defensive?</td>
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<tr>
<td>-expert/informed</td>
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<tr>
<td>-humility</td>
<td></td>
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<tr>
<td>-promotion of own group</td>
<td></td>
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<tr>
<td>-pride in community; protect</td>
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</tr>
</tbody>
</table>
Table 4 Continued

Axial Coding

-BSU and others are transient
-togetherness -- community provides for its own
-hang back then have a lot to say
-P has had experience seeing kids grow and succeed
-participant sees self as example setter; knows what kids and is
confident of that knowledge
-participant felt self-conscious for talking too much
-appreciate BSU involvement
-community pride and gratitude for help
-future oriented -- how will study help community
-practical needs
-self-promotion
-"the process and the struggle. And we are all working toward one
common goal"
-"keep pushing forward" towards growth
-try to trust the researcher to help

Axial/Selective Coding

Category: Process

S2: the community is isolated, us against all, outside larger
community is not aware of or helpful towards
neighborhood, so they rely on themselves and each other

S3: balance between protecting what they accomplish and
acknowledging weaknesses/need for resources

S4: some lack of empowerment within macrosystem

Note: S1, S2, S3, S4, S5...=Subcategories


**Results and Themes of Phase One**

The selective coding phase yielded seven broad categories with subcategories within each. Exploration of the a priori general themes of protective and risk factors resulted in specific ecosystemic factors identified within each theme, and the identification of seven categories of traits that result in success/competence in children.

The examination of data also resulted in specific subcategories for the a priori theme of community, and the four data-driven categories of community center, view of children, and focus group process. The themes of each specific subcategories for each category are described in the following sections (theme will be used to describe the properties of the subcategories).

**Community**

To gain more information about the context of the study, we asked focus group participants their perceptions of their community. Specifically, participants were asked to describe the community that is served by the center. Two subcategories were identified within the focus group data. The first subcategory was a portrayal of the community as being in the process of positive growth. Participants reported that the community had significant problems, but that it is currently in the process of making improvements. However, more improvements are needed. As one participant stated, "That’s a beautiful thing. That means there is growth, you see. But there are other things that are needed to finalize that growth." Shared another, “I think, [the community] has started to rebuild, fix up, clean up, and now they got a program now where people are going around to plant flowers in your yard...Beautify, beautifying the community. So I'm just real proud of it.”
The second subcategory was the idea that "it takes a village" of people being active together in order to raise healthy and happy children. For example, participants reported that when the community center was at risk of being closed due to lack of funding, "we all got together, you know, to try to keep it open."

**View of Children**

Overall, participants presented a view of children in which they start out good, innocent, pure, and impressionable. Interventions and help should start early, because as children grow they are influenced by outside forces until they become teenagers, who were often viewed as being set in their ways. Children are viewed as community assets that must be protected by the community. As one respondent stated, "These teenagers are already mindset, so we need to keep these younger kids' mind where they at and instill betterness inside them and as long as we can work together with our younger kids we have a good community."

**Risks/Challenges**

In order to assess for risks, participants were asked the following: "What are the most significant challenges faced by youth in your community?" Risks identified from the focus group data included lack of resources, sociocultural issues, peer influences, violence, and biological/psychological problems.

Focus group members identified a lack of community resources as a risk factor for children. Members discussed the closure of the local pool and the possible loss of other resources. Lack of funding for the community center is considered a huge obstacle for the community. Members reported that the community center and an afterschool
program are the only resources available for the neighborhood children; there is a definite
need for more programs and activities. As one adult stated:

Well it just happened this summer because when they were talking about closing
this place (the community center) I was wondering where all the children
from...this community, what was they gonna do...if this place wouldn't be here, I
don't know where a lot of them would be because most of the parents can't afford
the Y.

Larger sociocultural issues such as the urban environment, race issues, and the
circumvention of instant gratification were mentioned as challenges to success.
Members discussed longer jail sentences for Black adults. In addition, they discussed the
way children are raised to want and expect material rewards delivered quickly. As one
respondent stated, "I think we live in a culture where a lot of children and adults you
know it’s gimme gimme gimme." The person continued, “You know when you got to beg
children to do certain things that’s good for them, you know, they fight it. You wonder if
they’re going to succeed because you can drive to the bucket but you can’t make them
drink."

Negative peers, gangs, drugs, and violence were also identified as risk factors.
Members discussed "bad" groups of youth who may influence younger children. As one
person stated, "The older, you know the oldest guys, young men, get hot so the younger
group try to hang out." When asked what would happen if the younger children hung out
with the older peers, the respondent replied, "that's what we don't want to find out....You
get a lot of gang people hanging out in an area, that's how some gangs and stuff get
started." Others reported that youth may engage in negative behaviors (such as drinking
or smoking) or not push themselves to achieve because of their social group. Explained
one person:
I mean, I see very smart kids who are very capable, have potential to be wonderful students and uh because their friends don’t do it, they hesitate and don’t want to do it and that, to me that is sad. I mean I can think of so many examples of that. You know, where kids won’t apply themselves simply because their friends don’t.

In terms of drugs, one member reported that drugs had "infested" the area since the early 1980s and 1990s, and has been "filtered out into other neighborhoods". Drugs may still be a concern for children in the community. As one person stated, "Well you know everyday kids face drug problems. I mean there's people you know who just be selling drugs and stuff like that."

A lack of supportive home life/lack of parental guidance was identified as a challenge for children. Parents with addictions are seen as a stressor for youth. Some participants note an economic factor, in their perception that parents need to work long hours and are not able to actively raise their children. However, others stated that parental involvement does not need to be influenced by economics -- there are plenty of free activities available in the community and opportunities for parents to spend time with their children. Members also discussed how some parents who do not work still do not have time for their children. Conflict and anger at home were also discussed as influencing children's behavior.

Individual challenges that were discussed included physical limitations, developmental disabilities, hyperactivity, and the impressionability of children. For example, one participant described children being impressionable as "kids have a tendency of following; it's almost like follow the leader."
Competence

Participants were asked about competence in youth. Specifically, participants were asked how they would know if a youth was successful. This topic was also addressed by asking, "What makes you think 'that kid is going to be okay'-- what do the kids say, think, do, talk about, etc.?" In other words, "How do youth who overcome challenges and adversity and succeed act/feel/think/relate to others?"

Seven areas were identified as related to competence: academic performance, interpersonal performance and respect, behavioral competence, self-concept and psychological well-being, adaptive skills, spiritual roots, and internal motivation.

In terms of good academic performance, participants discussed the importance of getting good grades, being on track to graduate high school, and possibly going on to college. One participant described competence as academic and behavior change as, "His grades are starting to pick up in school. He begins to come a little settled. He's saying a lot clearer now so his behavior has changed. He's bringing home As when he was bringing home Ds."

Interpersonal skills and respect for others were identified as being part of competence/success. The children with these attributes were described as children who get along with others, share, take turns, are mindful of others, are respectful, and are polite. As one adult described it, "they talk to elderly people with respect, they show respect around other people because you find a lot of kids nowadays that doesn't."

Good behavior, such as not talking back, being mindful, and being helpful to others, was also identified as a component of competence. Spirituality, or being "Christian rooted", was described as helpful and important to childhood success.
Adaptive skills described included self-care, communication skills, etc. Internal motivation included being inquisitive and curious, as well as being responsible. Youth who were internally motivated were also described as wanting to do things and help others. Finally, a good self-concept was identified as a component of success. Many of these themes were mentioned in the following response:

I see the children who are smiling and are happy (i.e. self-concept/psychological well-being). You can tell. Those children to me, even if things aren’t going well, for some of them, things aren’t perfect but, they’re happy, and um, I look at some of them who are succeeding, and they don’t mind working, they don’t mind doing things, they don't mind, uh, they like to ask questions (i.e. internal motivation), they like to help others, they’re concerned about people, they're respectful (i.e. behavior), those are the kinds of traits that I see in children that will be successful.

**Protective Factors**

Protective factors were examined by asking the groups the following questions: "What are the most common things that help children cope with challenges?" and "What do you think helps children cope with adversity?" Seven areas of protective factors were identified from the focus group data.

Structure, accountability, and safety were mentioned by many participants as being important to helping children succeed. People discussed the need to keep children from harmful activities or negative influences. As one participant stated, “So as long as we got something to keep these younger kids busy and educational and responsible that's the best not only for us but for the younger kids...And that's what we're trying to do is keep the younger kids out of trouble.”

Members also discussed the importance of communication between caregivers, and specifically discussed the community center’s sign-in policy. Children are required
sign in to the center daily; if children do not come to the center, either staff will call the parents or parents will call the staff. Stated one participant, "So I think the children know this, and so they try to stay on task, you know". Another participant discussed how she takes an active role in helping to hold children accountable. She stated, "If I see somebody's kid, a neighbor's kid, doing something they [shouldn't be] getting into I'm going to get after that kid and tell the kid to go home. If I know their parent I would call the parent."

Another theme identified in the focus groups was teaching children. One adult stated, "Parents are the first teachers and they have to do their part to help our children be successful." In addition to parental responsibility for teaching, there was also a collective ownership, demonstrated by the description of children in the community as "our children". Members discussed the need to help children with homework and life skills, but also discussed the need to foster children's love of school.

Resources were discussed by participants as important to success. These resources included the community center and religious organizations. The community center was described by one adult as "a place with peace in chaos." Children are able to trust staff at the community center and can discuss their problems with them. It is important for children to have a sense of belonging and possession; a special place to feel less isolated and trapped, and more free. As one participant stated, "…. and I've noticed the children because they have some place to go that they feel more free to be able to come and they love to study". Churches were mentioned as a protective factor, both for the spirituality they instill and the acts the organizations perform. One member discussed how the churches buy property to keep drug dealers from having places to deal.
Positive social networks were also seen as important to youth success. Positive peer influences were identified as being important to counteract the power of peer pressure. A participant stated, “If you got a place for them to come and interact with good kids then you can help them some.”

Involvement in children’s day-to-day life and awareness of their activities were identified as important protective factors. Members reported that it is important to have expectations for children and to spend time with them in their environments. As one parent reported, it is important to be involved and active in children’s life, and to be informed firsthand of how they are doing. This parent reported that when her child's teacher's report conflicted with her child's report, she went to the school to “learn and find out what's going on with the kids. We as parents, we got to get involved.” Participants discussed the importance of giving children one's time. They reported that involvement does not have to be a financial involvement; people can be low SES but if they have expectations and follow through with what they say, and are committed to their children, the children are going to succeed. For example, a parent can make a game out of doing chores and tasks with their children. Important adults other than parents can also be involved and can play a role in children's development.

Desirable qualities of adults were described as important factors in positive youth development. These adult qualities include a dedication to what is best for the children, as well as the encouragement of positive values in children. Parents need to be patient and understanding. They have to be committed to their children and be there for them. They need to learn from their mistakes, put their negative pasts behind them, and make a life for themselves and their families (They must be resilient themselves.). Parents need to be
supportive of their children, and follow through with what they say they will do. One parent stated, "But we have patience and I think that's the key, you know, because patience and understanding, you know." Participants cited important qualities and behaviors as, "...a whole lot of love, straightforwardness, you know, discipline"; "Give them structure"; and "Just be there for them when they are aging."

Community support and collaboration were also discussed as being important. As one member described it, it takes "us coming together to help" for children to succeed. All adults should watch out for the children, take charge, and work together to help children. Focus group members stated that it is important to instill the same messages in multiple settings, such as home and the community center, in order to facilitate consistent and continuous lessons. Members expressed beliefs that people in various settings throughout the community should be united in their goal to help children. People in the community should take care of and look out for each other and each other's children. As one respondent stated, "We pretty much take and watch over each other. As they said years back 'it takes a village to raise a kid'. We try to watch each kid."

The Community Center

Both groups included information related to the community center and associated programs in the focus groups. Overall, people reported being satisfied with the center and optimistic about it being helpful to the positive development of the children. They described the center as "the best thing" and as "well-needed" in the community. One participant reported being "tickled to death" about the center. Group members expressed gratitude for the work being done by the center’s staff and volunteers. The staff member involved in the group reported that the center needed to do more; all other members made
only positive statements about the center. Specific examples of member statements include:

It's the best thing it is for them 'cause it gives them something to do and also to help them with the homework and that's kind of important to me. And I just see them striving more because they get to practice on ...the computers which 'cause I don't have one at home, so I really don't know what I'd do without [the community center].

It's helped keep the younger kids out of trouble, keeps them from running across the street back-and-forth...the Center helps the younger children from getting in trouble or getting hurt in the community... volunteers come here, help with their homework and that's a lot of help, especially for the parents who are working and are not at home at the time the kids get out of school it's very helpful, it's a lot of help at the Center.

The patience of the adults that's here...I takes my [hat] off to them, you know. Because I think if I had all these kids I'd be outside smoking three packs of cigarettes a day.

Phase Two: Emerging Themes in Children’s Interview Data

In phase two, youth were identified who demonstrated the characteristics of resiliency identified by participants in Phase One of this investigation. Children who were nominated by the experts with a 75% or higher rating of resilience were selected as possible participants in the study. Of those sixteen children, thirteen were recruited and attended an individual interview session. These youth were interviewed individually using a semi-structured interview script. Youth were asked prompt questions to explore their self-concepts, protective factors, and views of resilience. Interviews were audiotaped, and information was transcribed and analyzed independently by the three research team members who participated in the Phase One coding.

As in Phase One, responses were analyzed by using open, axial, and selective coding from grounded theory. Team members individually reviewed each transcript, and
for each question and interviewee response, identified the label for each answer, and began to group information into categories and subcategories (Strauss & Corbin, 1998). Research team members coded transcripts for major ideas, categories, and subcategories of each response. Transcripts were then individually sent to the primary researcher, who created compilations of comments for each question-and-answer. As patterns developed across interviews, the primary researcher communicated with the research team members to check in about categories and subcategories.

The primary researcher then pooled the coders' comments and grouped them and the raw data by question/child response. An example of open coding for two categories after compilation by the primary researcher is illustrated in Table 5. A list of all interview questions and corresponding categories is illustrated in Table 6.
Table 5

*Interview Open Coding Examples*

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>Coding statements</th>
</tr>
</thead>
</table>
| What helps you do well in school?      | Academic success (factors contributing to) | what leads to academic success  
  - what leads to academic success  
  - success in school  
  - academic success is achieved by...  
  - what leads to academic success  
  - listen to the teacher  
  - learn from teachers  
  - help from teacher  
  - have parents provide consequences -- threat of trouble and discipline as a huge determinant  
  - ask for help if you cannot do something  
  - aid and guidance from brother and teacher/influenced by others - they keep him on task and help determine right and wrong answers  
  - help from teacher; teacher assisting students  
  - teacher letting students access resources in the library  
  - teacher letting students read in library so they can focus better  
  - teacher helps -- helps understand questions  
  - tutor helps  
  - friends help  
  - teachers help  
  - parents help  
  - grandparent helps |
Table 5 Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>Coding statements</th>
</tr>
</thead>
</table>
| What helps you do well in school?| Academic success (factors contributing to)       | - reading and studying
- do work assigned
- get homework done
- do work
- practice (math and other subjects)
- try
- learn
- get good grades
- get good grades (really the result, rather than method, or being successful)
- child seems to place high value on academic success and the learning process
- concentration
- avoid distractions
- trying not to talk to others (alluding to paying attention?); not talking back to people who talk to you
- pay attention
- stay on task
- focusing on teacher
- listening
- listen
- listen to directions so not do project wrong
- follow directions
- avoid trouble and detention
- avoid punishments by doing the "right" thing
- not talking when others are talking -- so not get check or X
<p>|</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>Coding statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>What have you done that has been successful? Why do you think that you</td>
<td>Child’s own success</td>
<td>-Child's own success</td>
</tr>
<tr>
<td>have been successful?</td>
<td></td>
<td>-Child’s own success</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-successful building project</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-good at physical hands-on tasks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-build with Legos</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-working puzzles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-wrote a book with support of others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-sleeping well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-excels athletically -- basketball team won championship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-physical strength/physical activities in jump rope and basketball</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-performing well in football</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-involvement in extracurricular activities at school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-member of student counsel, choir, and safety patrol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-singing at church</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Spelling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-responsible student/academic success</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-does well in school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-successful at math, language, and handwriting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-performs his best on exams</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-excels/does well academically</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-try hard at school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-get good grades</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-gets As, Bs, and Cs on report cards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-identifies academic strengths and weaknesses</td>
</tr>
</tbody>
</table>
Table 5 Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>Coding statements</th>
</tr>
</thead>
</table>
| What have you done that has been successful? Why do you think that you have been successful? | Child’s own success       | -academic strength in language  
-reading, spelling, and art  
-performing well academically at school  
-student of the month  
-identifies successful area as primarily interpersonally  
-responsible son/success in family life  
-successful interpersonally  
-responsible member of community  
-doing good deeds for others  
-- family  
-doing good deeds for others  
-- peers  
-helping others  
-bought his friend milk when not have money  
-helps sister and dad  
-being nice to people  
-defines success in terms of how he helped others  
-helps mother, grandpa, brothers  
-helps friends  
-be a positive influence on someone else  
-helping at home with chores  
-help at home taking care of pets  
-making other people happy is a mark of success  
-taking care of others as component to success  
-being helpful makes others happy which corresponds to success |
Table 5 Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>Coding statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>What have you done that has been successful? Why do you think that you have been successful?</td>
<td>Child's own success</td>
<td>-helps parents and grandparents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-be nice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-says good words</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-helpful</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-helps people pick up things at school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-apologize for wrongs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-avoid fights</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-performing well socially at school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-behaving well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-make good decisions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-avoid getting into trouble</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-doing the right thing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-be on best behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-behaving well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-good at people's homes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-student of the month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-by behaving well/acting right</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-do well at school by getting homework done</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-worked hard -- contributed to success</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-good student-- by doing homework</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-succeeds by working hard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-succeeds by not quitting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-by learning at school</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-by trying best</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-by practicing</td>
</tr>
<tr>
<td></td>
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<td>-by studying hard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-by practicing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-by getting good corrections from mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-by mirroring what he has seen in others</td>
</tr>
</tbody>
</table>
### Table 5 Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>Coding statements</th>
</tr>
</thead>
</table>
| What have you done that has been successful? Why do you think that you have been successful? | Child's own success     | - good at spelling by -- steps taken practice looking at signs and sounding them out  
- able to read by reading a lot and then writing  
- perform well academically - by listening to teacher  
- not talk when teachers talk  
- by paying attention  
- following directions  
- perform well academically -- by following directions  
- do things he is asked to do  
- asked for help when he needed it -- contributed to success  
- by asked for academic help when needed  
- by knowing some of the information and asking teacher for help when not understand  
- good family member by cleaning room  
- good community member by cleans community by picking up trash  
- success = being good at something  
- became emotionally distressed when had academic difficulty. was able to cope with it  
- concrete understanding of question |
Table 6

*Interview Questions and Corresponding Themes*

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you met someone new (like me) how would you describe yourself? What is</td>
<td>Self-concept</td>
</tr>
<tr>
<td>important for me to know about you?</td>
<td></td>
</tr>
<tr>
<td>If I were a kid growing up here, what advice would you give me on how to be</td>
<td>How to be successful</td>
</tr>
<tr>
<td>successful?</td>
<td></td>
</tr>
<tr>
<td>Think about somebody you think has had a lot of challenges, but who is</td>
<td>Example of resilient person/Successful people who overcome challenges</td>
</tr>
<tr>
<td>successful in your community. Can you tell me their story? What things do you</td>
<td></td>
</tr>
<tr>
<td>think they do that have made them successful?</td>
<td></td>
</tr>
<tr>
<td>How would you describe someone who is successful? What do they act like, do,</td>
<td>Example of a successful person</td>
</tr>
<tr>
<td>say, etc?</td>
<td></td>
</tr>
<tr>
<td>What have you done that has been successful?</td>
<td>Child's own success</td>
</tr>
<tr>
<td>Why do you think that you have been successful?</td>
<td>Child's own success</td>
</tr>
<tr>
<td>What kinds of things make it hard for you to grow up and be successful in this</td>
<td>Obstacles to success</td>
</tr>
<tr>
<td>community? What things made it harder for you to be successful?</td>
<td></td>
</tr>
<tr>
<td>What kinds of things do you do when you face difficulties or struggles in your</td>
<td>Overcoming personal challenges</td>
</tr>
<tr>
<td>life? Can you tell me about how you managed to overcome challenges or things</td>
<td></td>
</tr>
<tr>
<td>that were hard (either at home or school or in your neighborhood)?</td>
<td></td>
</tr>
<tr>
<td>Did you have somebody to help you be successful and if you did, who was it?</td>
<td>Who helps youth be successful/Who aids in youth success</td>
</tr>
<tr>
<td>Interview Question</td>
<td>Category</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Who are your role models (several or just a couple)?</td>
<td>Role models</td>
</tr>
<tr>
<td>What do you like about your role model(s)?</td>
<td></td>
</tr>
<tr>
<td>What do they do to help you?</td>
<td></td>
</tr>
<tr>
<td>What does being healthy mean to you and others in your family and community?</td>
<td>What it means to be healthy</td>
</tr>
<tr>
<td>What do you, and others you know do, to keep yourself having healthy...</td>
<td>Health -ways to be healthy</td>
</tr>
<tr>
<td>thoughts?</td>
<td>Physical</td>
</tr>
<tr>
<td>body?</td>
<td>Mental/Mind/Thoughts</td>
</tr>
<tr>
<td>feelings?</td>
<td>Beliefs/religious beliefs</td>
</tr>
<tr>
<td>religious beliefs?</td>
<td>Feelings/emotions</td>
</tr>
<tr>
<td>What helps you do well in school?</td>
<td>Academic competence (contributing factors)</td>
</tr>
<tr>
<td>What helps you get along with others?</td>
<td>Social competence (contributing factors)</td>
</tr>
<tr>
<td>What helps you feel good about yourself?</td>
<td>Self-esteem</td>
</tr>
<tr>
<td>How do you keep feeling good about yourself when bad things happen?</td>
<td></td>
</tr>
<tr>
<td>When you did well and succeeded...</td>
<td>Validation</td>
</tr>
<tr>
<td>were you proud of yourself?</td>
<td></td>
</tr>
<tr>
<td>how did your parents react?</td>
<td></td>
</tr>
<tr>
<td>Who are the people in the media that influence you most? What about things on the internet?</td>
<td>Media influences</td>
</tr>
<tr>
<td>How do you resist peer pressure?</td>
<td>Resisting peer pressure</td>
</tr>
<tr>
<td>What is it you like/What would you really want to do at the community center (other than basketball)?</td>
<td>Community center feedback</td>
</tr>
</tbody>
</table>
As in Phase One, similar codings were grouped together under each category. The research team members and primary researcher then held a meeting. At this meeting, they discussed and agreed on labels for subcategories, fit of items within subcategories, relationships between subcategories, and conceptual links between these categories and subcategories (Strauss & Corbin, 1998). The categories and subcategories created during Phase Two are presented below in Table 7. The themes are then described in the paragraphs following the table in order to offer thicker descriptions of the concepts. It is important to keep in mind that while themes are listed separately, they may also be associated with, and may influence/be influenced by, one another. These associations will be explored further in the Discussion section of this paper.
### Table 7

**Axial Coding Of Transcripts**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Percentage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors influencing academic</td>
<td>Getting help from others</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td>competence</td>
<td>Working hard</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Stay on task/Self-regulation</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Good grades</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Positives of community center</td>
<td>Play</td>
<td>62</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Social</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Learning</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Play outside/Field trip</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Fun</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Suggestions for center</td>
<td>Nothing</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Child's own success</td>
<td>Working hard/Practicing</td>
<td>69</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Academics</td>
<td>62</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Pro-social behaviors</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Specific behaviors</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Physical - Sports/Extracur/Hobbies</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Hobbies</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Sports</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Extracurricular</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Pay attention/Listen</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Follow directions</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Ask for help</td>
<td>15</td>
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<td></td>
<td>Home responsibilities</td>
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<td>1</td>
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<td></td>
<td>Miscellaneous</td>
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<tr>
<td>Example of a resilient person</td>
<td>Family</td>
<td>77</td>
<td>10</td>
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<td>Parent/Step-parent</td>
<td>46</td>
<td>6</td>
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<tr>
<td></td>
<td>Friend</td>
<td>15</td>
<td>2</td>
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<tr>
<td>Challenge the resilient person</td>
<td>Grief/Loss</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>faced</td>
<td>Bad relationship</td>
<td>08</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Poor choices</td>
<td>08</td>
<td>1</td>
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<tr>
<td>Categories</td>
<td>Subcategories</td>
<td>Percentage</td>
<td>Frequency</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------------------</td>
<td>------------</td>
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<tr>
<td>Challenge the resilient person faced</td>
<td>Unruly children</td>
<td>08</td>
<td>1</td>
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<tr>
<td></td>
<td>Limited financial resources</td>
<td>08</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Teased by others</td>
<td>08</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Attitude problems</td>
<td>08</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Additional work hours</td>
<td>08</td>
<td>1</td>
</tr>
<tr>
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<td>None stated</td>
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<td>4</td>
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<tr>
<td>How a person overcomes challenges/Characteristics of successful person</td>
<td>Helping others/Community aspect</td>
<td>46</td>
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<tr>
<td></td>
<td>Industrious/Hard-working</td>
<td>23</td>
<td>3</td>
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<tr>
<td></td>
<td>Religious involvement</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Deal directly with hardship</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Academics</td>
<td>15</td>
<td>2</td>
</tr>
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<td></td>
<td>Taking action</td>
<td>08</td>
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</tr>
<tr>
<td></td>
<td>Other</td>
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<td>Definition of health</td>
<td>Bodily focused</td>
<td>85</td>
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<td>Mind and body</td>
<td>08</td>
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<td></td>
<td>Eating right</td>
<td>46</td>
<td>6</td>
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<td></td>
<td>Exercising</td>
<td>38</td>
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</tr>
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<td></td>
<td>Avoid things harmful to body</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Unsure/Unknown</td>
<td>15</td>
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<tr>
<td>How to promote physical health</td>
<td>Exercise</td>
<td>54</td>
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<tr>
<td></td>
<td>Eat right</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Avoid drugs</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>How to promote healthy thoughts</td>
<td>Learning/Academics</td>
<td>38</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Eating well</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Unsure/Unknown</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Avoid negative/critical thoughts</td>
<td>15</td>
<td>2</td>
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<tr>
<td>How to promote healthy beliefs</td>
<td>Religious/Christian component</td>
<td>38</td>
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<tr>
<td></td>
<td>Morality -- self-monitoring/do the right thing</td>
<td>15</td>
<td>2</td>
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<tr>
<td></td>
<td>Self-Efficacy - believe in self and future goals</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Believe in people/others to help</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>How to promote healthy emotions</td>
<td>Self-Monitor/Contain behaviors until expression is appropriate</td>
<td>54</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Unsure/Unknown</td>
<td>23</td>
<td>3</td>
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</tbody>
</table>
Table 7 Continued

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Percentage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to be successful</td>
<td>Maturity and responsible actions</td>
<td>54</td>
<td>7</td>
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<tr>
<td></td>
<td>Academic learning</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Avoid negative/Vigilance</td>
<td>46</td>
<td>6</td>
</tr>
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*Note.* Percentage represents percent of the total sample who mentioned theme. Frequency is the number of participants who mentioned each theme. Many participants mentioned more than one theme for each category.
Thick Descriptions of Emerging Themes

The following sections contain a thicker description of the themes in the Table 7. As each theme is discussed, comparisons are drawn and explored. Representative responses are included to provide thicker descriptions and contextual perspectives of the themes and concepts.

Academic Competence (Contributing Factors)

Children were asked to discuss factors that influenced their academic competence. Specifically, they were asked, “What helps you do well in school?” Eleven children provided an answer to this question, while two children reported they were not sure of what was helpful or what to say. Six of the eleven children who gave responses (55%) mentioned other people as being influential in their academic success. For example, one youth responded, "My brother...He tells me if an answer is wrong or it’s right...My teacher...He’s always telling me what to do." The same percentage of respondents (55%) discussed the importance of working hard in order to succeed. Four youth (31%) discussed the need for staying on task and self-regulation (e.g. "…by just following directions. If somebody tries to talk to me, just don't talk back.")., while two mentioned the importance of getting good grades. Five of the eleven youth discussed more than one factor as contributing to academic competence. One such youth reported that the following helped him succeed: “Listening, focusing on the teacher, practicing on my math, all the subjects in school.”

Self-Concept

Youth's self-concept was explored by asking them, "If you met someone new (like me) how would you describe yourself? /What is important for me to know about you?"
Almost all descriptions youth provided were positive. Seven children (54%) mentioned a physical ability they possess (e.g., being strong, quick, double-jointed, athletic) as something people should know about them. Seven youth (54%) mentioned a specific character description, such as artistic, loving, independent, happy, nice, awkward, or crazy. Six youth (46%) mentioned a social description of themselves (Two mentioned being shy; others mentioned being a good helper, being close with family, liking to meet new people, etc.). Five youth (38%) mentioned specific demographic information, such as name, age, race, family composition, church attendance, etc. Four youth (31%) provided an academic description of themselves (e.g., smart, dedicated to doing schoolwork, academically successful). Some examples of self-concept included: "I'm strong...because I can lift almost half my body weight...Smart...And quick...I'm sort of double-jointed...[and] creative."; "I don't know...that I am ten years old, and I go to school...I'm good at spelling...basketball, football, and soccer."; and "I do my school work, and I'm not shy of anything." Some youth provided more in-depth self-descriptions:

I do good in school, good at sports, I like meeting new people. I can't think of anything else. I've been doing better at my writing, my reading, my spelling, and language, and science, and social studies I'm alright at that.

My race is Black. And I’m 10 years old. I’m in fourth grade. And I go to [Name of School] Elementary. And my siblings are, I got eight siblings... some day, I want to meet LeBron James and Kobe Bryant.

**Self-Esteem**

In order to gain information about youth's self-esteem, participants were asked, "What helps you feel good about yourself?" Responses were received from the 12 of the 13 respondents; these responses fell into eight categories. Four youth (33% of those who
responded; 31% of total sample) reported that succeeding helped them feel good about themselves (e.g., "Like when I win at something"); "that I'm a good student"). Four youth (33% of those who responded; 31% of total sample) reported emotional self-care as helpful (e.g., "that I'll always have confidence in myself"); "my positive attitude"). One respondent explained how self-talk helps him with his self-esteem, stating, "When I say like nice things to myself. That I will be an awesome person and that I have to stay out of trouble and things. [I say them] once a day. By saying good things to myself."

Three youth (25% of those who responded; 23% of total sample) mentioned engagement in activities as helpful to self-esteem (e.g., "I always pray"); "sing"); "that I'll always be there to do stuff"). Two youth (17% of those who responded; 15% of total sample) mentioned external praise (e.g., "when the teacher or somebody tells me I did a good job"); "that I'm a good student because my teacher helps me"). Two youth (17% of those who responded; 15% of total sample) mentioned trying/effort as important (e.g. "when you do the right thing"); "do your best on games"). Two youth (17% of those who responded; 15% of total sample) mentioned a social component as helpful (e.g., "when I see my parents and my sisters"); "like, to be nice to people, to make them feel better so they don't feel bad, so everybody don't be mean"). One youth (8% of total sample) mentioned health as being helpful in building self-esteem (e.g., "That I'm healthy and I eat the right things").

Youth were also asked how they maintained self-esteem when faced with risk (e.g. "When bad things happen, how you keep feeling good about yourself?") Twelve youth answered this question. All respondents gave answers involving coping skills they found helpful to maintaining self-esteem. Five youth (42% of those who responded; 38%
of total sample) reported they continued to feel good about themselves by focusing on the positive (e.g., “I keep my head up”; "I just think the right of it, the good part of it"; "by saying good things to myself"). One youth provided a detailed description of how she focuses on positives:

By helping people, or like, helping myself, or making my own food, so I can eat something to be healthy...By, like, if I have something, like a picture of something, and they don't live with me, I might take it out or ask my Nana if I can go over there and play...

Three youth (25% of those who responded; 23% of total sample) mentioned an external source as helpful in maintaining self esteem (e.g., a teacher helps; the youth goes to his mother and talks to her about the problem; parents tell him they are proud of him).

Three youth (25% of those who responded; 23% of total sample) reported they ignore the negative to help themselves continue feeling good about themselves (e.g., " Like when I get mad, I go somewhere and cool down, like, get a drink of water."); "it's like when somebody talks about you and it's not really true, you just gotta ignore them"). Three youth (25% of those who responded; 23% of total sample) reported general coping skills or specific activities that help them feel good about themselves (25% of those who responded; 23% of total) (e.g. praying; plays with pets; singing, etc).

**Example of Resilient Person**

In order to gain more information about youth’s views of resilience, respondents were asked to provide an example of someone who was resilient, and what helped that person succeed. Specifically, they were asked, “Think about somebody you think has had a lot of challenges, but who is successful in your community. Can you tell me their story? What things do you think they do that have made them successful?”
All youth except for one gave an example of someone with whom they had direct contact; the other youth named Martin Luther King, Jr. as a resilient person. Seventy-seven percent of children mentioned a family member; of those, 46% mentioned a parent or stepparent as someone who was resilient. Fifteen percent of youth mentioned a friend as someone who was resilient.

While there appeared to be agreement among respondents on whom they considered resilient (family members), all youth identified different challenges that the person they had selected had faced or overcome. The following risks were identified by the youth: a bad relationship, grief/loss (mentioned by two youth), poor choices, unruly children, limited financial resources, being teased, having attitude problems, and additional work hours. Four children did not specifically mention risk factors.

Responses given to the question of how the identified resilient person overcame challenges/adversity and became successful fell into six categories. The most often mentioned response was that the person was resilient because he/she helped others or demonstrated some sense of community (46%). For example, one youth said the following of successful people: “They'll be kind to other people, and they will care for others. And...they will care for their, well they will help other people, and make sure that they don’t talk about anybody.” Additional examples of how helping others results in a person being resilient included:

My cousin. Sometimes he does bad stuff; sometimes he says cuss words, and he threatened to hit people...[how was he successful]...Sometimes he picks up people's scissors for them when they drop it; or the teacher drops the papers, he picks it up for them.

My cousins and my friends...They don’t got a bunch of money... They help people... And, like, they help elder people. And help their friends and do their
work and things… My sister… She helps us do things like clean up our room and stuff… And sometimes, she cleans up our room by herself.

Three categories were each mentioned by twenty-three percent of youth. These included being industrious/productive/hardworking, religious involvement, and overcoming hardship by dealing directly with it. As an example, one youth cited his father as being successful due to industriousness and hard work. As the youth stated:

When my old grandma died he was mad and he didn't leave out the house for like a month. He started working on houses. The house you drove by with the truck that was the house he worked on. Yeah, he fixed six houses. He's hard working and he always tries to do things before he lets someone else do it.

An example of religiousness as important to resilience was evident in the following answer:

My pastor… He had two wives that passed away, and then he got another one… and then, um… he had a whole bunch of money, but he gave it to the church [Okay. So what things do you think he did that made him successful?] Uh… he taught about The Word and he was helping people to trust God.

One youth’s response focused on how his mother was resilient by dealing with the stressor itself, “I know one girl that’s successful, my mom… Well, my step-dad he was mean to my mom, which is my, my step-brother is my little brother’s dad…. She told the police and moved out of [the town].”

Fifteen percent of youth mentioned academics as the reason the person was resilient, such as a peer who endured teasing but still did well in school. One youth (8%) mentioned a mother who stayed at home more than she worked, and this response was not readily coded or assigned a category. Eight percent mentioned taking action, as demonstrated by the following response:
Mmm…Martin Luther King…Uh…he wanted to go to an all-white school but they didn’t want him and then he finally got the chance to go there. Then, when he got older, he made them change it…He told people right from wrong…He had two white friends who weren’t afraid to play with him…And he had a brother and a sister. *(Interviewer: How would you describe someone who is successful?)* They make speeches; they do the right thing; the help their community; and support their family.

**Child’s Own Success**

Children were asked to define their own success by being asked the question, "What have you done that has been successful?" All youth responded to this question, and a myriad of factors were mentioned. The most often mentioned theme was youth defining themselves as successful because they worked hard/practiced. Sixty-nine percent of youth mentioned this theme in their answer. One youth summed it up by stating, “I'm always working hard. And I never quit.” Another youth had the following to say about what he has done that has been successful:

I try to get my homework done at school and (inaudible). *(Interviewer: Why do you, why do you think you’ve been successful at those things?)*. Because I really tried hard to do those things and if I can’t, I ask for help.

The next most-common theme was mentioned by 62% of youth and dealt with academic success. Youth reported getting good grades, doing well in a specific subject and trying hard at school as successes. For example, one youth stated, "When I get report cards for reading, I get As or Bs or Cs or stuff. If we keep reading at school, we get As in reading on our report cards.”

The third most mentioned categories at 38% were prosocial behaviors; specific behaviors at home and school; and physical activities, such as hobbies, sports, and extracurricular activities. Some specific items mentioned as prosocial activities were as
follows: "I do my homework, clean my room, help people, help my mom around the house. Help the community clean stuff up. You pick up trash that you see. If you pick up the most trash, you get an award."

Another youth echoed the importance of helping others:

Help my friends and my mom do stuff like help my grandpa cut the yard and things like build things for my grandpa…And I help my brothers… Like help them like do things like if my little brother can’t do something, then I’ll do it. So, yeah. And that’s all.

Still another stated:

Giving my cat food and water. And sometimes, playing with my dog so she won’t be bored. And I help my Nana and Papaw, and I help my mommy, and then I like to help my mommy and my step-dad with the dog. Being nice and saying good words. And be nice. Or when they drop something, I give it back to them.

Specific behaviors at home and school that defined success included apologizing for wrongs, being on one’s best behavior, and avoiding getting into trouble. Within the physical activities grouping, thirty-one percent of all youth mentioned hobbies (e.g., building things, working puzzles, writing a book) and twenty-three percent mentioned sports (e.g., baseball, jump rope, basketball, and football) or extracurricular activities (e.g., singing at church, being on safety patrol, being in student council, etc.).

Twenty-three percent of youth mentioned they were successful because they paid attention and listened, while 15% reported they were successful because they followed directions. One youth’s answer illustrates the importance of both concepts: "What do I do good at school? I listen to the teacher, and do what the teacher asked me to do…"
Fifteen percent of youth mentioned the importance of asking for help in order to succeed (e.g., "I’m good at math but then, I go and get help from the teacher for reading and sometimes math."). One youth mentioned performing home responsibilities (e.g., "I do my homework, clean my room, help people, help my mom around the house") or another/miscellaneous reason (e.g., being able to cope with becoming upset).

**How to be Successful**

Youth were asked, "Why do you think that you have been successful?" in order to gain information on factors related to competence. Six themes were identified for this category. Seven youth (54%) discussed the importance of maturity and responsible actions. Maturity/responsible actions included listening, behaving well, taking care of one's own hygiene, following rules, and being mature enough to make good decisions. As one youth stated, successful people "never quit... And they go through it...Never take it out when they get something wrong...When they get something wrong they [do not] take it out on somebody else." Two other youth offered the following examples and advice on how to be successful:

They would act more mature and do stuff and be the bigger man and, like, if they get in a fight, when they push them and they would just walk away and be the bigger man...They would tell if there was a fight, but he wouldn’t think of himself as a snitch or something. He would think of himself as a saver, cause that somebody might get hurt.

Go to school every day. Learn to be quiet when the teacher is talking. And then, answer some questions....Raise your hand and talk. ..Well, be on time every day. If you're late, that's at least two or one tardies if you want to be successful.

Six respondents (46%) discussed academic learning, such as, reading, studying, etc. Six respondents (46%) discussed avoiding negatives/vigilance. As one youth stated:
Um, I would tell you to stay away from all the bad kids, who do bad stuff...When you see them, they act up in the classroom. And they do stuff outside, just playing...I would tell you don't talk to them, 'cause they lie on you, and get you in trouble.

Five youth (38%) mentioned prosocial involvement (e.g., "be friendly"; "I always said sorry if I did something wrong"; "being respectful to everyone"). Four youth (31%) discussed perseverance as important. As one youth stated, "something that you can't do, if you really try, you can do it...Don't be afraid. Don't worry about what people think of you." Finally, one youth (8%) mentioned doing something important (e.g., "You have to...Do something that is very important...You can, like, write a book ...That’s what I did.")

**Obstacles to Success**

Obstacles to success were explored with the following questions: "What kinds of things make it hard for you to grow up and be successful in this community? /What things made it harder for you to be successful?" Five categories were identified. The most prevalent response to this question was negative/bad influences—with nine of the 12 youth who provided an answer discussing this category (75% of those who responded; 69% of total sample). Answers included: "Like, people who don’t like me, that be mean to me …try to bully you…"; "When people fight, and when people do really bad stuff, like they smoke and stuff [and] when they drinking."; "When people around me aren't acting how they should be. And that's really all. Cause I ignore them. Sometimes, but sometimes I can just ignore them"; and "Some hard things are when, um, people come over to my house, they start trouble. ‘Cause I have, cause, like, across the street I have a lot of girls that pick on me….and just cause trouble."
One youth expanded on how others may act as bad influences on him:

To not talk about things and not to be good. Like, people, like, I’ll be following some people sometimes and people will be following me and like, my little brother, [name], and my little cousin, we may be doing stuff that we wasn’t supposed to be doing, like when we’ll be in the classroom and we talking and we wasn’t supposed to be talking. Some people in my neighborhood will try to start trouble and people at school and my brother will be starting trouble.

Three youth (25% of those who responded; 23% of total sample) discussed personal academic struggles as obstacles to success. They stated: "Some kids don't know their multiplication steps like me."; "Well, sometimes I go slow on reading"; and “‘Cause sometimes, when you get older, your work gets harder and harder. And sometimes when you have to do this work by yourself, it’s kinda hard. You can’t do it by yourself."

Two respondents (17% of those who responded; 15% of total sample) mentioned behaviors, such as not talking, as obstacles while one youth (8% of those who responded; 8% of total sample) mentioned death/loss as an obstacle to success (e.g., "like, if something bad happens, like, if somebody dies or pass away…your family or one of your friends, or somebody you know.")

**Who Helps Youth be Successful**

In order to explore possible important people in the children’s life, they were asked who helps them be successful. Twelve of thirteen youth (92%) mentioned a family member as helping them succeed. Of those youth, 12 (92%) reported a parent was helpful; 6 youth (46%) mentioned another family member, such as an uncle, brother, grandmothers, cousins, aunts, etc. Four youth (30%) mentioned teachers/tutors as helpful in their success; two youth (15%) reported a friend was helpful to them.
When asked how these people helped youth succeed, eight youth (62%) mentioned that the person helped them with academics. Eight youth (62%) reported that the person/people helped the youth be successful by providing the youth with structure and guidance (e.g., “My dad, telling me what I was doing wrong so I can fix it. And my mom saying every time I get something wrong, I get an attitude”). Four youth (31%) reported that the person taught them something (e.g., sewing, drawing, basketball, taught them ways to help decrease his stuttering).

One respondent stated, "My mom, my dad, my grandma, and my other grandma...My other grandma helped me tie my shoe. My mom always believes in me...My grandma tells me to do my homework almost every day.” Additional examples of how others helped youth be successful included:

My mom and my dad...She helps me do good on math, but I still have trouble with it...[My dad] is counting on me to make good grades...and grow up to be a successful person, and do the right things, and make the right choices.

My dad. 'Cause he told me when he was a little boy, he always used to be bad and stuff, until he got bigger. He changed and changed and changed and changed. And when he was little, he would always fight, and he always got a whooping because he got in trouble.

**Overcoming Personal Challenges**

The process by which youth overcome risk to succeed was explored with the following questions: “What kinds of things do you do when you face difficulties or struggles in your life? Can you tell me about how you managed to overcome challenges or things that were hard (either at home or school or in your neighborhood)? ”
Six children (60% of those who responded; 46% of total sample) mentioned that they received help from others in overcoming challenges. Two youth described how they overcame challenges as follows:

I would try to pray to God and ask him how will I, um…fix my problem, and I would talk to my family members, and ask them if they could give me some suggestions how to fix that problem...Like, if I get a bad grade on my test or any work, I will ask my teacher if I can fix it by doing any make-up work or doing something, doing extra work to help me make that grade go up.

I like raise my hand for help. And if they don’t come, I raise my hand for a substitute to help me. Cause all third graders, fifth graders, and fourth graders, Kindergarten, and first graders, and second graders have some substitutes to help their teachers, ‘cause we only got one teacher, and lots of other kids. Interviewer: What do you do if no one can come when you raise your hand? I just get up and ask someone if they can help me.

Five children (50% of those who responded; 38% of total sample) reported that they overcame challenges by trying hard (e.g., "I try my best"; "When things are hard? I try to never give up. And I never quit. I just keep going on until I get it."); "because I practice", etc). Three children (30% of those who responded; 23% of total sample) mentioned avoidance as helping them, either by ignoring distractions (e.g., "walk away"; "Somebody's talking to me and I'm trying to pay attention. And they kick my chair. I just ignore them. Don't pay no attention.") or more literally, by going back to sleep.

One youth (8% of total sample) mentioned the importance of a cognitive component to overcoming challenges. He stated, "I stop and think about it...When I’m doing my schoolwork and I can’t figure out a math problem I stop and get out a piece of paper and I figure it out on my sheet." Three children (23% of total sample) did not give solutions or were unsure of what was helpful.
Role Models

Children were asked about their role models. Specifically, they were asked who their role models were, what they liked about their role models, and what their role models did to help them. Of the eleven youth who provided an answer to the question, seven (64% of those who responded; 54% of total sample) named a family member as a role model. Five youth (45% of those who responded; 38% of total sample) named their mother as a role model; five (45% of those who responded; 38% of total sample) named an extended family member; and three (27% of those who responded; 23% of total sample) named their father as their role model.

Two youth (18% of those who responded; 15% of total sample) identified a teacher as a role model. Two youth (18% of those who responded; 15% of total sample) identified a professional athlete as a role model. One youth (9% of those who responded; 8% of total sample) reported that police were his role models. One youth (9% of those who responded; 8% of total sample) reported a fellow peer was a role model.

In terms of why these people were role models, nine children (81% of those who responded; 69% of total sample) discussed how the person helped them. Four youth (36% of those who responded; 31% of total sample) mentioned the role model's helping behaviors; four youth (36% of those who responded; 31% of total sample) mentioned positive characteristics of their role models (e.g. nice, kind, a good person); and three youth (27% of those who responded; 23% of total sample) mentioned the person's accomplishments, which tended to be academic (e.g., the person is intelligent, gets good grades). All of the responses, except for the intelligence of the person, were related to the role model being nice or helpful, or specifically helping the youth.
Examples of role models and reasons the person is a role model included: "My dad, my mom...They're helpful. They help me get through stuff. One thing they do the most is never give up on me."; "[A role model is] someone that you’ve found to be just like you, but a little bit better... My mom...Because she’s a good person... She helps people and she’s really nice."; "A role model is a person who leads and is smart. My mom and my dad and my grandma. 'Cause they are demanding and teach us a lesson"; and the following:

Well, there’s this one kid in Miss ______’s class...He’s good. He has good grades. He’s a good student. He’s just a good student... He’s my friend and he helps me when he was in my class before... It was last year...He helped me with my work a lot when I didn’t know how to do it.

A police officer. They go around and catch bad guys, like when people do bad stuff, like steal, rob, and kill people. And steal cars. My uncle is a police, a sheriff, and his brother is a police... They tell me don't do stuff like crazy people be doing in the street.

A role model is a person that shows people how to act good and don’t be acting bad...My big cousin. She’s a senior and she gets good grades...My mom...That she tells me nice things. Like she tells me to get good grades....They tell me “Don’t keep getting in trouble or one day I might be in jail.”...One day, I want to meet Kobe Bryant and LeBron James....That they would be a good role model because they like go around the world and do things like help kids in the hospital and stuff.

Health

Another way competence is conceptualized is health. Youth were therefore asked, “What do you, and others you know, do to keep yourself healthy?” All children’s answers were bodily focused, and one youth mentioned the importance of both a healthy mind and body. Of this grouping of bodily-focused answers, six youth (46%) mentioned the
importance of eating right, five youth mentioned exercise (38%), and two (15%) mentioned the importance of avoiding things that are harmful to the body.

Youth were asked specifically, “What do you, and others you know, do to keep yourself having a healthy body?” Twelve children supplied an answer to this question. Seven respondents (58%) mentioned the importance of exercise (e.g., “Get a lot of exercise, play outside for like 50 minutes a day”); six (50%) mentioned eating right (e.g., “By eating good foods and vegetables and fruits and stuff”); and two (17%) mentioned avoiding drugs (e.g., “don’t, like, put things, don’t eat, like, drugs…put things in your body and make you have heart attacks, and…cigarettes cause you to get lung cancer”).

In terms of what youth associated with healthy thoughts, three (23%) were unsure of what they or others did to have healthy thoughts. Of the ten children who answered, five (50% of answers; 38% of total) mentioned learning or academics (e.g., “always learning”; “I try to keep them all in my brain. And then when I sit down I let it all out on [the yearly standardized testing]...and then, I open them all up and it comes out and put [it] on [the standardized test]”); three (30% of those who responded; 23% of total) mentioned eating well (e.g., “When I eat breakfast, it helps me to think healthy”); and two (20% of those who responded; 15% of total) mentioned avoiding negative or critical thoughts (e.g., “Don’t think about bad things.”).

In terms of what youth associated with healthy beliefs, four themes emerged religious/Christian component (63%) (e.g., “Read the Bible… Do the Bible...inviting someone to my church”; “I read the Bible. Sometimes I pray with my grandma.”); morality/self-monitoring/doing the right thing (25%) (e.g. “make sure I am doing the right thing”; “I think about them. I think about what I want to do and things like that.”);
self-efficacy/belief in self and future goals (e.g., “I believe in one day, I might be in the NBA or the NFL. Or I might be a doctor. By just keeping and believing. When other people will tell me that I won't be that one day. I'll say "Yes, I am." And I'll go believe.”); and belief in people/others to help (25%) (“By believing in people” “I believe in Santa”).

In terms of what youth associated with healthy emotions, 30% of the children were not sure what they or others did. Those children who supplied an answer (70%) discussed self-monitoring, such as containing externalizing behaviors until it is appropriate to let them out. For example, one youth stated the following:

I just keep it in until school is over. (Interviewer: Okay, so that is how you keep your feelings healthy. What do you do when school is over?) I just let it out. [How do you let it out?] You know, like um, not talking, mad, not mad looking just seem mad.

Others replied similarly, stating: "Just sit there and just be quiet and relax"; and "By not letting other people talk about you and ‘diss’ you in a different way. By like, if somebody's talking about you, you just walk away and don't say nothing." Others discussed coping strategies such as talking to friends or eating healthy.

**Social Competence (Contributing Factors)**

Children were asked, "What helps you get along with others?" in order to gather information about social competence. All thirteen youth supplied an answer to this question. Ten of the youth (77%) reported that being nice/positive/prosocial helped them get along with others. Statements included the following: "Being nice"; "treating them how you want to be treated"; "say nice things to them."

Four youth (31%) discussed the importance of socializing with positive peer groups (e.g., "Just talking with them every day and playing with them"); "When they
share. When someone else has a good attitude. I have the same attitude"; "By being around the right people…If I see them acting how I don’t want my friends to act then I just don’t go around them…If we like the same things. Or around the same age.")

Three youth (23%) reported that avoiding the negative helped them get along with others. Examples of ways to avoid the negative include the following: "Make sure you don't talk about other people, and you don't fight with them, or be mean to them”; "I try to not, like, not be mean to them or boss them around... So, they won't be my friend if they think I am just bossing them around and like being their boss and they have to listen to me."

One youth (8%) reported that his uniqueness helped him get along well with others. He reported, "I have a great personality...Because...people call me crazy and awkward, but I already know I'm crazy and awkward, because that's how I am.” The interviewer replied, "Sounds like you know you're fun to be around. Is that right?” To which he replied, "Mmhmm, yep."

**Validation**

Internal and external validations were explored by asking youth, "When you did well and succeeded... Were you proud of yourself... How did your parents react?” All youth who answered the question reported that they felt good, happy, proud, and/or excited when they did something well. Most external validation appeared to be verbal validation such as praise. Some parents reacted with tangible rewards, such as giving the youth money or buying them something.
Media Influences

Staff at the community center wanted to know how media might influence youth in the community. For this reason, youth were asked, "Who are the people in the media that influence you most? What about things on the internet?" The children mentioned the following uses media: learning, entertainment role models, and playing games... There was a mixture of media types mentioned, including cartoon/fictional characters such as Sponge Bob, Cinderella, and the Wizards of Waverly Place; and real-life people such as Michael Jackson, Barack Obama, Steve Harvey, and Kirk Franklin. Youth reported liking these influential characters or looking up to them because they were funny, had good action/outcomes, and/or taught the youth something, such as religion or Black history. Other children reported that they used the internet to play games, learn, or look up information.

Resisting with Peer Pressure

Staff at the community center wanted to know how children resisted peer pressure. Six themes were identified in this area. The first theme consisted of avoiding negative situations and peer pressure; this theme was mentioned by seven youth (58% of those who responded; 54% of total sample). Seven youth mentioned “walk away”, while two youth mentioned ignoring bad influences (e.g., "Don’t listen to them...Sometimes I plug my ears."). Two children mentioned broad avoidance, such as resisting peer pressure or "don't do it".

The next most often-listed response to resisting peer pressure was employing preventative measures, mentioned by four youth (33% of those who responded; 31% of total sample). Youth stated, “I don’t get involved in the first place.” and "Nobody has
ever really pressured me like that...Yeah. ‘Cause I don’t go around people like that.” One peer went so far as to say he would end a friendship if the person was pressuring him. The youth reported he would walk away and “never see them again”. He was asked what if the person was a really good friend. Would it be different if it was his best friend? He replied, "No, I won't, because if he really did those things, he's not my friend."

Three youth (25% of those who responded; 23% of total sample) reported resisting peer pressure by engaging in verbalizing their thoughts to the negative peers. As one youth stated: "Like if someone tries to offer you drugs...or alcohol...or something...Just say no. When they try to offer you it again just say 'No, I want to live longer and I want to stay healthy.'" Another youth reported that in addition to saying no, he would tell them to stop and inform them of the consequences of their behaviors.

Two youth (17% of those who responded; 15% of total sample) reported resisting peer pressure by engaging in verbal behaviors to people who could help them (e.g., tell a teacher, tell adults if you are being bullied). Two youth (17% of those who responded; 15% of total sample) mentioned cognitive approaches to resisting peer pressure, such as considering what would lead to trouble, or taking the time to consider whether the behavior is a good idea. One youth (8%) reported he resisted peer pressure by following the rules taught at school. One youth (8% of total sample) was not sure how he resisted peer pressure.

**Community Center Feedback**

Staff at the community center wanted feedback on what the youth liked about the center. All youth provided an answer to this question. Sixty-two percent of the youth reported that what they liked about the center was playing. Youth reported that they
enjoyed playing games, Xbox, board games, and Legos, and making paper airplanes. The second most common theme discussed was the social component to the center. Youth reported that the center was a place to spend time with others, be around friends and college helpers, and be with good people/nice teachers. Youth reported they enjoyed the opportunity to help others, and one youth stated that he felt he was treated well at the center. Thirty-eight percent discussed enjoying learning, including computer access. Thirty-one percent of youth reported they liked playing outside-going on field trips, such as to the YMCA. Fifteen percent of youth stated that the center was fun, and one youth reported liking snacks. Many youth mentioned liking things in more than one category. For example, one youth had the following to say about what he liked about the center, “they treat us right and that we get to go outside and they make us do our homework.”

Community center staff was also interested in hearing any suggestions youth had for the center. Staff reported that many of the youth seem to want only to play basketball, so youth were asked what they would "really want to do [at the center] other than basketball". Forty-six percent of the youth reported that there was nothing else they would like to improve about the center. Thirty-eight percent of the youth reported a desire for additional activities. Desired activities included swimming (reported by 2 youth), a football field, 4-square, skating, basketball and other outside activities, more Xbox, snowboarding, and a 360 Kinect game system. Twenty-three percent of the youth had suggestions classified as "other" by researchers. Of these, one youth reported that the center could be improved by having the interviewer there, one youth reported a desire for additional field trips, and another child discussed a recommendation for more freedom to come and go as he pleases. He stated the center could be improved if “we can go
somewhere and then go come back... Like if you see a family member somewhere. We can walk to it...And talk to it a little bit and go back in.”

Selective Coding

Specific themes were examined for how they related to the a priori categories of protective factors, risk factors, and competence (Morrow et al., 2001). Categories were considered in terms of whether they applied to protective factors, risk factors, competence, or another concept. Categories were placed within one of these larger overarching concepts (e.g., both academic competence and social competence were placed under the concept of competence). The primary researcher determined that the themes from the following categories fell under the general theme of protective factors: factors influencing academic competence; how to promote (physical, cognitive, religious/moral, and emotional) health; how to be successful; overcoming personal challenges; how to deal with peer pressure; building self-esteem; how to maintain self-esteem; how to promote social competence; people who help child succeed; how others help child succeed; role models; and reason person is a role model. While the data from children's examples of resilient people could be considered to relate to the aforementioned larger themes, the concepts were not necessarily related to resilience in youth (e.g., most of the resilient people identified by youth were adult family members). Therefore, these statements lend additional information about youth's ideas and values, but may not be directly involved in the conceptualization of resilience in youth for this community. The final questions about the role of the media and feedback about the community center were topics identified by staff members for feedback, and were used to help inform programming and information for the community center.
Subcategories for each of the categories under one concept were combined and these subcategories were examined for commonalities. The subcategories were then examined within a broader theory of an ecosystemic framework to result in a final conceptualization of individual and external factors influencing resilience for youth in the neighborhood. The process of selective coding is illustrated in Table 8.
### Table 8

**Selective Coding of Interviews**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Subcategories</th>
<th>Reframed Subcategories (Ecosystemic Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Factors influencing academic competence</strong></td>
<td>Get help from others; Work hard/Persevere; Stay on task/Self-regulation; Good grades</td>
<td>Get/ask for help (Micro); Perseverance (Individual); Cognitive coping/ Self-monitor (Individual); Academics (Micro)</td>
</tr>
<tr>
<td><strong>How to promote physical health</strong></td>
<td>Exercise; Eat right; Avoid drugs</td>
<td>Exercise/eat right (Individual); Avoid negative (Individual)</td>
</tr>
<tr>
<td><strong>How to promote healthy thoughts</strong></td>
<td>Learning/Academics; Avoid negative; Eat well</td>
<td>Academics (Microsystemic); Avoid negative (Individual); Exercise/eat right (Individual)</td>
</tr>
<tr>
<td><strong>How to promote healthy beliefs</strong></td>
<td>Religious/Christian component; Self-efficacy; Self-monitor</td>
<td>Religion (Individual); Cognitive coping/Self-monitor (Individual)</td>
</tr>
<tr>
<td><strong>How to promote healthy emotions</strong></td>
<td>Self-monitor</td>
<td>Cognitive coping/Self-monitor (Individual)</td>
</tr>
<tr>
<td><strong>How to be successful</strong></td>
<td>Maturity and responsible actions; Academic learning; Avoid negative; prosocial involvement; perseverance; do something important</td>
<td>Behavior control/regulation (Individual); Academics (Micro); Avoid negative (Individual); Social skills (Individual) and Prosocial involvement (Micro); Perseverance (Individual); Involvement in activities (Micro)</td>
</tr>
<tr>
<td><strong>Overcoming personal challenges</strong></td>
<td>Help from others; Trying hard; avoid negative; Cognitive component</td>
<td>Get/ask for help from others (Micro); Perseverance (Individual); Avoid negative (Individual); Cognitive coping/Self-monitor (Individual)</td>
</tr>
</tbody>
</table>
Table 8 Continued

<table>
<thead>
<tr>
<th>Questions</th>
<th>Subcategories</th>
<th>Reframed Subcategories (Ecosystemic Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to deal with peer pressure</td>
<td>Avoid negative; Preventative; Speak up/Be assertive; Cognitive; Follow rules</td>
<td>Avoid negative (Individual); Avoid negative (Individual); Self-esteem/Self-care (Individual); Cognitive coping/Self-monitor (Individual); Behavior control/Regulation (Individual)</td>
</tr>
<tr>
<td>Building self-esteem</td>
<td>Succeeding; Emotional self-care; Involvement in activities/success; Social; External praise; Trying; Health</td>
<td>Self-esteem/Self-care (Individual); Self-Esteem/Self-care (Individual); Involvement in activities (Micro); Prosocial involvement (Micro); External praise (Micro); Perseverance (Individual); Self-esteem/Self-care (Individual)</td>
</tr>
<tr>
<td>How to maintain self-esteem</td>
<td>Focus on positive; Ignore negative; External sources (others); Things done well</td>
<td>Cognitive coping/Self-monitor (Individual); Avoid negative (Individual); External praise (Micro); Involvement in activities and academics (Micro)</td>
</tr>
<tr>
<td>How to promote social competence</td>
<td>Be nice/prosocial; Socialize with positive peers; Avoid negative; Unique</td>
<td>Social skills (Individual); Prosocial involvement (Micro); Avoid negative (Individual)/Avoid negative peers (Exo); Self-esteem/self-care (Individual)</td>
</tr>
<tr>
<td>People who help child succeed</td>
<td>Structure and guidance; Help with academics; Teach something</td>
<td>Structure and accountability (Meso/Exo); Help with school (Micro); Get/ask for help from others (Micro)</td>
</tr>
<tr>
<td>How others help child succeed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 8 Continued

<table>
<thead>
<tr>
<th>Questions</th>
<th>Subcategories</th>
<th>Reframed Subcategories (Ecosystemic Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Theme: Risk Factors</td>
</tr>
<tr>
<td>Obstacles to success</td>
<td>Academic struggles</td>
<td>Academic problems (Individual)</td>
</tr>
<tr>
<td></td>
<td>Behaviors</td>
<td>Behavior problems (Individual)</td>
</tr>
<tr>
<td></td>
<td>Death/Loss</td>
<td>Death/Loss (Micro)</td>
</tr>
<tr>
<td></td>
<td>External/Bad</td>
<td>Interpersonal factors (Micro)</td>
</tr>
<tr>
<td></td>
<td>Influences</td>
<td>Peers (Exo)</td>
</tr>
</tbody>
</table>

*Note.* Ecosystemic levels are in parentheses. Individual = Individual Level; Micro = Microsystemic level; Exo = Exosystemic level; Meso = Mesosystemic level
Trends in Rating Scale Data

Additionally, rating scales were completed by youth, parents, and community center and daycare facility staff to provide measures of children's self-concept, and social, behavioral, academic, and psychological functioning. Scales were scored and analyzed for trends in data, which are discussed in the following sections.

Youth Reports

Self-concept. All thirteen youth completed the Piers Harris Scale, Second Edition. Two youth's data were not interpretable due to Response Bias scale scores above the cut-off range, indicating a tendency to disagree or degree with test items regardless of content. Therefore, results are presented for the remaining eleven youth.

The total score is reflective of the amount of positive self-concept endorsed by youth. Two youth scored in the High range, indicating a strong positive view of themselves. Nine youth scored within the Average range, indicating generally average self-esteem and an acknowledgement of both positive and negative aspects of self. Within this grouping, two youth scored in the Low Average range, indicating more acknowledgement of negative characteristics. One youth scored in the Low range, indicating possible poor view of self and lack of confidence (see Table 9).

Scores in the Low range indicate perceived difficulties in the area. Scores in the Low Average range indicate that the youth reported more difficulties than the "typical" child did in the normalization sample, but the overall level of problems still falls within normal limits. Average range scores are indicative of problems and strengths within normal limits. Above Average scores indicate that youth perceive themselves as
functioning competently in the area. The frequency of youth scoring in each range for the total scale and specific subscale areas are illustrated in Table 9.

**Social skills.** All thirteen youth completed the Social Skills Improvement System. One participant’s responses were not interpretable due to his F-Index score, indicating a tendency to be overly negative, (which in itself suggests possible biased perceptions the youth has of him/her having improbable amount of behavior problems). Therefore, results from twelve rating scales were examined. In terms of total Social Skills Scores, one youth scored in the Above Average range; nine youth scored in the Average range; and two youth scored in the Below Average range. Frequencies for each subscale are presented in the Table 10.

The SSIS also contained items measuring Problematic Behaviors that may compete with competent social functioning. For these items, scores above average are indicative of the presence of problematic behaviors, and therefore lower scores are considered more adaptive. One youth rated himself in the Well-Above Average range for Problematic Behaviors, and one child scored in the Above Average range. Nine youth obtained scores in the Average range, and one youth scored in the Below Average range for Problematic Behaviors. Frequencies for the Problematic subscales are presented in Table 11.
Table 9

Youth Self-Concept Frequencies from Piers-Harris-2

<table>
<thead>
<tr>
<th>Scale</th>
<th>Low</th>
<th>Low Average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Adjustment</td>
<td>1</td>
<td>0</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Intellectual and School Status</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Physical Appearance/Attributes</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Freedom From Anxiety</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Popularity</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Happiness</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total Self-Concept</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>2*</td>
</tr>
</tbody>
</table>

*Note: Total Self-Concept classifications in the Above Average Range consist of High Average (with zero participants scoring in this range) and High (with two participants scoring in this range).
Table 10

*Youth SSIS Social Skills Rating Frequencies*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Social Skills</td>
<td>2</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Communication</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Cooperation</td>
<td>2</td>
<td>8</td>
<td>2</td>
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<tr>
<td>Assertion</td>
<td>0</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Responsibility</td>
<td>3</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Empathy</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Engagement</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Self-Control</td>
<td>2</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 11

*Youth SSIS Problem Behaviors Rating Frequencies*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Below</th>
<th>Average</th>
<th>Above</th>
<th>Well-Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Problematic Behaviors</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Externalizing Behaviors</td>
<td>1</td>
<td>9</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Bullying</td>
<td>0</td>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Hyperactivity/Inattention</td>
<td>1</td>
<td>9</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note:* One youth's responses were not interpretable due to a high F-score
Parent Reports

Social skills. Eight parents completed the SSIS. Six parents rated their children in the Average Range overall for social skills, while two parents rated their children in the Below Average range. One parent rated his/her child in the Above Average range for Responsibility, while all other subscale ratings fell in the Average or Below Average range. Most ratings overall fell in the Average range (see Table 12).

On the SSIS Problematic Behaviors Scales, most parents rated their children in the Average range. One to two children were rated in the Above Average range for behavior problems, indicating a possible concern that their problems may negatively impact social skills. Interestingly, the two parents who rated their children’s problem behaviors as above average rated their social skills as average, and the parents who rated their children’s social skills as below average did not indicate that their children had behavior problems (see Table 13).

Psychological functioning. Eight parents also completed the CBCL. The CBCL contains four Competence categories that contribute to an overall Competence scale. Ratings in the Normal range indicate adequate functioning, while ratings in the Borderline and Clinical ranges indicate areas of possible concern. The Competence scales have an internal consistency of about .5 (Furlong & Wood, 1998), which has led some authors to question the scale’s utility and to claim that these scales may be better used to determine problems in competence rather than in strengths (Doll, 1998; Furlong & Wood, 1998). According to parent ratings, six children were rated in the Normal range overall for competence, while two children may have problems in competence. One child was rated in the Clinical range for competent school functioning, and one child was rated in
the Borderline range in this area. Two children were rated in the Borderline range for Activities, indicating that they may be involved in fewer activities and/or be less successful in these activities than the average child their age. Overall, most of the children were rated as having normal functioning in social, academic, and activity settings (see Table 14).

The CBCL problem scales evidence more internal consistency than the Competence Scales, with consistency scores above .89 (Doll, 1998), and were examined as a measure of psychological functioning. Just as with the competence scales, ratings in the Normal range indicate a lack of problems, whereas ratings in the Borderline and Clinical range indicate areas of possible concern. When examining the Total Problems scale, almost all of the children were rated in the Normal range, indicating a lack of psychological problems. One child was rated in the Clinical range for Total Problems. The child's behaviors were rated in the Clinical range for Anxiety/Depression and Attention Problems, and in the Borderline range for Social Problems and Aggression. This child's parent viewed him/her as having both more internalizing and externalizing symptoms than other children his/her age (see Table 15).
<table>
<thead>
<tr>
<th>Scale</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Social Skills</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Communication</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Cooperation</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Assertion</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Responsibility</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Empathy</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Engagement</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Self-Control</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 13

*Parent SSIS Problem Behaviors Rating Frequencies*

<table>
<thead>
<tr>
<th>Classification</th>
<th>Below</th>
<th>Average</th>
<th>Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Problematic Behaviors</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Externalizing Behaviors</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Bullying</td>
<td>0</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Hyperactivity/Inattention</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Internalizing Behaviors</td>
<td>0</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Autism Spectrum</td>
<td>0</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 14

*Parent CBCL Competence Frequencies*

<table>
<thead>
<tr>
<th>Category</th>
<th>Normal</th>
<th>Borderline</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Social</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Overall</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 15

*Parent CBCL Problem Scales Rating Frequencies*

<table>
<thead>
<tr>
<th>Category</th>
<th>Normal</th>
<th>Borderline</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety/Depression</td>
<td>7</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Withdraw/Depression</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Somatization</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social Problems</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Thought Problems</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>7</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Rule-Breaking</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aggression</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Internalizing</strong></td>
<td>7</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Externalizing</strong></td>
<td>7</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

*Note:* Italicized scales are composite scales upon which the other scales load.
Staff Ratings

Social skills. Staff forms were completed for twelve children; staff reported one child had left the program and staff chose not to complete forms for that child. Two SSIS forms could not be scored due to validity concerns resulting from the number of items left blank. Therefore, ten staff rating forms were evaluated in the current study (see Table 16). Overall, eight children’s Total Social Skills were rated in the Average range, and two children’s Total Social Skills were rated in the Above Average range. In terms of subscale scores, most children were rated to demonstrate skills in the Average range. One child each was rated as having Below Average skills in Communication and Cooperation, while two children were rated as having Below Average demonstration of Responsibility. One child was rated as demonstrating Above Average Self-Control. The following subcategories had two children rated as demonstrating Above Average skills: Cooperation, Assertion, Responsibility, Empathy, and Engagement. Most children's skills for most subscales were rated in the Average range.

For the eleven rating forms, nine children's Total Problematic Behaviors were rated in the Average range, and two children’s Total Problematic Behaviors were rated in the Above Average range, indicating possible concern. In terms of the subscales, one child was rated as having Above Average Externalizing Problems, while two children were rated as having Above Average Bullying, Hyperactivity/Inattention; and Internalizing Behaviors. The large majority of children were rated as demonstrating an Average range of these behaviors, which indicates "normal" functioning (see Table 17).
Academic competence. The staff forms of the SSIS also included a section of staff ratings of academic competence, comparing the youth’s academic performance with that of his/her same-aged peers. Ten forms could be interpreted (one was not completed, and two were unable to be scored due to the number of items left blank). Of the ten children, seven had academic competence rated in the Average range, and three children’s academic competence was rated in the Above Average range (see Table 18).

Psychological functioning. The staff CBCL, the Teacher Rating Form (TRF), was completed for twelve children. The form consisted of five areas of competence that contributed to a sum competence score. Nine children were rated in the Normal range for Sum (Total Competence), whereas two children obtained ratings in the Borderline range, and one child obtained an overall competence rating in the Clinical range. In terms of subscales, two children were rated in the Borderline range for Academic Performance, and one child was rated in the Clinical range for this subscale, indicating that his/her performance was lower than average. All other ratings for scales fell in the Normal range (see Table 19).

In terms of psychological functioning, eight children obtained total scores in the Normal range of functioning, three children were rated as having problems in the Borderline range, and one child was rated as having psychological problems in the Clinical range of functioning. Two children were rated as having Externalizing Problems in the Clinical range, and two were rated in the Borderline range for this category, indicating the demonstration of more externalizing problems than is normal for children his/her age. One child was rated as having Internalizing Problems in the Clinical range,
indicating more internalizing problems than is average for someone his/her age (see Table 20).
Table 16

*Staff SSIS Social Skills Rating Frequencies*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Social Skills</td>
<td>0</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Communication</td>
<td>1</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Cooperation</td>
<td>1</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Assertion</td>
<td>0</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Responsibility</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Empathy</td>
<td>0</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Engagement</td>
<td>0</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Self-Control</td>
<td>0</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 17

*Staff SSIS Problem Behaviors Rating Frequencies*

<table>
<thead>
<tr>
<th>Classification</th>
<th>Below</th>
<th>Average</th>
<th>Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Problematic Behaviors</td>
<td>0</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Externalizing Behaviors</td>
<td>0</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Bullying</td>
<td>0</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Hyperactivity/Inattention</td>
<td>0</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Internalizing Behaviors</td>
<td>0</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Autism Spectrum</td>
<td>0</td>
<td>11</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 18

Staff SSIS Academic Competence Frequencies

<table>
<thead>
<tr>
<th>Scale</th>
<th>Below</th>
<th>Average</th>
<th>Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Competence</td>
<td>0</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 19

*Staff CBCL Competence Rating Frequencies*

<table>
<thead>
<tr>
<th>Category</th>
<th>Normal</th>
<th>Borderline</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Performance</td>
<td>9</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Working Hard</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behaving</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Learning</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Happy</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><em>Sum</em></td>
<td>9</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*Note:* Italicized item is the sum total competence scale.
Table 20

_Staff CBCL Problem Scales Rating Frequencies_

<table>
<thead>
<tr>
<th>Category</th>
<th>Normal</th>
<th>Borderline</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety/Depression</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Withdraw/Depression</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Somatization</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social Problems</td>
<td>10</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Thought Problems</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Rule-Breaking</td>
<td>10</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Aggression</td>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Internalizing</strong></td>
<td><strong>11</strong></td>
<td><strong>0</strong></td>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>Externalizing</strong></td>
<td><strong>8</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

*Note:* Italicized scales are composite scales upon which the other scales load.
Model Development

The Final Model of Resilience for this neighborhood is based on a compilation of data collected in both Phase One and Phase Two of this study regarding competence, risk factors, and protective factors. This model is illustrated as Figure 3 and discussed in detail in Chapter 5. The following sections provide an overview of the development of the final conceptual models for competence, risk factors, and protective factors.

Competence

The final conceptualization of competence was derived from examining data on focus group members' descriptions of competence from Phase One, children’s statements regarding their success from interviews in Phase Two, and rating scale information from Phase Two. An overview of the source and finding from each data source is organized conceptually in Table 21.

Competence, therefore, is a multifaceted construct, both in terms of participant views of competence and competent behaviors demonstrated by resilient youth. Competence may consist of internal motivation and drive/working hard, interpersonal pro-social skills and behaviors, positive behaviors, positive self-concept and good psychological health, adaptive skills, spirituality, engagement and success in activities, responsible actions, and the ability to ask for help from others.
### Compilation of Competence Themes

<table>
<thead>
<tr>
<th>Focus Groups</th>
<th>Interviews</th>
<th>Rating Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Motivation</td>
<td>Working Hard/Practicing</td>
<td>Staff CBCL scale &quot;Working Hard&quot; all Normal range</td>
</tr>
<tr>
<td>Academic Performance</td>
<td>Academic Performance</td>
<td>- Piers-Harris &quot;Intellectual/School Status&quot; -- range from Low Average to Above Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CBCL &quot;School&quot; scale -- 1 Clinical, 1 Borderline, rest Normal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Staff CBCL &quot;School&quot; scale - 1 Clinical, 2 Borderline, rest Normal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Staff CBCL &quot;Learning&quot; - all Normal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- SSIS Staff &quot;Academic Competence&quot; - 7 Average; 3 Above Average</td>
</tr>
<tr>
<td>Interpersonal Performance</td>
<td>Pro-social Behaviors</td>
<td>- Total Social Skills on SSIS --</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Self= Below to Above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Parent= Below to Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Staff= Average to Above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Piers-Harris &quot;Popularity&quot; - Low to Above Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- SSIS Child &quot;Assertiveness&quot; - Average to Above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- All SSIS Subscales - mostly Average for all raters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CBCL &quot;Social&quot; - all Normal</td>
</tr>
</tbody>
</table>
Table 21 Continued

<table>
<thead>
<tr>
<th>Focus Groups</th>
<th>Interviews</th>
<th>Rating Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Concept</td>
<td>Psychological Health</td>
<td>- Piers-Harris &quot;Total Self-Concept&quot; - 2 Low Average, 7 Average, 2 High</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Piers Harris &quot;Freedom From Anxiety&quot; - Low to Above Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Piers Harris &quot;Happiness&quot; - Low Average to Above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- SSIS &quot;Problematic Behaviors&quot; - most Average for most raters (1-3 Above or Well Above) for Total, and for subscales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Parent CBCL - 1 child rated Borderline (2 scales) and Clinical (2 scales), all other Normal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Staff CBCL -- all Normal for &quot;Happy&quot; scale; no Clinical problem scales, a few borderline for 4 scales</td>
</tr>
<tr>
<td>Adaptive Root</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual Root</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports/Hobbies/Activities</td>
<td></td>
<td>- Piers-Harris &quot;Physical Appearance/Attributes&quot; - Low to Above Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Parent CBCL &quot;Activities&quot; - 6 Normal, 2 Borderline</td>
</tr>
<tr>
<td>Ask for Help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Behavior</td>
<td>Behaviors - pay attention, follow directions</td>
<td>- Staff CBCL &quot;Behaviors&quot;-all Normal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Piers Harris &quot;Behavioral Adjustment&quot;-Average to Above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- SSIS &quot;Self-Control&quot; -most Average for all raters; child=Below to Above; parent=Below to Average; staff=Average to Above</td>
</tr>
</tbody>
</table>
Risk and Protective Factors

Risk and protective factors were identified and articulated in Phase One and Phase Two during the selective coding processes. Specific subcategories within each category were examined in context of the broader conceptual model of protective and risk factors. Subcategories were pooled and considered as to how they related to protective factors. In addition, each risk and protective factor (from Phase One and Phase Two) was examined within the ecosystemic framework (see Figures 2 and 3). Each factor was analyzed by the primary researcher to identify which level it represented in the ecosystemic conceptual model. Factors within the individual level included the individual's own characteristics and behaviors. Factors at the microsystemic level involved people, objects, and interactions within the individual's immediate environment (i.e., proximal processes). Factors that fit in mesosystemic level involved interactions between settings. Factors at the exosystemic level involved neighborhood factors that exist between the microsystemic and macrosystemic levels. Finally, factors within the macrosystemic level reflected larger societal ideas, values, and culture/subculture (Brofenbrenner, 1979; Brofenbrenner & Evans, 2000; Brofenbrenner & Morris, 2006). Some factors involved both microsystemic or exosystemic levels and their interactions (mesosystemic factors), and were included in more than one level in an attempt to capture that complexity.

Risk factors and protective factors were each conceptualized in ecosystemic terms in order to examine factors within this broader conceptual framework and to examine differences and similarities in factors identified by participants in Phase One and Phase Two (see Figure 4 for final model).
Figure 2. Protective factors for youth in neighborhood. (Mesosystemic factors exist as interactions among factors in levels). Italicized words = concepts identified by youth. Non-italicized words = concepts identified by adults. Underlined words = concepts identified by both groups.
Figure 3. Risk factors for youth in neighborhood. * = mesosystemic factors. Italicized words = concepts identified by youth. Non-italicized words = concepts identified by adults. Underlined words = concepts identified by youth and adults.
CHAPTER FIVE - Discussion

The research team in this study worked with a specific neighborhood to develop a locally and culturally relevant definition of resilience. The team identified specific risk and protective factors for youth in that neighborhood, and examined areas of competence in resilient youth. Phase One of the study explored how adult participants conceptualize their neighborhood and its members, and explored the larger question of how adults in the neighborhood define resilience as it applies to youth in the neighborhood. Specifically, the study focused on the risk and protective factors residents see as most evident in their neighborhood, as well as how residents of the neighborhood define competence. Phase Two of the study explored how youth who had been identified by neighborhood members as resilient define resilience themselves. Specifically, researchers in interview settings explored what risks the children face, how they define success/competence, what protective factors play a role in their success, and how the children view themselves (e.g. self-concept). Rating forms were also completed by the children, their parents, and staff members at the daycare and community centers in order to explore how these youth function in terms of social, academic, behavioral, and psychological competence.

The current chapter will summarize findings from both phases of the study in order to draw broad conclusions, and then will describe findings utilizing an ecosystemic
conceptual model. Finally, the chapter will focus on limitations and clinical and research implications of the study, as well as recommendations for future research.

**Context of the Study**

Participants residing in the neighborhood described the broad neighborhood and its children. They feel that the neighborhood is experiencing a re-growth. The residents are proud and united as they work to improve neighborhood safety, enrichment, and beautification. There is a sense of cohesion and active participation in change, and a hope that outsiders will recognize this progress and support the neighborhood. The adult residents from the study are realistic that things are not perfect and that more change is needed, but they feel that things are moving in the right direction. Children are viewed as neighborhood assets to be treasured. Children must be encouraged and, because they are naïve, they must be protected and led in the right direction. Conversely, older children in the neighborhood are portrayed by adult residents as tainted, lost, or beyond change. Adults focus their efforts, therefore, on young children who are still "pure", open to guidance, and able to absorb knowledge and skills they can use in the future. Adults in the current study hope that the foundation they are providing will enable the young children of the neighborhood to deal successfully with future challenges as they continue to develop and grow.

**Competence**

Focus group members defined competence as success in a range of areas and demonstrated both mainstream societal factors identified as competence in the research field, as well as emic factors more specific to this particular neighborhood. Their comments indicate that competent youth in the neighborhood demonstrate the factors
identified by previous researchers as important in late childhood in 20th century America: academic achievement, conduct behaviors, and positive social skills (Masten et al., 1995). In addition to these factors, focus group members identified psychological health as a component of success by describing successful children as "happy and smiling". The inclusion of this area of resilience reflects the concerns of those in the research field who reported the risk of ignoring psychological functioning by relying on behavioral measures of competence (Luthar & Zelazo, 2003). Other areas of success cited include the demonstration of an internal motivation or proactive orientation (Alvord & Grados, 2005), adaptive skills (which may relate to psychological health), and a Christian root (which may reflect values unique to this neighborhood) (See Figure 4).

Youth identified various factors as reflecting competence. The most-often identified factor was hard-work/practice or perseverance. Youth see trying to do well on tasks as being important to success. In terms of successful behaviors or actions, the children focused on academic success, pro-social behaviors, helpfulness, and success at hobbies, sports, or extracurricular activities. Positive conduct/behaviors, such as listening, paying attention, and following directions were also identified as a form of competence. These factors fit closely with Masten et al.'s (1995) competence model for late childhood. This model consisted of academic achievement, conduct behaviors, and peer social competence, but also included internal motivation/drive and larger pro-social behaviors (such as being kind and being respectful to others). While internal motivation/drive is identified by many researchers as a protective factor (e.g., Ciccetti & Rogosch, 1997; Watt et al., 1995), in the current study youth identify it as both a factor in their success, as well as a measure of success in itself. As Brofenbrenner and Morris
(2006) stated, within the bioecological model, "the characteristics of the person function both as an indirect producer and as a product of development" (p.798). Therefore, internal motivation/drive can be a characteristic that influences skill acquisition and positive performance, and protective factors can result in increased internal motivation/drive (e.g. children who succeed may be more likely to have a proactive orientation).

Overall, staff, parents, and youth rated the nominated youth as demonstrating average social skills and having an absence of psychological problems. An important finding is that most youth were not seen by adults as having Above Average social skills, and less than 50% of the youth rated themselves in the Above Average range on the self-concept scales. Masten (2001) stated that resilience is positive outcome despite risk, which means that youth who demonstrate resilience function better than would be expected, given possible risks to development. Resilient youth do not necessarily function better than same-age peers in all areas. Resilience is not all-or-nothing. The fact that a person does well in one area does not mean he/she has to demonstrate strengths in all areas of his/her life in order to be resilient (Luthar, 2006).

The rating scale results in the current study support the importance of having neighborhood members define resilience, since there remains a question in the field of resilience research as to what specific behaviors and levels are necessary to demonstrate resilience (Harvey & Delfabbro, 2004). If arbitrary scores on the rating scales had been used to determine resilience, the children in the current study may not have met the criteria for resilience, and the present investigation may have missed forms of resilience unique to this population (Ungar, 2006). For example, children with Low Average scores
on some measures (such as social skills) may not have been included in the study, even
though they have shown success in other areas.

The majority of youth in the current study rated themselves in the Average range
in the area of self-concept. According to the Piers-Harris-2 manual (Piers & Herzberg,
2002), youth who score in the Average range report a level of self-esteem comparable to
others their age. They tend to present a balanced self-evaluation whereby they
acknowledge both positive and negative parts of themselves. This finding is consistent
with the interview data, whereby most of the statements children use to describe
themselves are positive but do not appear overconfident.

An interesting trend in the data is that four of the children rated themselves in the
Low range on popularity. Typically, children who score in this range feel unhappy with
their friendships and may feel isolated from others. Yet in the current study, the
children’s interview data do not reflect these feelings. The children report they may at
times feel left out or picked on, but most also endorse having many friends. In addition,
they all rated their social skills in the Average or Above Average range on one of the
other measures, as did their parents and staff members. Further, these youth did not score
in the Low range on any other self-concept scales. Their perceived low popularity does
not seem to negatively impact their total self-concept or multiple subareas of self-
concept, such as happiness. Perhaps these children realize that they are not the most
popular children in school, but that may not matter to them. This trend may also be
supported by many of the children’s self perceived abilities to avoid peer pressure. Youth
appear very informed about how to avoid peer pressure by taking actions such as standing
up to others, avoiding negative peers, or even ending a friendship if they believe the peers
do not have the child’s best interests at heart. The children’s stances on peer pressure may not be the most conventional approaches compared to their peers, and these children may be idiosyncratic and unique when compared to others.

In terms of social skills, the majority of adult and youth respondents rated most of the children as demonstrating average social skills, while a few youth were rated as having either below average or above average social skills. When compared to same-aged peers (within the measure's standardization sample), these nominated youth demonstrate approximately the same level of communication, cooperation, assertion, responsibility, empathy, engagement, and self-control skills as other children. In terms of problematic behaviors, once again most youth rated themselves and were rated by adults as demonstrating a typical amount of problems for someone their age. One or two children were rated as demonstrating more or less problems than same-aged peers. It is interesting to note that there tends to be good agreement among respondents on social skill and problematic behavior ratings for the children. Researchers have cited low to moderate correlations overall between rating scale respondents (e.g., \( r = 0.28 \) for adults with different roles to the child) and \( r = 0.60 \) for adults with similar role functions) and low agreement between parent and child interviews (Achenbach & McCouaughy, 1987). It is therefore meaningful that respondents in this study tended to have much overlap in responses, in that these children’s behaviors must manifest across settings and demonstrate consistency, and respondents are all noticing these behaviors. In addition, previous researchers have suggested that what appears to matter in terms of self-concept is not a high self-concept, per se, but an accurate self-concept. Both negatively biased and positively biased ratings of competence in family, school, and peer areas predicted more
internalizing and externalizing symptoms as rated by youth, parents, and teachers in previous research (DuBois & Silverthorn, 2004). The youth in the current study tended to rate their social skills similarly to the way adults rated them, suggesting a trend towards accurate self-perceptions, in this area at least.

Most children in the study identified academic competence as an important part of success. Staff ratings of youth suggest that the children in this study are as successful or more successful academically than their same-aged peers in the neighborhood, indicating that the youth in this study manifest academic competence.

Rating scales completed by parents and staff were used to screen for psychological issues, since the use of purely behavioral measures of competence would have run the risk of ignoring underlying psychological problems (Luthar & Zelazo, 2003). Results indicate that the majority of youth were rated by parents and staff as not displaying significant psychological symptoms. A few children were rated in the borderline range of significance for some area, such as social problems, aggression, and attention problems. One youth was rated by his/her parent in the clinical range for attention problems as well as anxiety and depressive symptoms. These findings indicate that overall, nominated youth display a lack of psychological problems. In addition to healthy psychological functioning, they also display the aforementioned positive academic, social, and conduct behaviors, as well as perseverance/internal motivation.

Overall, competent functioning was comprised of many facets covering multiple areas and resilient children demonstrated varying degrees of competence in different areas. Competence included the academic, interpersonal, and conduct behaviors identified in Masten et al.'s (2001) model of late childhood competence. The factors
specific to values for youth in this particular neighborhood include positive self-concept, adaptive skills, internal motivation, and core religiosity. In all, competence consisted of individual and microsystemic factors, as well as the ability to navigate available resources and systems (Ungar et al., 2005). This conceptualization illustrates the complexity of competence and the importance of an ecosystemic examination of risk and protective factors.

**General Discussion of Risk and Protective Factors**

The adult participants’ discussion of risk factors tended to be linked to protective factors in the neighborhood and was presented as part of a larger, positive neighborhood picture. For example, the adults perceive drugs as a risk, but add that drug dealers are being pushed out of the neighborhood. Similarly, negative peer groups are seen as risks, but neighborhood members report that adults monitor children’s actions to keep them away from those groups. This positive presentation of the neighborhood may have been influenced by the primary researcher’s status as an outsider who was asking residents to discuss problems and weaknesses in their neighborhood (in that residents attempted to manage the impression of themselves and their neighborhood), and/or it may indeed reflect the positive perspective many residents have about their neighborhood.

Risks identified by the focus group members reflect many of the risks previously identified in the resilience literature. These risks include factors at the individual, microsystemic, mesosystemic, exosystemic, and macrosystemic levels (See Figure 3). Adults in the current study tended to focus primarily on risk factors external to the children, such as mesosystemic and exosystemic protective factors, whereas youth tended to focus on individual and microsystemic factors. While many of the factors identified
mirror those found in Reese et al.’s (2001) study (e.g., peer pressure, gangs, economic difficulties) the current participants spoke of important protective factors that differentiate the neighborhood in the current study from the community examined by Reese et al. (2001). These differences may reflect actual community differences, but may also have been influenced by differing methods between Reese et al.’s (2001) study and the current study. Reese et al. (2001) did not report specific questions used in their study, but may have focused more on risk factors, and relied solely on children’s perceptions, whereas the current study focused on both risk and protective factors and relied on adult and child perceptions. With this caveat in mind, important differences between these settings will be discussed.

An important risk factor identified in Reese et al.’s (2001) study was a lack of neighborhood cohesion and level of organization needed to protect youth. As discussed in the following section, neighborhood members in the current study identify neighborhood cohesion and collaboration as important protective factors in their neighborhood. This perception, along with a more positive outlook on the neighborhood’s re-growth, may account for the more hopeful picture provided by participants in the current study, as compared to the participants in the community studied by Reese et al. (2001). In fact, while the current study’s adult participants identify multiple risk factors, members present themselves and the neighborhood as resilient themselves/itself. Although they face challenges, the members have a proactive orientation and a belief in themselves that enable them to overcome risks and succeed.

Nominated youth in this study echoed many of the protective factors identified by the focus group members (see Figure 2). Results reflect the importance of both the
presence of positive factors and absence of risk factors for competent functioning. Again, adults tended to focus on larger systemic protective factors, while youth identified personal and microsystemic factors. This focus on the self and others in the immediate environment can be understood within an ecosystemic framework. Children are most aware of the proximal processes occurring within the microsystem (Brofenbrenner, 1994). They are less aware of factors at levels that do not directly influence them (and may instead indirectly influence them, such as the coordination between parents and school that helps parents to impose structure and accountability). This makes sense from a developmental perspective. Children around this age start to internalize social rules and categorize experiences; in addition, they are approaching the stage of increased self-reliance and independence (O'Connor, 2000).

Individual, microsystemic, mesosystemic, exosystemic, and macrosystemic factors identified by youth and adults in the neighborhood are explored in the following section (see Figures 2 and 3).

**Ecosystemic Framework of Risk and Protective Factors**

**Individual Level**

**Risk factors.** Children and adults in the neighborhood differed in their identification of risk factors affecting youth development. Most children's responses to questions about risks focused on individual factors. Youth identified risks related to outward behaviors, such as behavior problems and academic struggles. Adults tended to focus on risk factors external to the children. The only individual risk factors that adults identified were factors outside the child's control, such as biological factors like disabilities, or psychological problems such as hyperactivity (see Barlow, 2000; Rainey
& Nowak, 2005). There seems to be a lack of blame and a reluctance in adults to place responsibility for problems on the children themselves, and instead, the focus appears to be on systemic issues.

**Protective factors.** Both individual characteristics and behaviors are important for promoting positive functioning. Individual characteristics relate to perseverance and self-control. Perseverance was the feature most often identified by youth as a protective factor. Participants reported that it is important to keep trying and not give up. Though children did not explicitly mention self-esteem or self-competence, the idea of a proactive orientation and the ability to take initiative are reflected in their commentaries of perseverance and self-care (Alvord & Grados, 2005; Reese et al., 2001). The other major theme identified by youth was the importance of social components to success, such as having social skills and being kind. Religiosity is important for some members of this particular neighborhood. Self-control was another factor identified, and was discussed as both behavioral control/regulation and cognitive coping/self-monitoring. This factor helps children both control external actions and engage in self-care to maintain self-esteem. Overt actions the youth take include avoiding drugs and negative influences and engaging in healthy behaviors, such as eating right and exercising.

**Microsystemic Level**

**Risk factors.** The microsystem is the most immediate system of interaction, and it directly involves the developing youth (Brofenbrenner, 1994). Microsystemic risk factors were identified often by adults in the neighborhood, and consisted of lack of support or problems in the home, which is consistent with earlier research on uninvolved and unsupportive parents (e.g., Reese et al., 2001). The other risk factor identified by adults
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was negative peer influences (mostly referred to as older youth). Youth in the study tended to identify more individual factors related to risk. However, microsystemic factors were identified by youth as influential in adult development. When asked about the challenges faced by someone they identified as resilient, children mentioned microsystemic factors related to interpersonal relationships (e.g., grief/loss, bad relationship, unruly children, being teased by others). The other microsystemic factor identified as influencing adults was additional work hours.

When youth were asked about the risks they personally had experienced, many identified negative social influences, such as people who fight, smoke, drink, bully them, or engage in behaviors that the child has trouble ignoring (e.g. "when people around me aren't acting how they should be"; people make noise that is distracting). These factors are in line with much of the previous research that identified peer pressure and negative peer influences as risks to positive development (e.g., Haynie et al., 2006; Reese et al., 2001). One child in the current study identified interpersonal loss as a risk factor.

**Protective factors.** Participants identified many protective factors within the microsystemic level. Participants in both phases of this study identified parents and other adults as being very important factors. Youth thought that it was helpful to both ask for and obtain help from others, such as family members and teachers. A connection/bond to others and social support were found to be important. This finding reflects the larger literature base stressing the importance of attachments (Arbona & Power, 2003; Masten & Coatsworth, 1998) and a support system (Garmezy, 1985; Watt et al., 1995). Both youth and parents found it important for adults to teach children something, whether it be academic skills, activity skills, or life lessons. In addition, both adults and youth
discussed the importance of adult provision of structure and guidance to youth. Participants identified the importance of having rules, and of adults helping guide children by telling them when they make mistakes and helping them correct them. This approach to parenting reflects the authoritative style identified in the literature, whereby children benefit from adult supervision and willingness to help (Reese et al., 2001) and parenting that is warm yet firm, and contains discipline and monitoring (Cleveland et al., 2005; Dekovic et al., 2003; Reese et al., 2001; Wright & Fitzpatrick, 2006). A warm, involved, effective authoritative parenting style is important (Alvord & Grados, 2005; Becker & Liddle, 2001), though in the current neighborhood, participants identified not only parents, but also extended family members, teachers, and other adults, as engaging in these behaviors (e.g., Alvord & Grados, 2005; Ungar et al., 2007). Adults also focused on important adult qualities and actions (e.g., Masten, 2001). For example, adults should be aware of and involved in not only their own children's lives, but also the lives of other children in their neighborhood. Parents should be patient, loving, and invested in children's health and happiness. In terms of personal involvement in the microsystem, youth found it important to have pro-social involvement and involvement in activities. They consider it important to do well in academics, and to be involved in religion. While Reese et al.'s (2001) study found this protective factor only applied to females, the current male-dominated sample also identified the importance of these factors.

**Mesosystemic Level**

**Risk factors.** A factor repeatedly stressed by participants is the lack of resources and funding in the neighborhood. As such, adult members tend to see their neighborhood as lacking support from the government and residents in the larger city. They feel their
neighborhood is struggling to maintain and increase the resources needed to protect and enrich the lives of their neighborhood children.

**Protective factors.** Neighborhood members in the current study identify neighborhood support and collaboration as important protective factors for youth. They also talked of the need for communication among caregivers, so that neighborhood members are working together effectively to protect children and instill positive skills across settings. These ideas are in line with the theme of providing structure, accountability, and safety for youth, and echo previous researchers’ findings of the importance of neighborhood policing/monitoring (Reese et al., 2001). Resources were mentioned as important in helping children, but the focus of the discussions tended to be on what people could do within the existing systems available to help children succeed. These findings echo Ungar’s (2006) constructivist definition of resilience as the ability to successfully navigate within systems, and the idea that protective factors involve working with systems and available resources (Ungar 2005, 2008). Adult participants in the current study tended to focus more on the importance of systems working together, rather than addressing the importance of the youth being able to work proactively with the systems. Once again, the members seem to portray youth as less powerful factors influencing positive outcomes as opposed to the work neighborhood members and adults do to promote change. Adults stressed that it is important to be involved in the day-to-day activities of children and to be aware of how children are functioning in various settings.

In addition to focus group conversation, agreement trends in rating scale data also suggest collaboration and awareness between parents, providers, and youth. The collaboration
between community members in different settings allows for the cohesive and strong community that was described through exosystemic protective factors (described below).

**Exosystemic Level**

**Risk factors.** Exosystemic factors that relate to risk involved both an absence and presence of factors. Adults saw the lack of neighborhood resources as putting youth at risk for being led into trouble by negative peers, and as preventing the enrichment and nourishment of youth's development. The presence of drugs, negative social influences, gangs, and violence were discussed as risk factors that may interact with youth's weakness of being impressionable, and lead them into negative behaviors and lack of academic and pro-social involvement. Peer influence is the only exosystemic factor identified by both children and adults as related to risk. These findings are in line with risk factors identified by youth in Reese et al.'s (2001) study, as well as in other studies (Haynie et al., 2006; Prelow et al., 2004).

An interesting difference between youth and adults in the current study is their differing views of the risk factors. While adult focus group members discussed multiple exosystemic risk factors such as lack of resources or neighborhood risks, only one child reported financial problems as a struggle for a person he knew, and no child identified a lack of resources as problematic for themselves. One child discussed a parental risk factor as increased work hours due to a promotion. However, the children did echo a theme discussed in the focus groups: despite SES level, families and children can take advantage of opportunities to spend time together to have fun and learn. When youth were asked to identify a resilient person and describe the struggle he/she faced, risk factors identified included interpersonal loss or stress (e.g., a bad relationship, grief/loss,
unruly children, being teased); finances; work hours; and personal factors, such as poor choices and attitude problems.

**Protective factors.** What sets the neighborhood presented by participants in this study apart from the community portrayed in Reese et al.’s (2001) study is the high level of cohesion and support shown by our study’s adult participants. Focus group members discussed how neighborhood members share values of helping children and working together across settings to instill positive lessons and protect children from risks. Due to mesosystemic factors of interactions among caregivers, the community (as presented by participants) is one that is structured and supportive, where children are accounted for and accountable, and therefore, safe. Youth also identified structure, accountability, and safety as important. Youth find it helpful when others provide rules, consequences, and guidance. Adults find that these factors help serve a protective role by preventing children from being harmed or falling into negative situations, such as association with negative peers and/or drug use. While children find it important to avoid negative peers, both children and youth believe it is important to also associate with positive peers. Indeed, peer influence has been identified as an important factor in preadolescents’ lives (e.g., Alvord & Grados, 2005; Reese et al., 2001).

Finally, neighborhood resources were identified as essential for positive youth development. Many adults mentioned that the community center is needed and vital in promoting the social, academic, behavioral, and psychological health of youth. The community center provides protection from risk factors and enriches children’s lives by instilling values, lessons, etc.
Macrosystemic Level

**Risk factors.** Macrosystemic factors take into account broader sociocultural functioning. Participants represented their neighborhood as tight-knit and supportive, and almost portrayed it as "us against the world". Focus group members discussed risks from the broader community of outsiders, both in people outside of the neighborhood taking away resources and funding (e.g. loss of the city pool, lack of funding for the community center) and not recognizing the progress the neighborhood is making. In addition, “race issues” and “urban issues” were mentioned by a few adults as risk factors, but these topics tended not to be the focus of discussion. Larger cultural risk factors include race (though this was mentioned only briefly in the context of how racial differences are related to problems in adulthood), SES (though multiple statements were made about how people can still utilize resources with limited finances), and the emphasis of society on instant gratification. Finally, larger cultural issues, such as the instilment of the desire for instant gratification works against proactive orientation.

**Protective factors.** Few macrosystemic factors were mentioned as protective factors in the current study. Resources were identified as potentially helpful. While discussing media influences with youth, most of the children discussed how the media served as sources of education, entertainment, and inspiration (through the identification of some role models). Overall, though, these children did not identify many larger societal factors as influencing them. This may be due to a lack of influence, or a lack of awareness of societal influences. As Brofenbrenner and Evans (2000) state, the microsystem is the most immediate level, whereby people have face-to-face interactions with factors within the level, and proximal processes, or actual changes in development,
occur. Higher systems tend to have less direct and more indirect interactions and influences on the person. Therefore, the children may most easily and often identify more direct influential factors.

**Fit of the Model**

The ecosystemic model captures the complexity of factors related to youth resilience in the neighborhood investigated in this study. The ecosystemic model further supports the importance of familial and neighborhood factors on child health. (Brofenbrenner & Morris, 2006; Ungar et al., 2005). The use of this model allows one to look at multiple systems and how factors in those systems may influence one another (Resnick & Burt, 1996). An ecosystemic model holds that changes in development occur as a result of interactions between people and their environments (within and between levels) over time (Brofenbrenner & Morris, 1996). In the current study, all identified systemic factors were ongoing processes, such as parent-child interactions or ongoing communication among caregivers. Another benefit of the current model is its illustration of the active nature of interactions. The child is not a passive participant, but actively seeks out and contributes to interactions with people. Further, the specification of context in the current study illustrates the importance of the chronosystem (not pictured in the figure). Children's interactions in the neighborhood are specific to the current time; the neighborhood that existed in the past may have resulted in different risk and protective factors for youth (e.g. members described a current revitalization and in contrast discussed past problems of drugs and danger).

However, the current model is applicable to the discovery phase of research (Brofenbrenner & Morris, 2006). Specific correlations and interactions between factors
are not explored or explained. This model provides a framework and suggestion for future research; further research is needed to look at the nature of the relationships among factors (Harvey & Delfabbrio, 2004). The current model is a summary and simplification of complex processes that mutually influence one another. In addition, the model highlights more proximal processes and direct interactions of the participants, and may not accurately capture more of the distant processes that influence positive development in youth. Future work may be needed to further examine the structural supports within the neighborhood and larger city, and how those factors influence resilience.

**Limitations**

This investigation shared the limitations common to qualitative research designs including those related to time, situation, and selectivity of participants. In particular this investigation focuses on a select age group within a specific neighborhood, thereby limiting generalizability of results to other settings and ages (Patton, 1999). Specifically, the study utilized mostly male children in third through fifth grade, in a specific Midwestern neighborhood and therefore the findings should be limited to similar groups. Further the focus groups in Phase One consisted of a small group of neighborhood members, and therefore was not representative of all adults in the wider neighborhood. The adults were part of a small subtest of people who utilize the center, and were also part of a smaller subset of people who both signed up for the group and showed up for the meeting. These people may be quite different from other adults in the neighborhood and from other adults who utilize the center. Other people in the community may identify other prominent risk and protective factors as important.
Additionally, the current study’s findings are based on the perceptions of only people in this neighborhood who are involved in the community center. The group of people involved in this study may differ from people in the broader neighborhood who are not affiliated with the community center. Therefore, implications from this study may lose power as they extend to people beyond that particular setting.

There also was some attrition in the study, in that while thirteen children participated in interviews and completed rating scales, only eight parents were successfully contacted and completed rating scales. Of those eight, only one responded to attempts to share individual rating scale feedback (though general feedback will be available to parents via a brochure). Staff members completed forms for twelve children, but a few of those forms had sections that contained too many missing items to be interpreted. Further, there was a small time lag between the time of the interviews and completion of staff rating forms. However, the forms asked the respondent to consider the child’s behavior over the last few months, therefore minimizing potential inconsistencies due to changes over time.

Finally, the study was conducted by Caucasian, female, university interviewers and research team members who were outsiders to the participants’ community. The participants were predominantly African American and residents of the neighborhood. These differences may have resulted in researcher effects in the study, and may have influenced what information participants chose to share. While the children appeared comfortable and open, one of the focus group members originally expressed reluctance to engage in the group, and multiple adults discussed a worry that outsiders do research and do not follow through with helping the community. Therefore, some of the information
may have been more positive in an attempt to protect the community, and different information may have been obtained had the researchers been community members or had more identified commonalities with participants. Attempts to minimize bias will further be discussed in the following section.

**Validity and Reliability**

Methods of insuring rigor in qualitative research differ from those used with quantitative methods. One criteria for rigor in qualitative studies includes immersion of the researcher in the context (Morrow et al., 2001). In this step, the researcher spends time in the environment in which the study takes places in order to gather information and knowledge about the people's worldviews. The primary researcher had previous experience working with children in the neighborhood, and spent time learning about the neighborhood during meetings with the community center's executive director. Further, research team members spent time at the community center and daycare facility during recruitment and interviews, and learned about the context during that time. Check-ins with community center staff, were completed to obtain their perception of the fit of the model for people utilizing the community center.

In addition, multiple steps were taken to help reduce "the risk of 'psychologizing' the participant and her or his experience as if it is an individual, intrapsychic phenomenon" (Morrow et al., 2001, p. 594). An exosystemic model ensured the consideration of both internal individual and external community factors. In addition, descriptions were provided of research team members, community members, and the context of the neighborhood. Reflection on researcher expectations, and openness about the study process will allow for an additional outsider review of the study. Thick
descriptions of individual participants was not provided in order to ensure child confidentiality. However, pooled data adds to the examination of community context.

The current study utilized multiple forms of triangulation to strengthen data credibility (Morrow et al., 2001). Triangulation allowed the data to be evaluated from multiple perspectives, thereby decreasing the likelihood of overlooking information (Patton, 1999). Methods triangulation examined consistency of data obtained from different methods and helped to improve the credibility of results (Patton, 1999). In the current study, the use of multiple focus groups and interviews allowed for a comparison across participants. In addition, competence was assessed through child self-report as well as parent and teacher behavior rating forms. The results were consistent across informants (parent, staff, and self) on most factors. In addition to methods triangulation, analyst triangulation was utilized to examine the data. Analyst triangulation contributed to consistency across raters (not the same results, but similar patterns) and helped check on biases in data interpretation (Patton, 1999). Codings from all raters were included in the axial coding phase. These data were then discussed by all raters during the selective coding phase, so as to reduce bias, consider alternative explanations, and look for disconfirmatory evidence (Morrow et al., 2001; Patton, 1999). In an effort to further reduce bias, the primary researcher allowed the other coders to lead the coding meeting for Phase One data. This action facilitated the inclusion of alternative explanations and ideas. Areas of disagreements were resolved by a majority vote of meeting attendees. Further, in an attempt to more objectively work with the data and not impose preconceived ideas from the literature review on the child interviews, the primary researcher recused herself from the open coding phase of analysis in Phase Two. She
then organized the coders’ statements, and consulted with the coders during the following meeting on axial and selective coding.

While research team members have individual beliefs, values, and biases, multiple steps were taken to manage researcher subjectivity and decrease bias (Morrow et al., 2001) and increase internal reliability of methods. The study methods were approved by the university review board. Recruitment and interview methods were standardized, and all team members were trained together on recruitment, interviewing, and rating scale administration. Administration scripts were used to increase the internal reliability of methods across administrations. The rating scales used in this study all demonstrated acceptable reliability and validity. The primary researcher checked in several times a week with recruiters and interviewers on the process, their experiences, and any observations or problems they discovered.

The primary researcher engaged in journaling and reflection on journal entries during the first phase as an attempt to manage her possible subjectivity. In this approach, the primary researcher wrote about her experiences with immersion in the context, recruitment, and focus group moderating. Reviews of these entries were used to examine possible biases, thoughts, and perceptions. In addition, research team members had an ongoing dialogue with the team and primary researcher in order to share their experiences, problems, and perceptions. Interviewers met with the primary researcher and discussed approaches and experiences in an attempt to improve the standardization of the interviews. At the end of the study, research team members discussed their thoughts, reactions, and the experience of participating on the research team. Members discussed these topics with one another and with the primary researcher. Findings (categories and
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subcategories) were then shared and discussed with the director of the community center as an additional validity check (Morrow et al., 2001) and to begin the discussion of how the study’s results can be used to further promote competence in youth in the neighborhood.

Kidd and Kral (2005) reported that the success of a participatory action research project is determined by how the study changes the lives of neighborhood members, including those directly involved in the study and those in the broader community. In addition, one of the major goals of the study was to establish the construct validity of our examination of resilience in the local context. Herr and Anderson (2005) suggest that action studies should be critiqued by different validity criteria than positivist and naturalistic studies. They propose the additional validity criteria that involve generating knowledge and creating change and action. The current study demonstrated these validities through the use of feedback sessions and participant check-ins and the peer review that will be accomplished by the primary researcher’s dissertation committee review and dissertation defense. Further, this criteria will continue to be evaluated as the community center staff utilize the results in future programming.

Clinical/Community Implications

The current study provides a myriad of implications for the neighborhood. The first is the positive portrayal of the neighborhood, and the recognition of neighborhood growth and positive change. The neighborhood (at least from the perspective of those involved with the community center) appears to have come a long way from being identified as an area with health and social welfare concerns in the mid-1960s to being a strong-knit neighborhood of people focused on positive child growth and development,
safety, and re-growth. The results of this study could help residents in the broader neighborhood recognize these positive changes, and engage in working toward broader neighborhood re-growth.

The study participants emphasized the importance of the child and important adults and peers to the child’s positive growth. Successful children are seen as motivated, perseverant, and able to ask for help and support. Adults in the children’s lives provide structure, guidance, support, and warm attachment. Service providers must communicate and work together to provide structure and consistency to children, and to help teach them important values, skills, and lessons. Collaboration among caretakers and providers is considered vital. Various organizations and settings within the neighborhood instill consistent skills, values, and messages to youth, so that providers can monitor and protect children from harm. It is considered important for caretakers and providers to recognize children’s needs and encourage them to reach their goals.

Participant responses described the vital role and need for the community center in the neighborhood. Adults in the neighborhood appear very satisfied with the services provided by the center. A majority of children could not think of any improvements needed to the center. The results of this study will be available to the center to use in future governmental, corporate and community grants requests and other public and private funding endeavors.

Further, residents expressed feeling that people outside of the neighborhood might not recognize the growth and positive changes in the neighborhood. Sharing the study results with the community through a public relations effort of the center’s choice (e.g. press release, letter to the editor and/or elected officials, outreach to local
businesses) can help to bridge the gap between the neighborhood and the larger city. By focusing attention on how much this neighborhood has improved and how well some of the children are functioning, the center can foster public interest in this neighborhood’s resurgence.

In addition, results from children's interviews can be used by the center to direct programming. As an example, the community center director discussed with the primary researcher the study’s finding that the majority of children, when asked what health was, only described physical health. Since many of the children may not have yet been introduced to the idea of other forms of health, staff at the center are now planning to start discussions and other work to educate children on social, mental, and emotional health. Our study also showed that children did not tend to discuss race and ethnicity. It may be that the children were not cognizant of racial issues, did not understand the questions, or were still at an early stage of their racial identity development. Previous researchers have found that emphasis of cultural heritage and pride (Hughes et al., 2009) and effective coping with cultural and societal identification (Ungar et al., 2007) were associated with positive youth outcome, whereas perceived discrimination (Prelow et al., 2004) was associated with poor outcome. Therefore, racial issues can serve as protective or risk factors in youth. The community center may want to continue emphasizing cultural history and pride (Hughes et al., 2009) to help children maintain positive cultural socialization (Hughes et al., 2009) during their cultural identity development.

While many children discussed similar interests, strengths, and protective factors, each youth had a unique life story to tell. Each child had experienced different risks, and each child possessed personal strengths and protective factors. The center may wish to
help encourage children to identify and utilize their specific strengths as they continue to work toward enrichment and positive growth.

Perseverance was one of the most-often identified protective factors by resilient youth in this study. Other important and often-mentioned factors were involvement in activities and academic success. Center programs should, therefore, continue to encourage children to be involved, to keep trying, and to work hard in school. Family members are influential in resilient children's lives; therefore, programs can also focus on identifying role models and positive traits and behaviors in the children's lives. Further, children's statements about the importance of family contributes to the idea that staff should continue to encourage parents to be aware of and involved in their children's lives. One parent suggested that study findings be shared with families through printed material, so that families are informed of what is helpful to child success. Plans are being made to develop an informational brochure for families to help continue collaboration and consistency among providers and caregivers. Further, results indicate the importance of continued communication between the community center and parents, in the form of family check-ins about behaviors at the center, and center staff check-ins about the child’s behavior outside of the center. Parental involvement and awareness are important to child success. Parent outreach from the center will be important in generalizing child success to other families where children may not be functioning as well as were the children in this study. These families can be encouraged to become involved with their children’s day-to-day activities, and to recognize the fact that they serve as examples for their children. The inclusion of the children’s family members may have positive influences on child development and competence. Finally, the center may continue to
utilize or increase the number of family activities it offers for families and children to interact positively with one another, increase their bond, and share enriching experiences.

In addition to individual and family factors, many children discussed the importance of doing well in school. School is a setting that children take part in on an almost daily basis, and therefore, is a prime area for proximal processes (i.e., direct interactions that children take part in over time that result in change). It may be helpful to keep school personnel informed and aware of factors that contribute to youth competence. Again, based on a parent suggestion, an information pamphlet may be developed based upon participant recommendations, so that school staff remain informed about the views of the neighborhood children. Children in the study valued school and academic success: informed school staff can assist children in reaching their academic potentials.

**Research Implications**

The current study relied on neighborhood resident-defined constructs of resilience for that neighborhood’s youth. The study emphasized contextualization and outcomes defined by specific cultures that quantitative methods and/or standardized instruments might miss (Ungar, 2006; Ungar, 2005). Reliance on quantitative methods might have imposed researcher or dominant societal values on the neighborhood and may have resulted in missing data important to success for these particular youth. Further, the use of standardized instruments may have resulted in a lack of identifying specific strengths and may have even resulted in a failure to categorize these youth as resilient. The current study illustrates the importance of taking into account the views and values of neighborhood members, and utilizing participant constructions of the topics of interest.
While many risk and protective factors in this study were similar to those found by other researchers, many factors were also unique to this particular neighborhood.

While the current study identifies specific variables related to resilience in this group of youth (see Luthar and Zelazo (2003)), more research is needed to determine the nature of the relationships among variables (Harvey & Delfabbrio, 2004). Future researchers should examine the strength of relationships among specific variables, and examine the particular influences of specific factors. Structural equation modeling may provide the methodological next step to examine relationships among variables. Additionally, the ecological model lends itself to longitudinal research, and it would be informative to examine how resilience may manifest in this cohort as they mature and develop. For example, Masten et al. (1995) found stability in competence factors of academic achievement, conduct behaviors, and peer social competence, but also found additional adolescent competence dimensions of job and romantic competence. Longitudinal research may examine how competence, risk, and protective factors change or remain stable over time.

Another trend suggested by the study results is the difference in perspective between children and adults in the neighborhood. Children tended to focus on individual and microsystemic factors, while adults tended to discuss macrosystemic and exosystemic factors. This makes sense developmentally, for as youth mature, they begin to develop the ability to shift from concrete to abstract thoughts and to consider alternatives (O'Connor, 2000). In addition, the focus group process may have elicited more discussion of collaboration as opposed to individual factors. Future researchers
may wish to further examine differences in adult and child perspectives on resilience, and possible implications of these differing views.

**Summary and Conclusions**

The current study utilized focus groups, interviews, and rating scales to create a neighborhood-specific ecosystemic model of resilience in youth. This study helped bridge the gap between science and practice by creating a local understanding of broader resilience concepts within a specific neighborhood. Results, therefore, reflected both common factors of resilience, as well as factors specific to residents in this neighborhood. Study results offered practical implications for neighborhood members, in that they are already beginning to be used to implement programs, and will be used to apply for grants and change behaviors to improve child and neighborhood functioning. The process of the study allowed members to discuss personal and neighborhood strengths, and the sharing of results illustrated to neighborhood members the progress and assets of both the neighborhood and its residents. In this way, the study allowed for the recognition of progress, and will help add to continued progress, change, and empowerment in the neighborhood and its children.
References


of Mental Measurements.


Hughes, D., Witherspoon, D., Rivas-Drake, D., & West-Bey, N. (2009). Received ethnic-racial socialization messages and youths' academic and behavioral outcomes:


and unfavorable environments: Lessons from research on successful children.


Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W.M., Armstrong, M., &


Developmental Teaching: Fostering Social-Emotional Competence in Troubled
Children and Youth (3rd ed). Austin, TX: Pro-Ed.

risk and asset factors on fighting among African American children and
adolescents. Adolescence, 41(162), 251-262.
Appendix A. Proposed Model of Resilience

Macrosystemic Risk & Protective Factors

Exosystemic Risk & Protective Factors

Microsystemic Risk & Protective Factors

Individual Risk & Protective Factors

Chronosystem risk & protective factors – Including Adversity

Competence
- Academic
- Behavioral
- Social
- Psychological/ Other

NOTE: Model also includes Mesosystemic influences which are interactions of risk and protective factors within and between levels
Appendix B. Recruitment Flyer

Are you interested in helping determine how children in your community overcome obstacles and succeed?

Are you interested in being heard and helping your community?

If so, please sign up in the Main Office to participate in a short discussion group!

Groups will meet for 45-60 minutes on _______ or ______, and Refreshments will be served and child care provided.

Hello, my name is Heather Wood. I am interested in studying ways that youth succeed despite obstacles in life. I am looking for 10-15 adults who are willing to take part in a 45-60 minute focus group. The focus group will involve a discussion about your community -- risks that children face, things that help children succeed, and what success looks like in children in your community. The information we come up with through our discussion will be used to help define resilience for your community, and what helps youth be successful. If you are willing to participate, please sign up in the main office, or call Heather Wood at 765-285-8040 and leave a number where you can be reached. Thank you.
Appendix C. Proposed Methods

PHASE ONE

<table>
<thead>
<tr>
<th>Stages</th>
<th>Procedures</th>
<th>Groups Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Contact</strong></td>
<td>-Gain commitment for center involvement</td>
<td>Primary Researcher</td>
</tr>
<tr>
<td>-Meet with Executive Director: Introduce study ideas</td>
<td>-Begin to gather ideas about community experts to talk with</td>
<td></td>
</tr>
</tbody>
</table>

| Contextualize the Study     | -Send an introductory letter to the Board of Directors                       | Primary Researcher            |
| -Ask Community Experts (long-term staff and volunteers at Center): How should we study resilience in your community? | -Attend Community Council Meeting and Board of Directors meeting to learn information and make connections in community |                               |
|                             | -Begin to negotiate access to community members.                             |                               |
|                             | -Attend center activities (brown bags, meetings, etc) to introduce study and gather participants for focus groups |                               |
|                             | -Set up meetings for focus groups gathered through verbal and written advertisements |                               |

-As access is gained to participants, discuss logistical, methodological, and ethical challenges with Doctoral Committee and Community Experts
-Search for local solutions to make the research fit well with the culture and context in which it is to take place (i.e. location of meetings, etc)

<table>
<thead>
<tr>
<th>Assemble Focus Groups</th>
<th>Understand Context</th>
<th>Focus Groups/Primary Researcher (serving as facilitator)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Consultation/Understanding Context:</strong> Ask focus groups to discuss:</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>- What are the most significant challenges faced by youth in your community?</td>
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<tr>
<td>- How would you know if a youth was successful/competent?</td>
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<tr>
<td>- How do youth who overcome adversity and succeed act/feel/think/relate to others?</td>
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<tr>
<td>- What are the most common factors that help children cope with adversities they face?</td>
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<td></td>
</tr>
<tr>
<td>- What do members think helps children overcome adversity?</td>
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</tbody>
</table>

Continue to consult with Doctoral Committee and Board of Directors/community experts.

<table>
<thead>
<tr>
<th>Data Analysis: Use grounded theory to code and analyze transcriptions</th>
<th>Assemble research team of BSU Counseling students (2-3)</th>
<th>-Research Team (BSU)/Primary Researcher</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Major themes: resilience -- adversity, protective factors, competencies</td>
<td>-Train in coding</td>
<td>-Doctoral Committee</td>
</tr>
<tr>
<td>- Create community profile of resilience</td>
<td>-Code transcripts and compare ratings to develop themes</td>
<td></td>
</tr>
<tr>
<td>- Consult with Doctoral Committee, research</td>
<td>-Consult with Doctoral Committee, research</td>
<td></td>
</tr>
</tbody>
</table>
team, and community experts on what measures to use with resilient youth.

- Select measures and design semi-structured interview*

Consultation/Nomination of Resilient Youth

- Consult with Board and community members.
- Have staff and Board nominate youth who demonstrate the community's definition of resilience.

<table>
<thead>
<tr>
<th>Consultation/Nomination of Resilient Youth</th>
<th>-Consult with Board and community members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Discuss with Community Experts (and focus group members) -- how the profile and potential measures chosen may apply to the youth in the community</td>
<td>-Have staff and Board nominate youth who demonstrate the community's definition of resilience.</td>
</tr>
<tr>
<td>- Report to Board of Directors</td>
<td>-Primary researcher/Board/others</td>
</tr>
<tr>
<td>- Have members and staff nominate resilient youth based on the resilience profile.</td>
<td></td>
</tr>
<tr>
<td>- Consult with Experts: How do we engage participants? Where, when, and how should data be collected? What practical challenges exist and how can we overcome them? What will be returned to the participants and community and how can we make it happen?</td>
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</tr>
</tbody>
</table>
Dear Board of Directors:

Hello. My name is Heather Wood. I am a third year doctoral student in the Counseling Psychology Program at Ball State University. I have been meeting with the Executive Director to discuss my dissertation project, and wanted to introduce you to the study. I am specializing in working with children and adolescents, and am interested in doing strengths work and helping them succeed within their communities. My dissertation project stemmed from this interest in resilience, or the demonstration of competence despite adversity. My review of the literature on resilience showed that much of the work out there tends to focus on identifying broad factors that may relate to resilience, but does not often deal with the actual application of these factors. Therefore, I hope to work with your community of neighborhoods served by the community center. I would like to speak with people and to determine together what risks, resources, and strengths exist in your community. The results of the study will then be able to be used to inform trainings, program development, and grant writing for the community center.

My study will consist of two phases. During the first phase, I will form two focus groups of adults from the center. These adults will be recruited at brown bags and other events at
the center. The focus groups will discuss what stressors and resources exist in the community, and will create a working definition of competence. They will determine what behaviors are shown by youth who are succeeding. This definition will then be used as criteria for nominations of resilient youth. Staff members at the center will be asked to nominate youth who demonstrate resilience. The second phase of the study will consist of individual interviews with the children to determine what personal, familial, and community factors help contribute to their resilience. All of these results will then be discussed with people at the center, and steps will be taken to utilize the findings to make improvements at the center.

In terms of logistics, I will be submitting my proposal to my university's Institutional Review Board before I conduct the focus groups, and again before I meet with individual children. I will be facilitating the group discussions and conducting the interviews, although another student may participate in the focus group to help take notes. All of the focus groups and individual meetings will be audio taped, so that I can transcribe the meetings and myself and my team can analyze the discussions for dominant themes. Participation by all people will be voluntary, and they will all be able to give informed consent and to withdraw at any time.

Thank you for your time. I look forward to working with you and others at your center. I have attached a proposed flow chart of the study for further clarification. If you have any further questions or concerns, please feel free to email me at hawood@bsu.edu or to call 765-285-8040 and leave a message for me.

Thank you again. I look forward to this opportunity to work with the community center.
Sincerely,

Heather Wood, MA
Doctoral Candidate
Appendix E: Consent Form for Phase One

**Study Title**  Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

**Study Purpose and Rationale**

The purpose of this phase of the study is to come up with a definition of resilience for youth in your community. The information that we get from the focus groups will be used to create a local definition of resilience, and then we plan to talk with youth who are nominated as being people who exhibit this resilience. We plan to use the final information to provide feedback to the community center about what helps youth succeed. We hope that this may help influence programs, trainings, and other activities related to your community center.

**Inclusion/Exclusion Criteria**

To be eligible to participate in this study, you must be 18 years or older, and must be a resident in the community served by the community center.

**Participation Procedures and Duration**

For this project, you will be asked to participate in one focus group, where four to eight people will meet along with myself and a colleague from my program, to discuss the challenges, resources, and successes of youth in your community. The focus group meeting should take about 30 to 60 minutes. The focus group meeting should take about 30 to 60 minutes. During the focus group, you will be asked to talk about your views of risks, successes, and other factors in your community. You do not have to answer every question or engage in all parts of the conversation. You may also leave the group at any time without penalty.
Audio or Video Tapes

For purposes of accuracy, and with your permission, the focus groups will be audio taped. Any names will be changed to pseudonyms when the tapes are transcribed. The audio tapes will be stored in a locked filing cabinet by the researcher for three years and then will be erased.

In addition, notes will be taken by the researcher's colleague for accuracy purposes. Your names will not be recorded.

Data Confidentiality or Anonymity

All data will be maintained as confidential and no identifying information such as names will appear in the presentation of the data.

Storage of the Data

Paper data will be stored in a locked filing cabinet for three years and will then be destroyed by the primary researcher. The data will also be entered into a software program and stored on the researcher's password-protected computer for three years and then deleted. Only members of the research team will have access to the data.

Risks or Discomforts

The only anticipated risk from participating in this study is that you may not feel comfortable answering some of the questions or discussing some of the topics. You may choose not to answer any question or discuss any topic that makes you uncomfortable, and you may quit or leave the study at any time.
Who to Contact Should You Experience Any Negative Effects from Participating in the Study

If you experience any uncomfortable feelings, or feel depressed or anxious after the focus group, you may contact the Ball State University Counseling Practicum at 765-285-8047 to set up an intake (services are $10 or less a session) or Meridian Services at 765-288-1928 (services are offered on a sliding scale).

Benefits

Benefits that you may get from participating in this study include the chance to give back to the community center. You will also get to help your community members by identifying what success looks like in youth, and ways that children can succeed. Personally, you may learn more about these topics by discussing them with others, and may feel more of a connection with members of your community. You will also be able to receive feedback from the study by attending a feedback meeting and/or reading the results pamphlet that will be available at the Community Center after the project is completed.

Voluntary Participation

Your participation in this study is completely voluntary and you are free to withdraw your permission at any time for any reason without penalty or prejudice from the investigator. You may also choose to participate in answering certain questions or discussing certain topics, but may choose to abstain from discussing other areas. Any participation from you is appreciated. Please feel free to ask any questions of the investigator before signing this form and at any time during this study.
Resilience and Protective

**IRB Contact Information**

For one's rights as a research participant, you may contact the following: Research Compliance, Sponsored Programs Office, Ball State University, Muncie, IN 47306, (765) 285-5070, irb@bsu.edu.
**Study Title:** Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

*************

**Consent**

I, ____________________________, agree to participate in this research project entitled "Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach." I have had the study explained to me and my questions have been answered to my satisfaction. I have read the description of the project and give my consent to participate. I understand that I will receive a copy of this informed consent form to keep for future reference.

To the best of my knowledge, I meet the inclusion/exclusion criteria for participation (described on the previous page) in this study.

____________________________________________  ______________________
Participant's Signature                  Date

**Researcher Contact Information**

<table>
<thead>
<tr>
<th>Primary Researcher</th>
<th>Faculty Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather Wood, M.A.</td>
<td>Theresa Kruczek, PhD</td>
</tr>
<tr>
<td>Counseling Psychology</td>
<td>Counseling Psychology</td>
</tr>
<tr>
<td>Ball State University</td>
<td>Ball State University</td>
</tr>
<tr>
<td>Muncie, IN 47306</td>
<td>Muncie, IN 47306</td>
</tr>
<tr>
<td>Telephone: (765) 285-8040</td>
<td>Telephone: (765) 285-8040</td>
</tr>
<tr>
<td>Email: <a href="mailto:hawood@bsu.edu">hawood@bsu.edu</a></td>
<td>Email: <a href="mailto:tkruczek@bsu.edu">tkruczek@bsu.edu</a></td>
</tr>
</tbody>
</table>
Appendix F: Focus Group Confidentiality Statement

Thank you for coming today. As you know, you are being asked to participate in a study about resilience in youth in your community. I am hoping that during this phase of the study, we can talk about what risks and resources exist in your neighborhoods, and come up with a definition of what resilience or success looks like in youth. I will be running two focus groups, and will transcribe the discussions and, with a team, analyze the information to come up with themes for resilience. This information will be used in the next part of the study to set a criteria where people will nominate youth who are resilient.

You do not have to answer every question or discuss every topic, and are free to stop participation at any time. Your consent form with your signature will be kept separate from all other information from the study, and your name or identifying information will not be used in any of the results or reports. I will be audio recording the focus groups so I can write down what we talked about, but I can turn the machine off if you have a question or feel uncomfortable. Do you have any questions or concerns at this time?

Please feel free to ask any questions at any time today. Thanks again for your participation.
Appendix G: Confidentiality Request for Group Members

While we may use general information from this focus group, the personal views and stories of each person will remain confidential -- that is, we will not identify the name of the participant or link them with information that may identify them to others. We ask that you do the same. It is fine to discuss ideas that were mentioned in group, but please respect your group members and do not share any of their personal information with others.

*While we are asking members to agree to keep information confidential, we as researchers cannot guarantee that group members will not share your information with others. We are asking for your signature that you will not share other's personal information.

Please sign below to indicate that you have read this statement and will keep group members' personal information confidential.

**Consent**

I, ______________________________, agree to keep the information confidential and to not share the names or personal stories that may be discussed during group. I have had this confidentiality request explained to me and my questions have been answered to my satisfaction. I have read the description and agree to keep others' personal information confidential. I understand that I will receive a copy of this form to keep for future reference.

_____________________________  ____________
Name                        Date
Appendix H: Focus Group Script

*Can we please go around the table and introduce ourselves? We can just say our first names or talk about why we are here today.*

I would like to review some guidelines, and then we can get started. Does anyone have an objection to me starting the recorder now?

Ok, so we already talked about confidentiality, both that I will not share your name or identifying information, and that we ask members not to share other people's personal information with others. While we are asking people to keep information confidential, we cannot guarantee that people in the group will keep things confidential.

Feel free to discuss certain topics but refrain from talking about things you may feel uncomfortable discussing. Please respect each other's ideas and opinions. Finally, if you could try to wait until the person who is speaking finishes before you talk, that would be really helpful with the recording and transcribing.

Does anyone have other ideas or things they would like to discuss before we start? Ok, so to begin, perhaps we can talk about your community in general -- what does the community that uses the community center look like?

What are the most significant challenges faced by youth in your community?

How would you know if a youth was successful/competent?

How do youth who overcome adversity and succeed act/feel/think/relate to others?

What are the most common factors that help children cope with adversities they face?

What do you think helps children overcome adversity?
Appendix I: Phase One Research Training

RESEARCH TEAM TRAINING -- GROUNDED THEORY CODING

Strauss and Corbin (1998)

Grounded theory = "theory that was derived from data, systematically gather and analyzed through the research process" (p.12)

The analysis itself is both science an art, an "interplay between researchers and data" (p.13)

Qualities needed in a Grounded Theory theorist -- be able to step back from the data, recognize personal biases, demonstrate abstract thinking, flexibility, and openness to constructive criticism, and show sensitivity to the words of the participants

What are we doing?

organize the data by its properties and dimensions, then use those descriptions to come up with concepts

Use experience to stimulate our thought process and use multiple perspectives, think "what is going on here?" "does what I think I see fit the reality of the data"

Essential Parts of the Process

-make comparisons and ask questions

-compare what we think we see to what the data says at the property and dimensional levels

-pay attention not to your ideas, but how the participants think, feel, act, etc.

TOOLS

1-Microanalysis -- done at start of analysis to discover categories (their properties and dimensions) and uncover relationships; or done later on if you have new information that is confusing or if you want a fresh look at the data

-is focused, we are to consider the range of what is possible, and look at multiple perspectives instead of getting caught up in one idea

-look at specifics, listen to what and how, ask lots of ?s

-the data is important, not specifics of a person

-can do line-by-line which goes beyond just describing to look at conceptual modes of analysis
-Don’t code every word in the data -- scan the data and look for interesting or relevant phrases, when a paragraph or segment stands out, you then might do a line-by-line analysis on a line or parts of statement

2-Questions

1-Sensitizing -- tune us in on what is happening. Examples include: what issues, problems, concerns are going on here? Who is involved? How do they define the situation? What is its meaning to them? Are their definitions similar or different?

2-Theoretical -- help us see process, differences in data, and to make connections. Examples include: What is the relationship of one concept to another? What would happen if...? What are the larger issues here?

3-Practical and Structural -- provide direction for further sampling and help develop the structure of our theories. Examples include: What concepts are well developed and which are not? Are our theories logical? What are the breaks in logic?

4-Guiding. These will change over time, and are based on theory and specific to our project.

3-Comparisons

-make incidental comparisons, and theoretical comparisons -- property and dimension levels

Tools -- questions (who, what, when, where, why, how); analyze word, phrase, or sentence; flip-flop technique (if we are trying to understand what “easy access” is/means, we ask what the opposite means, then return to what easy access means); systematic comparison (compare incident in the data to one in the literature or one we have experienced -- look at the properties of the concept in different conditions); wave the red flag (be aware of biases)

STEPS IN THE CODING PROCESS

1-Open Coding -- create categories (phenomenon, conditions, actions, consequences)

-opens up the test to show meanings, ideas, etc.

-we break the data into parts, examine the parts, compare them, and group the same ideas under categories

-conceptualizing = classifying data

-the conceptual name or label we choose should be suggested by the context of the data

-code for explanations and understanding
Steps

1. Name/label conceptualization

2. Microanalysis and memos to decide on labels

3. Discover -- group concepts into categories
   - Categories should answer the question "What is going on here?". They are more abstract and explanatory than other labels.
   - Names should come from the data, literature, or statements thought of while analyzing the data.

4. Develop the categories in terms of its specific properties and dimensions. Specify the categories by defining its characteristics, and specify how the properties vary in dimensional ranges (properties = attributes; dimensions = location of property along a range)
   - this helps us form patterns (these form when groups of properties align along the dimension)

**Subcategories -- develop as we continue to analyze the data. These subcategories also have properties and dimensions.

Different Ways to do Open Coding

1. (Microanalysis) line-by-line analysis. Phrase-by-phrase analysis. Word-by-word. These techniques are important to use at the start of analysis.

2. Analyzing whole sentence/paragraph. "What is the major idea of it?", then look at it in more detail. These techniques are helpful if we have categories and we want to code information in relation to them.

3. Look at entire document.

-Memos --> first thoughts and ideas, impressions, thoughts, directions

2-Axial Coding -- reassembles the data; relates categories to subcategories; form more detailed explanations of phenomenon

*(not necessarily sequential)*

- relate categories to the subcategories along lines of properties and dimensions
- subcategories answer questions about the phenomenon
- link categories at conceptual level
- 2 levels of analysis -- actual words, our conceptualizations
"Why, how come, where, when, how, with what results?"
- these answers help relate structure (why/sets the stage) and process (how/shows
the interaction over time)

Paradigm -- "what's going on?" -- repeated patterns/events
- conditions may be macro or micro level

Saturation of category -- no new information emerges during coding
Memos --> often reflect developing concepts and relating categories

3-Selective Coding -- integrate and refine categories
- categories should be relevant to all participants in the study (details under the categories
and subcategories bring out the differences and variations in the phenomenon)
- if we want to build theories, we should interrelate ideas

Constructed = reduce data and set up relational statements to explain what is going on

1-Discover the Central Category or Main Theme (1-all major categories must be related
to it; 2-must be frequently in the data; 3-logical and consistent; 4-should be an abstract
name; 5-the theory should grow in explanatory power as go through analysis; 6-can
explain variation in phenomenon)

How to Integrate

1-write a storyline about what is going on (reread data to get sense of it)
2-move from description to conceptualization (name central category and relate
other concepts to it)
3-use diagrams
4-review and sort through memos

How to Refine the Theory "review scheme for internal consistency and for gaps in logic,
filling in poorly developed categories and trimming excess ones, and validating the
scheme"

1-scheme -- should logically flow and not have logical gaps (start with central
category)
2-fill in poorly developed categories -- by reviewing memos and raw data
- stop questioning when you have shown the range of variability -- Theoretical
Saturation helps decide when to stop gathering data
3-trim theory
4-validate theoretical scheme -- how well does the theory fit the data --
comparative analysis or talk with respondents

Memos -- help work with concepts rather than raw data, help analyst reflect on analysis;
help with analytic ideas to review and sort

-write date and reference to the data, contain headings or reference to what is talking
about,

Henwood and Pidgeon (2003)

Phases -- Are both linear and iterative, may cycle

1-Open Coding (substantive coding)-- get detail, differences, complexity of basic
material, goal is to make an "indexing system" that we can use to compare or identify raw
data

2a-Constant comparison of data cases and categories for conceptual similarities and
differences

2b-sample new data and cases on theoretical grounds as we continue data analysis

3a-Axial Coding (More focused coding, theoretical coding) -- perform more focused
coding of selected core categories

These move towards Selective Coding...

3b-Continue to code, compare, and sample theoretical areas until there are no new
insights (theoretical saturation)

4-Conduct other exercises to move the analysis to theoretical issues, such as building
models, etc.
Appendix J: Phase Two Board Letter

Heather Wood
Ball State University
Teachers College, 6th Floor
Muncie, Indiana 47306

September 5, 2010

Dear Board of Directors:

Hello again. My name is Heather Wood. I have been meeting with the executive director and director, to work on my dissertation project, and I wanted to update you on the study. Last semester, my research team ran two focus groups with adults whose children participate in services at the Community Center. We talked about what risks and protective factors exist in the community that may influence a child's ability to succeed and demonstrate competence. They also talked about what characteristics and behaviors successful children show. They were very helpful in defining resilience for your community. Right now, I am finalizing the write-up of those results, and hope to share them with you soon.

I am preparing the second phase of my study for approval by BSU’s Institutional Review Board. For this phase, we will be asking Mr. Trammell and others to nominate children who fit this definition of resilience. Members of my research team will then conduct individual interviews with these children to find out what exactly has been helpful in promoting success. We will also ask families and community center staff, and the children, to fill out some rating forms so we can obtain more information about what success looks like in your children.
We will be conducting this phase through the fall, winter, and early spring, and hope to have results to report to you in late spring. We are hoping that this information may be useful to the Community Center. It may help inform staff trainings, or be of help in program development or grant writing. Any feedback from you of how this information may be useful is appreciated.

In terms of logistics, all participation will be voluntary. The study will be explained to children and their guardians, and both will have to agree before the study moves forward. Participants will give informed consent and will be able to withdraw at any time. All information will be kept confidential, and the results shared with the community will mostly consist of group information.

Thank you for your time. I look forward to continuing this work with you and others at your center. If you have any further questions or concerns, please feel free to email me at hawood@bsu.edu or to call 765-285-8040 and leave a message for me, or my doctoral chair, Dr. Theresa Kruczek.

Thank you again. I look forward to this opportunity to work with the Community Center.

Sincerely,

Heather Wood, MA
Doctoral Candidate
Appendix K: Nomination Form

Form for Making Nominations

We have come up with a local definition for resilience based upon the focus group meetings during Phase One of the study.

A child is resilient if they demonstrate competence despite having experienced risk.

Risks identified in your community may include:
- lack of resources in the community
- sociocultural issues (such as the encouragement of instant gratification; issues of race; problems associated with living in an urban environment)
- negative peer influences
- violence
- large class sizes in schools
- lack of supportive home life/parental guidance
- biological/physical/psychological problems

Competence in children in your community was defined as a child with:
- good academic performance (good grades, on track to graduate high school and/or go to college);
- good interpersonal performance and respect for others (someone who gets along with others, shares, takes turns, is mindful of authority, is respectful to others and elderly people, and is polite);
- good behavior (does not talk back, is mindful, is helpful);
- good self-concept (who has good psychological well-being, who is smiling, happy, peaceful, despite bad things that may be happening);
- good adaptive skills (self-care, communication, etc);
- a spiritual root;
- internal motivation – is inquisitive, curious, wants to do things, wants to help others, is responsible)
Please nominate 20 or more children at the Community Center in Grades 3-5 who you think demonstrate resilience according to this definition. For each of the children, please complete their row in the following way: write the child’s name under name; under Risk? write “Yes” if they have experienced any of the risks that may interfere with success that are listed in the Nomination Form, and “No” if they have not; under Competence? write “Yes” if they meet the definition of Competence in the Nomination Form, and “No” If they do not. Finally, please think about the child, and according to the definition of resilience on the Nomination Form, think about how well the child demonstrates resilience. For example, do they meet 90% of the definition? 50% of the definition? Please assign each child a number between 1-100, using 5-point increments (i.e. 40, 45, 50…) to represent how well they demonstrate resilience.

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<th>Competence?</th>
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Appendix L: Recruitment Script

Statements for Recruitment by Community Center Staff and Research Team Members

Statement for staff to say: "There are some students here from Ball State University’s Department of Counseling Psychology who are doing a study on what helps children be successful, and they would like to learn from you and your child what helps them succeed. Would you mind talking with them a few minutes to learn more about the project?"

Statement for the research member to say:

"Thank you for meeting with me. I'm ________ . I'm on a research team from Ball State University’s Department of Counseling Psychology. We are trying to learn about what things help children succeed, and what success looks like in children. The Community Center staff nominated your child as someone who is successful despite challenges in life. Last summer we met with adults in the community to discuss risks, helpful factors, and success, and now we are following up with successful resilient children and their families. The results will be used for a BSU student's dissertation, but will also go back to the Community Center to help with programming and other activities. Would you be willing to talk and learn more about how you can help us with the study?"

If No: "Thank you for your time. Could you tell me why you aren't interested? ________
Thanks"

If Yes, but not today: "Ok, great. Could we schedule another day to talk, perhaps when you come to pick your child up from the program? Would it be okay if I called to remind you of our meeting?"

If Yes: The study is about resilience in youth. Your child has been nominated as being successful despite risks in the community or other aspects of life. For this phase of the
study, we would like to interview your child using a semi-structured interview (SHOW COPY OF THE INTERVIEW QUESTIONS) to find out what things help them succeed.

- We will also ask your child to fill out a short questionnaire that asks about self-concept - how do they feel about themselves and their performance in different areas? Your child can be interviewed and fill out forms during the afterschool program so we don’t disrupt your time. Your child’s interview should take about 20-40 minutes, and filling out forms should take an additional 20-40 minutes.

- We also would like you or another parent/guardian to fill out two forms. One is the Child Behavior Checklist, and it helps determine strengths and any areas of concern in terms of behavior, school, friendship, emotions, etc. The other form is the Social Skills Improvement System. This form helps us look at social skills, school performance, and possible problem behaviors. Your assistance will probably take about 25-40 minutes.

- Finally, we will be asking a staff member at the Community Center to fill out the same two forms you did.

- All of this information will help us see what successful children in your community look like -- how do they do in school, emotionally, socially, etc, and what things help them to do as well as they do.

- Benefits to you include the chance to receive feedback specific to your child from the rating scales that you fill out. We can talk with you on the phone or in person and review what strengths and problems you view your child as having. Your participation will also be helpful to the Community Center. Finally, as a thank you for participating, we would like your permission for your child to choose a small Thank You gift from a gift bag. We would like to give you a small token of our appreciation in a small monetary gift.

- Go over forms.
Appendix M: Informed Consent/Assent Form for Child Participation

**Study Title**  Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

**Study Purpose and Rationale**

The overall purpose of this study is to identify specific things that help make children in your community resilient and successful. During the last phase of the study, people in your community discussed challenges kids face and ways that we can tell if a kid will be successful. The purpose of this phase of the study is to talk with children who are doing well and are succeeding, to gather information from them and their caregivers about what makes them successful and what things have helped them succeed. This information will be used to provide feedback to the Community Center about what helps youth in the community succeed. We hope that this may help influence programs, trainings, and other activities related to your community center.

**Inclusion/Exclusion Criteria**

For your child eligible to participate in this study, he/she must be in 3rd, 4th, or 5th grade, must be a resident in the community served by the Community Center, and must be nominated by the Community Center staff members.

**Participation Procedures and Duration**

For this project, your child will be asked to participate in an individual interview with a member of the research team. The members of the research team doing interviews are in the Masters or Doctoral program in Counseling at Ball State University. Your child will be asked some questions about what helped him/her overcome challenges and to be successful, and what challenges and successes he/she has experienced. Your child may
also discuss other areas that the research team member may ask about relevant to his/her strength and resilience. The interview is expected to last about 20-40 minutes.

In addition to being interviewed, your child will be asked to fill out rating forms/questionnaires, the Social Skills Improvement System and the Piers Harris Self-Concept Scale. The Social Skills Rating System assesses social skills and problem areas. the Piers Harris Self Concept Scale assesses how your child views him/herself in multiple areas. The rating forms should take about 30-45 minutes for your child to complete.

We will use information from the interview and rating forms to get a comprehensive picture of areas where your child is doing well and what makes him/her strong and resilient, and any areas where he/she may have some problems. Your child's answers will never be used in a way that could identify him/her.

Your child does not have to answer every question or engage in all parts of the interview or rating forms. Your child is free to leave the study at any time without penalty.

**Audio or Video Tapes**

For purposes of accuracy, and with your permission, the interview with your child will be audio taped so that we can transcribe it. No names will be used when the tapes are transcribed; the transcription will state either “interviewer” or “child”. The audio tapes will be stored in a locked filing cabinet and will be destroyed after the interviews are transcribed.
Data Confidentiality or Anonymity

All data gathered from the interviews and rating forms will be kept confidential and no identifying information will be linked to the data. Furthermore, any presentation of the data gathered in this study will not reveal any identifying information.

Storage of the Data

Paper data, such as transcripts, the Social Skills Improvement System, and the Piers Harris Self-Concept Scale, along with scoring templates, will be stored in a locked filing cabinet for three years and will then be destroyed by the primary researcher. The data will also be entered into a software program and stored on the researcher's password-protected computer for three years and then deleted. Only members of the research team will have access to the data. The audiotapes will destroyed after their content has been transcribed.

Risks or Discomforts

There is no foreseeable risk for participation in this study. It is however, possible that your child may feel uncomfortable answering some of the questions or discussing some of the topics. Your child may choose not to answer any question or discuss any topic that makes him/her uncomfortable, and your child may quit or leave the study at any time.

Who to Contact Should Your Child Experience Any Negative Effects from Participating in the Study

If your child experiences any uncomfortable feelings, or feels depressed or anxious after the interview, you can contact the Ball State University Counseling Practicum Clinic at 765-285-8047 for counseling services (services are $10 or less a session) or Meridian Services at 765-288-1928 (services are offered on a sliding scale rate).
Benefits
There are no direct benefits of participating in this study. However, your child may experience some confidence in being given the opportunity to discuss things he/she does well and ways he/she has overcome obstacles. Further, he/she may feel empowered by the fact that the Community Center may use his/her input and advice on planning programs and trainings at the Center. Your child will also get to help your community members by identifying what success looks like in youth, and ways that children can succeed. Your family will also be able to receive feedback from the study by attending a feedback meeting, talking over the phone, and/or reading the results pamphlet that will be available at the Community Center after the project is completed.

Voluntary Participation
Your child’s participation in this study is completely voluntary and your child is free to withdraw at any time for any reason without penalty or prejudice from the investigator. Your child may also choose to participate in answering certain questions or discussing certain topics, but may choose to abstain from discussing other areas. Any participation from your child is appreciated. Please feel free to ask any questions of the investigator before signing this form and at any time during this study.

IRB Contact Information
For one's rights as a research participant, you may contact the following: Research Compliance, Sponsored Programs Office, Ball State University, Muncie, IN 47306, (765) 285-5070, irb@bsu.edu.
Study Title: Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

Legally Authorized Representative’s Consent

I, ______________________________, as this child’s parent/guardian give permission for my child to participate in this research project entitled "Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach." I have had the study explained to me and my questions have been answered to my satisfaction. I have read the description of the project and give my permission for my child to participate. I understand that I will receive a copy of this informed consent form to keep for future reference.

____________________________________________ ______________________
Parent/Guardian/Legally Authorized Representative’s Signature Date

Child Assent

The research project has been explained to me and I have had the opportunity to ask questions. I understand what I am being asked to do as a participant. I agree to participate in the research.

____________________________________________ ______________________
Child’s Signature Date

Researcher Contact Information
Primary Researcher Faculty Supervisor
Heather Wood, M.A. Theresa Kruczek, PhD
Counseling Psychology Counseling Psychology
Ball State University Ball State University
Muncie, IN 47306 Muncie, IN 47306
Telephone: (765) 285-8040 Telephone: (765) 285-8040
Email: hawood@bsu.edu Email: tkruczek@bsu.edu
Appendix N: Parent/Guardian Consent Form for Parent Rating Scales

**Study Title**  Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

**Study Purpose and Rationale**
The overall purpose of this study is to identify specific things that help make children in your community resilient and successful. During the last phase of the study, people in your community discussed challenges kids face and ways that we can tell if a kid will be successful. The purpose of this phase of the study is to talk with children who are doing well and are succeeding, to gather information from them and their caregivers about what makes them successful and what things have helped them succeed. This information will be used to provide feedback to the Community Center about what helps youth in the community succeed. We hope that this may help influence programs, trainings, and other activities related to your community center.

**Inclusion/Exclusion Criteria**
To be eligible to participate in this study, you must be a parent or guardian of a child participating in this phase of the research. (As stated in the Parental Consent/Child Assent Form, for your child eligible to participate in this study, he/she must be in 3rd, 4th, or 5th grade, must be a resident in the community served by the Community Center, and must be nominated by the Community Center staff members.)

**Participation Procedures and Duration**
For this project, you will be asked to fill out Parent Forms of the Child Behavior Checklist and Social Skills Improvement System, which assess child behaviors, academic
performance, and social performance. The rating forms should take about 20-40 minutes for you to complete.

We will use your information, along with your child's information, and information from staff at the Community Center, to get a fuller picture of areas where your child thrives and any areas where they may have some problems. Feedback from the measures you complete will be available to you. Your answers will never be used in a way that could identify your child.

You do not have to answer every question on the rating forms. You are free to leave the study at any time without penalty.

**Audio or Video Tapes**

The caregiver portion of this phase will not include any audio or video tapes.

**Data Confidentiality or Anonymity**

All data gathered from the rating forms will be kept confidential and no identifying information will be linked to the data. You will only be identified on the forms as a Caregiver, and your child will be identified by a number. Furthermore, any presentation of the data gathered in this study will only Not include any identifying information.

**Storage of the Data**

Paper data, which consists of the Social Skills Improvement System and Child Behavior Check List, along with scoring templates, will be stored in a locked filing cabinet for three years and will then be destroyed by the primary researcher. The data will also be entered into a software program and stored on the researcher's password-protected computer for three years and then deleted. Only members of the research team will have access to the data.
Risks or Discomforts

There is no foreseeable risk for participation in this study. It is, however, possible that you may feel uncomfortable answering some of the questions. You may choose not to answer any question that makes you uncomfortable, and you may quit or leave the study at any time.

Who to Contact Should Your Child Experience Any Negative Effects from Participating in the Study

If you experience any uncomfortable feelings, or feels depressed or anxious after the interview, you can contact the Ball State University Counseling Practicum Clinic at 765-285-8047 for counseling services (services are $10 or less a session) or Meridian Services at 765-288-1928 (services are offered on a sliding scale rate).

Benefits

There are no direct benefits of participating in this study. However, you may have a positive experience of thinking about your child’s strengths, and may gain more knowledge about areas where he/she succeeds or has some trouble. You may feel empowered by being able to give back to the Community Center by providing information to a study aimed to impact program planning and trainings at the center. Your family will also be able to receive feedback from the study by attending a feedback meeting, talking over the phone with a member of the research team, and/or reading the results pamphlet that will be available at the Community Center after the project is completed.
Voluntary Participation

Your participation in this study is completely voluntary and you are free to withdraw your permission at any time for any reason without penalty or prejudice from the investigator. You may also choose to participate in answering certain questions but abstain from areas answering other questions. Any participation from you is appreciated. Please feel free to ask any questions of the investigator before signing this form and at any time during this study.

IRB Contact Information

For one's rights as a research participant, you may contact the following: Research Compliance, Sponsored Programs Office, Ball State University, Muncie, IN 47306, (765) 285-5070, irb@bsu.edu.
**Study Title:** Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

***************

**Participant Consent**

I, __________________________, agree to participate in this research project entitled "Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach." I have had the study explained to me and my questions have been answered to my satisfaction. I have read the description of the project and give my consent to participate. I understand that I will receive a copy of this informed consent form to keep for future reference.

____________________________________________  __________________

Participant's Signature  Date

My appointment time to fill out the rating forms is at the Community Center on:

___________________________________.

I would/would not like a reminder phone call the day before my appointment.

Permission to leave a message on the answering machine? Y/N

**Researcher Contact Information**

**Primary Researcher**
Heather Wood, M.A.  Counseling Psychology
Ball State University  Muncie, IN 47306
Telephone: (765) 285-8040  Email: hawood@bsu.edu

**Faculty Supervisor**
Theresa Kruczek, PhD  Counseling Psychology
Ball State University  Muncie, IN 47306
Telephone: (765) 285-8040  Email: tkruczek@bsu.edu
Appendix O: Staff Consent Form for Teacher Rating Scales

**Study Title**  Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

**Study Purpose and Rationale**

The overall purpose of this study is to identify specific things that help make children in your community resilient and successful. During the last phase of the study, people in your community discussed challenges kids face and ways that we can tell if a kid will be successful. The purpose of this phase of the study is to talk with children who are doing well and are succeeding, to gather information from them and their caregivers about what makes them successful and what things have helped them succeed. This information will be used to provide feedback to the Community Center about what helps youth in the community succeed. We hope that this may help influence programs, trainings, and other activities related to your community center.

**Inclusion/Exclusion Criteria**

To be eligible to participate in this study, you must be a staff member at community center who has worked with a child participating in this phase of the research for at least the past 6 months.

**Participation Procedures and Duration**

For this project, you will be asked to fill out Teacher Forms of the Child Behavior Checklist and Social Skills Rating System, which assess child behaviors, academic performance, and social performance. The rating forms should take about 20-40 minutes for you to complete.
We will use your information, along with the child’s and their family’s information, to get a fuller picture of areas where each child thrives and any areas where he/she may have some problems. Your answers will never be used in the research in a way that could identify an individual child.

You do not have to answer every question. You are free to leave the study at any time without penalty.

**Audio or Video Tapes**

The staff portion of this phase will not include any audio or video tapes.

**Data Confidentiality or Anonymity**

All data gathered from the rating forms will be kept confidential and no identifying information will be linked to the data. You will only be identified as a Staff Member, and the child will be listed as a number on the forms. Furthermore, any presentation of the data gathered in this study will not use any identifying information.

**Storage of the Data**

Paper data, which consists of the Social Skills Improvement System and Child Behavior Check List (Teacher Rating Form), along with scoring templates, will be stored in a locked filing cabinet for three years and will then be destroyed by the primary researcher. The data will also be entered into a software program and stored on the researcher's password-protected computer for three years and then deleted. Only members of the research team will have access to the data.

**Risks or Discomforts**

There is no foreseeable risk for participation in this study. It is, however, possible that you may feel uncomfortable answering some of the questions. You may choose not to
answer any question that makes you uncomfortable, and you may quit or leave the study at any time.

Who to Contact Should Your Child Experience Any Negative Effects from Participating in the Study

If you experience any uncomfortable feelings, or feels depressed or anxious after the interview, you can contact the Ball State University Counseling Practicum Clinic at 765-285-8047 for counseling services (services are $10 or less a session) or Meridian Services at 765-288-1928 (services are offered on a sliding scale rate).

Benefits

There are no direct benefits of participating in this study. However, you may have a positive experience of thinking about the child’s strengths, and may gain more knowledge about areas where he/she succeeds or has some trouble. You may feel empowered by being able to give back to the Community Center by providing information to a study aimed to impact program planning and trainings at the center. You will also be able to receive feedback from the study by talking over the phone with a member of the research team, and/or reading the results pamphlet that will be available at the Community Center after the project is completed.

Voluntary Participation

Your participation in this study is completely voluntary and you are free to withdraw your permission at any time for any reason without penalty or prejudice from the investigator. You may also choose to participate in answering certain questions but may choose to abstain from areas answering other questions. Any participation from you is
appreciated. Please feel free to ask any questions of the investigator before signing this form and at any time during this study.

**IRB Contact Information**

For one's rights as a research participant, you may contact the following: Research Compliance, Sponsored Programs Office, Ball State University, Muncie, IN 47306, (765) 285-5070, irb@bsu.edu.
**Study Title:** Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach

*************

**Participant Consent**

I, ______________________________, agree to participate in this research project entitled "Resilience and Protective Factors in a Midwestern Community: A Participatory Action Approach." I have had the study explained to me and my questions have been answered to my satisfaction. I have read the description of the project and give my consent to participate. I understand that I will receive a copy of this informed consent form to keep for future reference.

____________________________________________  ________________
Participant's Signature  Date

**Researcher Contact Information**

Primary Researcher  Faculty Supervisor
Heather Wood, M.A.  Theresa Kruczek, PhD
Counseling Psychology  Counseling Psychology
Ball State University  Ball State University
Muncie, IN 47306  Muncie, IN 47306
Telephone: (765) 285-8040  Telephone: (765) 285-8040
Email: hawood@bsu.edu  Email: tkruczek@bsu.edu
Appendix P: Confidentiality Statement to Be Read Aloud Before Interviews

Hi, my name is ________. (Make introductions)

Thanks for coming today. I don’t know how much your parent told you about what we’re going to do today. (Find out what they know, and correct misconceptions if they exist). Well, today you and I are going to talk for a bit so I can learn some things about how you are successful. To be in this study, people who work at the Community Center told me the names of some kids who are successful and do well. Now my job is to talk with them and find out what they do to do well and succeed. I am going to ask you some questions, and then ask you to fill out some papers about yourself. Then we’re going to use all of the information we get to learn about how kids succeed, and to help other kids do well. Do you have any questions yet?

You don’t have to answer every question and you can say no and stop talking with me at any time. Please feel free to ask me any questions at any time today. I am also going to be audio taping us talking, so that people on my research team can write down the things we said and use that in our research.

I won’t use your name at all or any information that people could use to figure out who you are. Everything will be kept confidential. So, like, if you told me that your grandfather was someone who helped you, I wouldn’t write down “[participant’s name] said that his/her grandfather helped them”. I would say “one participant found their grandfather to be someone who was helpful”.

The papers that you fill out will not have your name on them. They will have a number that is the same as the number we have on our interview paper, so we can keep
your stuff today, but so that others don’t know who you are. Do you have any other questions or concerns?

Ok, well I thought that first we can do some talking, and then if we have time today you can fill out some rating forms. If we run out of time, you can fill those forms out another day. Does that sound ok?

*Proceed to Interview Questions.*
Appendix Q: Interview Demographic Form

Demographic Information

Participant Number ______

- How old are you? ______

- What grade are you in? ______

- How do you identify in terms of race/ethnicity? ______

- How long have you lived in the community? __________________________

- Do you go to a place of worship (i.e. church, synagogue, etc)? Yes/No/Not Know

  - If yes, how often do you go? ______

- Who lives in your house with you? ________________________________

  ________________________________

- Do you have parents or important family members who do not live with you? Y/N

  - If yes, do you ever get to see them? Y/N

    - If yes, how often? _________________________
Appendix R: Interview Questions

Demographic Info To Obtain

- How old are you?
- What grade are you in?
- How do you identify in terms of race/ethnicity?
- How long have you lived in the community?
- Do you go to a place of worship (i.e. church, synagogue, etc)?
  - If yes, how often do you go?
- Who lives in your house with you?
- Do you have parents or important family members who do not live with you?
  - If yes, do you ever get to see them?
  - If yes, how often?

QUESTIONS FOR INDIVIDUAL INTERVIEWS WITH CHILDREN

1. If you met someone new (like me) how would you describe yourself?/What is important for me to know about you?

2. If I were a kid growing up here, what advice would you give me on how to be successful?

3. Think about somebody you think has had a lot of challenges, but who is successful in your community. Can you tell me their story? What things do you think they do that have made them successful?

4. How would you describe someone who is successful? What do they act like, do, say, etc?

5. What have you done that has been successful?

6. Why do you think that you have been successful?
7. What kinds of things make it hard for you to grow up and be successful in this community?/What things made it harder for you to be successful?

8. What kinds of things do you do when you face difficulties or struggles in your life?/Can you tell me about how you managed to overcome challenges or things that were hard (either at home or school or in your neighborhood)?

9. Did you have somebody to help you be successful and if you did, who was it?

10. Who are your role models (several or just a couple)?
   - What do you like about your role model(s)?
   - What do they do to help you?

11. What does being healthy mean to you and others in your family and community?

12. What do you, and others you know do, to keep yourself having healthy?
   - thoughts?
   - body?
   - feelings?
   - religious beliefs?

13. What helps you do well in school?

14. What helps you get along with others?

15. What helps you feel good about yourself? How do you keep feeling good about yourself when bad things happen?

16. When you did well and succeeded
   - Were you proud of yourself?
   - How did your parents react?

17. Who are the people in the media that influence you most? What about things on the internet?

18. How do you resist peer pressure?

19. What is it you like/What would you really want to do at the community center (other than basketball)?
Appendix S: Check Out Script To Read Aloud After Interviews

Check Out Script

Thank you so much for talking with me today. I really enjoyed learning about what helps you succeed. You really helped us with our project, which will hopefully help other kids succeed like you.

I want to make sure, do you have any questions about things we talked about? Is there anything about today’s talk that you are unhappy with or upset about?

Well thank you again. We wanted to thank all the kids who helped us out, so if you would like, you may pick a Thank You Gift from the gift bag.

If time allows…

Now that we’ve gotten to finish all that talking, would you like to take a short break or just get working on the rating forms? These forms will ask you some questions that will help us learn more about you. One is about how you think about yourself – if you feel like you do a good job at different things; and the other one will help us learn how you do at getting along with people, doing well at school, and doing things like following directions.

If time does not allow…

Thank you. Someone will stop back during afterschool program so you can fill out a few rating forms for us to help us learn more about how well you do at different things.
Appendix T: Information about Measures

**Child Behavior Checklist.** Current psychological health and adjustment will be assessed with the Child Behavior Checklist (CBCL). The Child Behavior Checklist is a 113-item behavioral measure used to assess both problems (internalizing and externalizing) and strengths (e.g. involvement in activities, friendships, etc.) of children ages 2-18 years old. There are multiple scales designed for children of different ages, and separate norms exist for males and females. Ratings are made on these scales by parents, teachers, direct observations, and at times, children themselves (Impara & Plake, 1998). According to the Thirteenth Mental Measurements Yearbook, the 4-18 year old version of this assessment consists of 15 scales, which include 8 syndrome scales, an Internalizing scale, an Externalizing scale, a Total problems scale, and 3 competence scales (Impara & Plake, 1998). Reliability alphas range from .72-.91 on the Parent Form, and .73-.94 on the Teacher Rating Form (Achenbach & Rescorla, 2001).

This form will be administered to: caregivers and community center staff members

**Piers Harris Children's Self-Concept Scale, 2nd Edition.** This rating scale consists of 60 items, assessing 6 subscales: physical appearance and attributes; intellectual and school status; happiness and satisfaction; freedom from anxiety; behavioral adjustment; and popularity; along with 2 validity scales. This measure is completed by the child, ages 7-18 years, and takes 10-15 minutes to complete (wpspublish.com). For 7-12 year olds, alpha coefficients range from .72-.92, with the Popularity subscale serving as an outlier in the 7-8 year old standardization sample, with an alpha of .60. The alpha coefficients for the Total Scale are as follows: .89 for 7-8 year olds; and .92 for both 9-10 year olds and 11-12 year olds (Piers & Herzberg, 2002).

This form will be administered to: youth.

**Social Skills Improvement System Rating Scales (SSIS).** These forms replaced the Social Skills Rating System (SSRS). The SSIS has four new subscales (communication, engagement, bullying, and autism spectrum), along with new and
revised items, national norms and standardization. (pearson.com). Like the SSRS, the SSIS consists of a student, parent, and teacher rating form of social skills (in all forms), problem behaviors (in the parent and teacher forms), and academic competence (teacher form) (Social Skills Rating System, 1995). The SSIS assesses the following areas: social skills (communication, cooperation, assertion, responsibility, empathy, engagement, and self-control); academic competence (reading achievement, math achievement, and motivation to learn); and problem behaviors (externalizing behaviors, bullying, hyperactivity/inattention, internalizing, autism spectrum) (pearson.com). Reliability coefficients for the Teacher Form for ages 5-12 years range from .74-.97, with a median scale reliability (for Social Skills, Problem Solving, and Academic Competence) of .96 for females and .97 for males, and a median subscale reliability of .88 for females and .90 for males. Reliability coefficients for the Parent Form for ages 5-12 years range from .73-.95, with a median scale reliability (for Social Skills and Problem Behaviors) of .94 for females and .95 for males, and median subscale reliabilities of .83 for females and .84 for males. Reliability coefficients for the Student Form for ages 8-12 years range from .70-.94, with a median scale reliability of .92 for females and .94 for males, and a median subscale reliability of .78 for both genders (Gresham & Elliott, 2008).

This form will be administered to: youth; caregivers; and community center staff members.
Appendix U: Child Rating Scales Script

Continue to establish rapport "Thank you again for helping us out today. Information from these forms we're going to do will help us learn about how you get along with others, how you behave, and how you think about yourself. We will use this along with information from your interview and the scales that your parent/guardian and staff fill out, to create profiles of how kids succeed and what success looks like."

------------------------------------------------------------------------------------------------------------

SSIS Administration

-can read the items aloud or explain words if child does not understand

- 1-The Social Skills Improvement System asks about your social skills and behaviors. It should take about 15 minutes to complete. Please answer every item on the form, even if you are not sure of how to answer a certain item. Just try your best. There are no right or wrong answers, only your opinions. Do you have any questions? Please let me know if you need help reading or understanding any of the items. Any questions before we begin?"

- 2-Skip Demographic Information about the Student

- 3-Explain how to Mark Responses --

  For Children
  "Please look at the front page of the booklet while I review the directions. For each item, please read the item and think about how true each statement is for you. If you think it is not true of you, circle N. If you think it is a little true, circle L. If you think it is a lot true, circle A. And if you think it is very true for you, circle V."
  "If you change your answer, please draw an X through your previous response, and circle your new answer."
  "Please try to complete every item, even if it's hard for you to decide. Just try your best. Do you have any questions before we begin?"

- 4-Have the rater complete the form

- 5-Review the form. Check to be sure that there are no missing responses or items where more than one answer is marked. If there are any, ask the person to try to pick an answer if they can.
6-"Thank you for completing this form. Do you have any questions or concerns or anything you'd like to discuss related to this form?"

---

**Piers Harris Administration**

Directions:

1-"The purpose of this form is to find out how children really feel about themselves. Often other people, especially parents and teachers, are asked to say how they think you feel. This questionnaire gives you the chance to say for yourself how you feel...The results may be used to help us understand better what makes you feel the way you do about yourself...Please answer the statements as honestly as possible. When you answer the statements, think of how you really are, not how you think you should be...Do you have any questions?"

"The answers will be kept as confidential as possible. That means we won't tell your friends or teachers what you said."

2-"Fold the profile sheet to the back of the packet (do not detach) and hand the autoscore form to the child. Tell the child they do not need to complete the identifying data.

3-"Here are some sentences that tell how people may feel about themselves. Read each sentence and decide whether or not it describes the way you feel about yourself. If it is true or mostly true for you, circle the word yes to the statement. If it is false or mostly false for you, circle the word no. Answer every question, even if some are hard to decide. Do not circle both yes and no for the same sentence. If you want to change your answer, cross it out with an X and circle your new answer. Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark each sentence the way you really feel inside."

4-"Answer any questions. Ask children to read the first three statements aloud so you can assess whether or not they can read the materials. If they have trouble, you may read each item aloud to them. Inform them that they may ask you questions at any time and you can help with the words if they are hard.

   - If -- the child asks what a word means -- define it for them
   - If -- the child seems concerned about the all-or-nothing format (i.e. -- I feel different at different times and in different situations. You should try to answer the questions to reflect the way you usually feel."

---
- Allow the children as much time as possible to complete the form (most should finish in 10-15 minutes).

- **5**- When children are done, collect the form and scan it to make sure that they 1- answered all items and 2- did not fill out *yes* and *no* for any item.

- **6**- "Thank you for filling that out. Do you have any questions or anything you'd like to talk about in regards to this form?"
Appendix V: Parent/Guardian Rating Scales Script

1-Establish Rapport -- "Thank you for completing these surveys for us. Information that you and others provide on these measures will help us learn about your child's social, behavioral, and academic skills. We will use this, in combination with information from the interviews and other scales, to create profiles of how children succeed and what that success looks like."

SSIS Administration

(Takes about 15-20 minutes; Teacher Form -- person should have at least 2 months of experience with the child; Can read questions aloud)

1-"The Social Skills Improvement System asks about your child's social skills, behaviors, and academic performance. This scale should take about 15-20 minutes to complete. Please answer every item on the form, even if you are unsure of how to answer a certain item. Just try your best. There are no right or wrong answers, only your opinions. Thanks again."

2-Record Demographic Information about the Student and Rater -- the form should have the student's identification number on it. Please just have the Teacher fill out how long they have known the student and their gender, and the parent/caregiver should fill out their relationship and their gender.

3-Explain How to Mark Responses --

For Parents

"Please look at the front page of the booklet while I review the directions. For each item, please read the item and think about the child's behavior during the past two months. Then, decide how often this student displays the behavior. If the child never exhibits the behavior, circle the N. Never means that you have never personally observed the behavior, not that the behavior never happened in another setting. If the child seldom exhibits the behavior, circle the S; if the child often exhibits the behavior, circle the O, and if they almost always exhibit the behavior, circle the A."

"If you change your answer, please draw an X through your previous response, and circle your new answer."
"There are also special ratings for the Social Skills Items. For these items, you are also asked to rate how important you think the behavior is for your child's development. Circle the N if the behavior is not important for your child's development; i if it is important; and c if it is critical."

"Please try to complete every item. Do you have any questions?"

-When you get the form returned to you, glance over it quickly to be sure that staff have completed every item and have marked only one response per item.

-If -- there are blank items, encourage the person to make their best guess and complete it

-If -- there are items with multiple responses, encourage the person to choose one answer (for scoring, we will use the lower rating)

CBCL Administration

-We will be using the Parent Rating Forms.

-For each, we will administer it to people individually.

1-"The Child Behavior Check List asks you information about your child's activities and behaviors. It should take about 10-15 minutes to complete. Please answer every item on the form, even if you are unsure of how to answer a certain item. Just try your best. There are no right or wrong answers, only your opinions. Thanks again."

2-Record Demographic Information about the Student and Rater --Tell the informant not to fill out their name or any identifying information on the first page. The only information we need is: the child's tracking number (which we will write beforehand), the child's birthday, the gender of the informant, and their relationship to the child (i.e. biological parent, grandparent, etc.)

3- Read out the following directions: "The first two pages will ask you to write down information about the child's activities, social relationships, and school performance. After you fill those out, you will be asked to complete items that ask you to rate the child on a 3 point rating scale where 0=not true (as far as you know), 1=somewhat or sometimes true, and 2=very true or often true. Please rate the child's behavior for the past 6 months. If you are unsure, please make your best guess. Please try to answer every item. Scores on individual items will be combined to identify general patterns of
behavior. Feel free to write additional comments on the lines beside items. Please feel free to ask any questions. Thank you."

-When you get the form returned to you, glance over it quickly to be sure that staff have completed every item and have marked only one response per item.

-If -- there are blank items, encourage the person to make their best guess and complete it. If -- there are items with multiple responses, encourage the person to choose one answer (for scoring, we will use the lower rating)
Dear Parent/Guardian,

Thank you for your participation in this study. We would like to offer you the opportunity to receive feedback about the study, and about the forms you filled out for your child.

Please indicate if you would be interested in either/both of the following:

_____ I would be interested in setting up a meeting with a research team member to discuss the scoring of the measures I completed today (the CBCL and SSIS). This information may help identify strengths in my child’s social skills, behavior, and emotional functioning, as well as areas that I may feel are of concern. The results will list areas, and will not be a diagnosis or any other formal testing result.

_____ I would be interested in receiving a phone call from a member of the research team after the study is completed. The research team member will describe the overall study results to me, such as what the group of participants has stated is helpful to success. I will not receive any information about any individuals participating in the study, nor will I receive individual results.

_____ I would not be interested in either of the above options.

Your Name:

Telephone Number Where You Can Be Reached:
Appendix X: Staff Rating Scales Script

1-Establish Rapport -- "Thank you for completing these surveys for us. Information that you and others provide on these measures will help us learn about your child's social, behavioral, and academic skills. We will use this, in combination with information from the interviews and other scales, to create profiles of how children succeed and what that success looks like."

SSIS Administration

(Takes about 15-20 minutes; Teacher Form -- person should have at least 2 months of experience with the child; Can read questions aloud)

1-"The Social Skills Improvement System asks about your child's social skills, behaviors, and academic performance. This scale should take about 15-20 minutes to complete. Please answer every item on the form, even if you are unsure of how to answer a certain item. Just try your best. There are no right or wrong answers, only your opinions. Thanks again."

2-Record Demographic Information about the Student and Rater -- the form should have the student's identification number on it. Please just have the Teacher fill out how long they have known the student and their gender, and the parent/caregiver should fill out their relationship and their gender.

3-Explain How to Mark Responses --

For Teachers

"Please look at the front page of the booklet while I review the directions. For each item, please read the item and think about the student's behavior during the past two months. Then, decide how often this student displays the behavior. If the child never exhibits the behavior, circle the N. Never means that you have never personally observed the behavior, not that the behavior never happened in another setting. If the child seldom exhibits the behavior, circle the S; if the child often exhibits the behavior, circle the O, and if they almost always exhibit the behavior, circle the A."

"If you change your answer, please draw an X through your previous response, and circle your new answer."
"There are also special ratings for the Social Skills Items. For these items, you are also asked to rate how important you think the behavior is for success. Circle the N if the behavior is not important for success; i if it is important; and c if it is critical."

"There are also special ratings for the Social Skills Items. For these items, you are also asked to rate how important you think the behavior is for success. Circle the N if the behavior is not important for success; i if it is important; and c if it is critical."

"Finally, there is an item in Academic Competence that will ask you to rate the child in comparison to other children in their grade level in the program. Mark the item on the 1-5 scale. A 1 means that the child is in the lowest 10% of their class; 5 means that they are in the highest 10% of their class."

"Do you have any questions before we begin?"

-When you get the form returned to you, glance over it quickly to be sure that staff have completed every item and have marked only one response per item.

-If -- there are blank items, encourage the person to make their best guess and complete it

-If -- there are items with multiple responses, encourage the person to choose one answer (for scoring, we will use the lower rating)

---------------------------------------------------------------

CBCL Administration

-We will be using the Teacher Rating Forms.

-For each, we will administer it to people individually.

1-"The Child Behavior Check List asks you information about your child's activities and behaviors. It should take about 10-15 minutes to complete. Please answer every item on the form, even if you are unsure of how to answer a certain item. Just try your best. There are no right or wrong answers, only your opinions. Thanks again."

2-Record Demographic Information about the Student and Rater --Tell the informant not to fill out their name or any identifying information on the first page. The only information we need is: the child's tracking number (which we will write beforehand), the child's birthday, the gender of the informant, and their relationship to the child (i.e. biological parent, grandparent, etc.)
3- Read out the following directions: "The first two pages will ask you to write down information about the child's activities, social relationships, and school performance. After you fill those out, you will be asked to complete items that ask you to rate the child on a 3 point rating scale where 0=not true (as far as you know), 1=somewhat or sometimes true, and 2=very true or often true. Please rate the child's behavior for the past 6 months. If you are unsure, please make your best guess. Please try to answer every item. Scores on individual items will be combined to identify general patterns of behavior. Feel free to write additional comments on the lines beside items. Please feel free to ask any questions. Thank you."

-When you get the form returned to you, glance over it quickly to be sure that staff have completed every item and have marked only one response per item.

-If -- there are blank items, encourage the person to make their best guess and complete it

-If -- there are items with multiple responses, encourage the person to choose one answer (for scoring, we will use the lower rating)
Appendix Y: Staff Feedback Form

Staff Member,

Thank you for your participation in this study. We would like to offer you the opportunity to receive feedback about the study.

Please indicate if you would be interested in the following:

_____ I would be interested in receiving a phone call from a member of the research team after the study is completed. The research team member will describe the overall study results to me, such as what the group of participants has stated is helpful to success. I will not receive any information about any individuals participating in the study, nor will I receive individual results.

_____ I would not be interested in the above option.

Your Name:

Telephone Number Where You Can Be Reached:
Appendix Z: Scoring Information

**Scoring**

**CBCL Scoring**

- Log onto the computer in Room I on the 6th floor of Teacher's College. Click on the ADM icon on the desktop. Press enter.

- Go to the top of the page and select "Open Catalogue"

- Click on "Add New"

- Enter the Participant's ID# for ID, Last Name, First Name. Enter their birthday (located on the information sheet). Click "Save"

- Click on "Forms". Click on "CBCL-6-18" for the Parent's Information. Enter the date of administration and save. (For Staff, Click on "TRF-6-18")

- Enter the information from the form (make sure to use the drop-down menu for the items on the first two pages of the CBCL because rating values often change).

- When you are done it will ask you to verify the information. Go back through and re-enter all of the data.

- When you are done, press Save.

--When you go back to Enter Staff Information, you will Open Catalogue (by clicking on it up top), Select Client in the catalogue, Add Assessment, and select the appropriate one.

- TO PRINT: Click on Score and Report. Once the report opens, select Print. Collect the Output from the printer, and place them in the folder in the clinic.

**SSIS Scoring**

- **Done on the Administration Sheet**

  #1 -- count the invalid responses (where they indicated *yes* and *no*.)

  If there are 7 or more invalid responses --> Stop. Form cannot be scored.

  If there are 3 or more invalid responses for any one domain scale --> Stop. That scale cannot be scored.

  #2-- Calculate Validity Scores
INC -- Review the INC pairs listed in the left column. Make a check mark in each box next to each pair where the conditions are met. Count the number of check marks you make and write the total in the space labeled INC at the bottom of the scoring worksheet.

RES -- Count the number of circles that appear in the Yes Column. Enter the total number in the space labeled RES at the bottom of the scoring worksheet.

#3 -- Calculate Self-Concept Scores

TOT -- count the number of items for which "1" is circled and enter that number in the space labeled TOT (Note: do not sum up the raw scores from the six domain scales to get TOT. Some items appear on more than one scale, so the total of those scales do not equal TOT)

Domain Scales -- locate each item where "1" is circled and make a check mark in the box or boxes in the same row as that item. Count the number of check marks in the columns for each domain scale. Enter each scale's total in the appropriate space at the bottom of the scoring worksheet.

#4 -- Plot the Profile

Transfer the raw scores onto the profile sheet, connect the circled scores. Find the corresponding T-scores and percentile ranks, and enter them in the appropriate spaces.

(Mean = 50, s.d. = 10, so 40-60T is considered the normal range)

SSIS Scoring

-combined and sex-specific age-based norms (We will use the sex-specific norms)

done on the SSIS Administration Form

1-Separate the Form (tear off the top perforated edge, and pull the top sheet down)

2-Determine Adjustment Values if there are Missing Item Responses. On the "Determining Adjustment Values" chart, circle each missing item (it may appear in more than one scale). Count the number and record it in the Number Missing column. If the number is equal to or below the maximum allowed, multiply it by the adjustment factor and write the Adjustment value. If it is above the maximum, discontinue scoring for that scale.

3-Compute Scale and Subscale Sums

-On the Item Scoring Page, calculate the sum of item scores in each row for items connected by arrows. Record each sum in the corresponding box. For each section of the
form, compute the sum of the boxes within each column, and record the sums in the boxes labeled "Sum" at the bottom of each column. Be sure the sums don't exceed the maximum values indicated under each box.

-Bullying and Hyperactivity/Inattention Subscales -- transfer the corresponding scores from the item grids to the designated boxes on the left side of the scoring page. (Do the same with the Autism Spectrum Subscale)

4-Calculating the F Index (the tendency to be overly negative about the child's behaviors; "Fake Bad" Index). The F-index items are denoted by the unshaded rating values of "0" or "3". Count the unshaded "0"s and "3"s that are circled, total them, and record it in the F-index section in the upper-left section of the Summary Page. If the F-Index is 2 or higher, follow the interpretation guidelines in Chapter 3 of the manual. Ask respondent for more information about those items; compare the ratings to other respondents for that child; if inconsistent, may discard

5-Complete the Summary Table -- transfer scores

6-Obtain Normative Scores, Confidence Intervals, Standard Scores, Percentile Ranks, and Behavior Levels

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STORAGE

-Place the rating scales in the designated folder in the clinic.

-Place the CBCL (Parent and Teacher Forms), SSIS (Parent, Teacher, and Child Forms), and Piers Harris (Child Form) in the separate folder in the clinic.

-Transfer the scores onto the worksheet in the folder.

-When the entire worksheet is done, email NAME.
Appendix AA: Rating Scales Training

Training

Child Behavior Checklist

Overview

- Will be used to assess current psychological health and adjustment
- 113 item behavioral measure used to assess for problems and strengths
- Multiple scales designed for children of different ages; different norms for age and gender; ratings may be made by parents, teachers, direct observations, and at times, children themselves (Impara & Plake, 1998).

Competence Scales

- Extracurricular
- Academic
- Social

Problem Scales

- Anxious/Depressed
- Withdrawn/Depressed
- Somatic Complaints
- Social Problem
- Thought Problems
- Attention Problems
- Rule-Breaking Behavior
- Aggressive Behavior

Problem Scales Load onto: Internalizing, Externalizing, and Total Problems
Scoring will show problem scales, and will also have a page of DSM scales

**How To Administer**

- We will be using the Parent Rating Forms and Teacher Rating Forms

- For each, we will administer it to people individually.
  
  - Tell the informant **not** to fill out their name or any identifying information on the first page. The *only* information we need is: the child's tracking number (which we will write beforehand), the child's birthday, the gender of the informant, and their relationship to the child (i.e. biological parent, grandparent, etc.)

  - Read out the following directions: "The first two pages will ask you to write down information about the child's activities, social relationships, and school performance. After you fill those out, you will be asked to complete items that ask you to rate the child on a 3 point rating scale where 0=not true (as far as you know), 1=somewhat or sometimes true, and 2=very true or often true. Please rate the child's behavior for the past 6 months. If you are unsure, please make your best guess. Please try to answer every item. Scores on individual items will be combined to identify general patterns of behavior. Feel free to write additional comments on the lines beside items. Please feel free to ask any questions. Thank you."

- When you get the form returned to you, glance over it quickly to be sure that parents/staff have completed every item and have marked only one response per item.

  - If -- there are blank items, encourage the person to make their best guess and complete it

  - If -- there are items with multiple responses, encourage the person to choose one answer (for scoring, we will use the lower rating)

**Scoring**

- We will be using the computer software system on the 6th floor of TC to score the forms.
- Open the software system and enter the password.

- Click on Catalogue.

- Click on Add New Examinee.

- Enter the Tracking Number for ID and for Last Name.

- Enter the Child's Birthday.

- Click Save.

- Find the child in the catalogue and click New Assessment/Form.

- Select appropriate form.

- Enter Child’s Birthday and Tracking Number.

- Leave Informant Blank. Click on Male or Female for Respondent

- Use the system to transfer information.

- When you are done, click "Verify"

- Go through and re-enter information.

- Click "Save"

- "Score and Report"

- "Print"

**Interpretation**

- We will look at T-scores and percentages. The printout of the CBCL will indicate which scales fall in the clinical range by noting a *C in that column, and scales in the borderline range will have a B in the column. Competence scales with very low scores will be clinical, and problem areas with high scores will be clinical. We will use these ratings to make general conclusions -- C=areas that may be of concern; B=areas that may be starting to pose a problem; other = areas that are reported to be doing well or are not very problematic.
Additional Information on Psychometrics of CBCL

The CBCL manual (Achenbach, 1991) reports strong reliability scores. Inter-rater reliability is reported to be .927 for the Competence items and .99 for the Problem items. Inter-rater reliability on the Competence and Problem scales was also reported to be high ($r = .87$ for the School scale, and $r = .74-.76$ for Competence scale). Others have reported an interrater reliability score of about .66 among parents, and have claimed that the some differences in scores may be more of a reflection of variability between raters than true scores or measures of behaviors (Doll, 1998). One week test-retest reliability was reported to be .952 for Problem items, and ranged from .80-.90s for all but three scales (Achenbach, 1991). Internal consistency ratings for Internalizing, Externalizing, and Total problems scales are above .89 (Doll, 1998). Some of the syndrome scales also evidence good internal consistency, such as the Aggressive (.92), Anxious/Depressed (.86-.88), and Attention scales (up to .84) (Furlong & Wood, 1998).

While these scales have been illustrated to have high internal consistency, less convincing findings have been derived for the Competence scales. Some authors have claimed that the Competence scales may be better used to determine differences in *problems* with competency, as opposed to the strength-based approach of measuring competence (Doll, 1998; Furlong & Wood, 1998). The CBCL has been shown to have strong validity and reliability (Achenbach, 1991; Doll, 1998; Furlong & Wood, 1998). It appears that the Internalizing, Externalizing, and Total problem scores are the most reliable and valid scores to use when making decisions. The measure has been widely researched and shown to be a valid and reliable test (Doll, 1998; Furlong & Wood, 1998).
Training

Piers-Harris Children's Self-Concept Scale 2 "The Way I Feel About Myself"

**General Information on Self-Concept**

- Piers-Harris Scale "based on the view that individuals maintain relatively consistent beliefs about themselves, beliefs that develop and stabilize during childhood" (p.37) = self-concept
  - self-concept -- "a person's self-perceptions in relation to important aspects of life" (p.37)
  - formed mostly through person-environment interaction (biology and culture may play some role)
  - may change over time, but change is not rapid

**Theoretical Assumptions**

1-"Self-concept is essentially phenomenological in nature" -- cannot be observed directly; must measure through behaviors or self-report
2-"Self-concept has both global and specific components" -- global, some broad, some narrow, with different weights
3-"Self-concept is relatively stable"
4-"Self-concept has an evaluative as well as a descriptive component" -- how a person judges self (keep in mind idographic (within-self) and nomathetic (between-person) comparisons)
5-"Self-concept is experienced and expressed differently by children at various stages of development"
6-"Self-concept serves to organize and motivate behavior"

**Overview -- Piers Harris First Edition**

164 items --> 80 final items
- used in research, education, or clinical setting

**New Edition**

- Second Edition -- new nationwide norms representing U.S. Census in terms of race region and education (possible moderator variables were tested and found to not have a large effect size), condensed and updated item set, better interpretive guidelines
- sample of 1,387 students ages 7-18 years
Resilience and Protective

-brief, 60 item, 10-15 minute self-report measure for children 7-18, with at least a 2nd grade reading ability

-Validity Scales -- Inconsistent Responding; Response Bias

-Self-Concept Scales = Total; 6 domain scales -- Behavioral Adjustment; Intellectual and School Status; Physical Appearance and Attributes; Freedom From Anxiety; Popularity; and Happiness and Satisfaction

-children are to read each item and indicate Yes or No as to whether or not the statement applies to them

-higher scores = more positive self-evaluation

-Internal consistency for our age group .71-.92, with popularity at .60 for 7-8 year olds

-Test-retest reliability not available for second edition, but good for first

-Construct validity -- factor analyses show that domains are separate but related areas (most correlated at the moderate to high moderate range)

-Some convergent validity demonstrated

-Editions one and two have been cited in over 500 journal articles and books

Administration

Information on Administration

-can be administered and scored by teachers and other trained paraprofessionals; "ultimate responsibility for its use and interpretation should be assumed by a professional with appropriate training in psychological assessment" (p.4)

-should be one part of a larger battery if one hopes to obtain a comprehensive evaluation of a child's self-concept

-can be administered to children individually or in groups

-should be administered after rapport is built (so we will do it after interviews)

How We Will Administer

Directions:

"The purpose of this form is to find out how children really feel about themselves. Often other people, especially parents and teachers, are asked to say how they think you feel. This questionnaire gives you the chance to say for yourself how you feel...The results may be used to help us understand better what makes you feel the way you do about
yourself...Please answer the statements as honestly as possible. When you answer the statements, think of how you really are, not how you think you should be...Do you have any questions?"

"The answers will be kept as confidential as possible. That means we won't tell your friends or teachers what you said."

Detach the profile form and hand the autoscore form to the child. Tell the child they do not need to complete the identifying data.

"Here are some sentences that tell how people may feel about themselves. Read each sentence and decide whether or not it describes the way you feel about yourself. If it is true or mostly true for you, circle the word yes to the statement. If it is false or mostly false for you, circle the word no. Answer every question, even if some are hard to decide. Do not circle both yes and no for the same sentence. If you want to change your answer, cross it out with an X and circle your new answer. Remember that there are no right or wrong answers. Only you can tell us how you feel about yourself, so we hope you will mark each sentence the way you really feel inside."

Answer any questions. Ask children to read the first three statements aloud so you can assess whether or not they can read the materials. If they have trouble, you may read each item aloud to them. Inform them that they may ask you questions at any time and you can help with the words if they are hard.

If -- the child asks what a word means -- define it for them

If -- the child seems concern about the all-or-nothing format (i.e. -- I feel like this sometimes, I don't know what to say), respond "Everyone feels different at different times and in different situations. You should try to answer the questions to reflect the way you usually feel."

Allow the children as much time as possible to complete the form (most should finish in 10-15 minutes).

When children are done, collect the form and scan it to make sure that they 1-answered all items and 2-did not fill out yes and no for any item.

"Thank you for filling that out. Do you have any questions or anything you'd like to talk about in regards to this form?"

Scoring

#1 -- count the invalid responses (where they indicated yes and no.)

If there are 7 or more invalid responses --> Stop. Form cannot be scored.
If there are 3 or more invalid responses for any one domain scale --> Stop. That scale cannot be scored.

#2-- Calculate Validity Scores

INC -- Review the INC pairs listed in the left column. Make a check mark in each box next to each pair where the conditions are met. Count the number of check marks you make and write the total in the space labeled INC at the bottom of the scoring worksheet.

RES -- Count the number of circles that appear in the Yes Column. Enter the total number in the space labeled RES at the bottom of the scoring worksheet.

#3 -- Calculate Self-Concept Scores

TOT -- count the number of items for which "1" is circled and enter that number in the space labeled TOT (Note: do not sum up the raw scores from the six domain scales to get TOT. Some items appear on more than one scale, so the total of those scales do not equal TOT)

Domain Scales -- locate each item where "1" is circled and make a check mark in the box or boxes in the same row as that item. Count the number of check marks in the columns for each domain scale. Enter each scale's total in the appropriate space at the bottom of the scoring worksheet.

#4 -- Plot the Profile

Transfer the raw scores onto the profile sheet, connect the circled scores. Find the corresponding T-scores and percentile ranks, and enter them in the appropriate spaces.

(Mean = 50, s.d. = 10, so 40-60T is considered the normal range)

-----------------------------------------------------------------------------------------------

**Interpretation**

Interpret Validity

1-TOT score of 66T or above -- interpret very cautiously (may be exaggerating or faking good)

2-RES of 40 or above (T of 70 or above) -- do not interpret (means they may have indiscriminately have responded Yes)

3-INC of 4 or above (T of 70 or above) -- do not interpret (may have responded randomly)

Interpret Self-Concept Scales

Total (TOT) Scale
### T-Score Range

<table>
<thead>
<tr>
<th>T-Score Range</th>
<th>Percentile Range</th>
<th>Interpretive Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 29T</td>
<td>≤2</td>
<td>Very Low</td>
</tr>
<tr>
<td>30T-39T</td>
<td>3-14</td>
<td>Low</td>
</tr>
<tr>
<td>40T-44T</td>
<td>15-28</td>
<td>Low Average</td>
</tr>
<tr>
<td>45T-55T</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>56T-59T</td>
<td>72-83</td>
<td>High Average</td>
</tr>
<tr>
<td>60T-69T</td>
<td>84-97</td>
<td>High</td>
</tr>
<tr>
<td>≥70T</td>
<td>≥98</td>
<td>Very High</td>
</tr>
</tbody>
</table>

### Domain Scales

- T-Score Range

<table>
<thead>
<tr>
<th>T-Score Range</th>
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<td>Low Average</td>
</tr>
<tr>
<td>45T-55T</td>
<td>29-71</td>
<td>Average</td>
</tr>
<tr>
<td>≥56T</td>
<td>≥72</td>
<td>Above Average</td>
</tr>
</tbody>
</table>

- Note -- are elevated or lowered scores across all or most domain scales, or are they confined to one or two scales?

- do children have overall high or low self-concept, or do they have areas that they identify as particular strengths and/or weaknesses?

- You may glance at some of the item responses, but be careful not to put too much weight on them or overpathologize the child.
Training

Social Skills Improvement System

Information

-can be used to screen and identify children with social skills deficits, and can be used to help plan interventions; identify specific problem areas; identify strengths in social skills; compare students to national norms; etc.

-multi-rater approach -- teachers, parents, students; offers a broad approach of behavior in different settings and different perspectives

-SSIS is an updated revision of the SSRS. The new SSIS has updated national norms, additional subscales, more overlap between forms, better psychometric properties, validity scales, Spanish versions of some forms, better measures for ages 3-5, scoring and reporting software (which we won't be using), and is more directly linked to interventions

-standardized on 4, 700 children 3-18 years old, representative of the US in terms of sex, race, SES, and geographic region; also studied special populations

- Good internal consistency for all forms; high test-retest reliability

-Sex differences in line with prior research (females higher on prosocial and males higher on problem behaviors)

-Modest support for convergent and discriminant validity of subscales

Content

3 Domains

1-Social Skills - Communication; Cooperation; Assertion; Responsibility; Empathy; Engagement; Self-Control

2-Problem Behaviors-Externalizing; Bullying; Hyperactivity/Inattention; Internalizing; Autism Spectrum

3-Academic Competence-Reading Performance; Math Performance; Motivation; Parental Support; General Cognitive Functioning

-Ratings

- Frequency
Resilience and Protective

-4-point scale (Never, Seldom, Often, Almost Always or Not True, A Little True, A Lot True, or Very True)

-Importance
-ratings of perceived value of the behaviors
-has validity and practical implications
-3-point scale (Not Important, Important, Critical)

Administration
-Takes about 15-20 minutes
-Parent Form (5th grade reading level) -- fill out based on past 2 months
-Student Form (below second grade reading level)
-Teacher Form -- person should have at least 2 months of experience with the child
-Can read questions aloud

1-Establish Rapport -- "Thank you for completing this survey for us. Information that you and others provide on these measures will help us learn about your child's social, behavioral, and academic skills. We will use this, in combination with information from the interviews and other scales, to create profiles of how children succeed and what that success looks like."

"The SSIS should take about 15-20 minutes to complete. Please answer every item on the form, even if you are unsure of how to answer a certain item. Just try your best. There are no right or wrong answers, only your opinions. Thanks again."

2-Record Demographic Information about the Student and Rater -- the form should have the student's identification number on it. Please just have the Teacher fill out how long they have known the student and their gender, and the parent/caregiver should fill out their relationship and their gender.

3-Explain How to Mark Responses --

For Teachers
"Please look at the front page of the booklet while I review the directions. For each item, please read the item and think about the student's behavior during the past two months. Then, decide how often this student displays the behavior. If the child never exhibits the
behavior, circle the N. Never means that you have never personally observed the behavior, not that the behavior never happened in another setting. If the child seldom exhibits the behavior, circle the S; if the child often exhibits the behavior, circle the O, and if they almost always exhibit the behavior, circle the A."

"If you change your answer, please draw an X through your previous response, and circle your new answer."

"There are also special ratings for the Social Skills Items. For these items, you are also asked to rate how important you think the behavior is for success. Circle the N if the behavior is not important for success; i if it is important; and c if it is critical."

"Finally, there is an item in Academic Competence that will ask you to rate the child in comparison to other children in their grade level in the program. Mark the item on the 1-5 scale. A 1 means that the child is in the lowest 10% of their class; 5 means that they are in the highest 10% of their class."

"Do you have any questions before we begin?"

**For Parents**

"Please look at the front page of the booklet while I review the directions. For each item, please read the item and think about the child's behavior during the past two months. Then, decide how often this student displays the behavior. If the child never exhibits the behavior, circle the N. Never means that you have never personally observed the behavior, not that the behavior never happened in another setting. If the child seldom exhibits the behavior, circle the S; if the child often exhibits the behavior, circle the O, and if they almost always exhibit the behavior, circle the A."

"If you change your answer, please draw an X through your previous response, and circle your new answer."

"There are also special ratings for the Social Skills Items. For these items, you are also asked to rate how important you think the behavior is for your child's development. Circle the N if the behavior is not important for your child's development; i if it is important; and c if it is critical."

"Please try to complete every item. Do you have any questions?"
**For Children**

"Please look at the front page of the booklet while I review the directions. For each item, please read the item and think about how true each statement is for you. If you think it is not true of you, circle N. If you think it is a little true, circle L. If you think it is a lot true, circle A. And if you think it is very true for you, circle V."

"If you change your answer, please draw an X through your previous response, and circle your new answer."

"Please try to complete every item, even if it's hard for you to decide. Just try your best. Do you have any questions before we begin?"

4-Have the rater complete the form

5-Review the form. Check to be sure that there are no missing responses or items where more than one answer is marked. If there are any, ask the person to try to pick an answer if they can.

**Scoring**

- combined and sex-specific age-based norms (We will use the sex-specific norms)

1-Separate the Form (tear off the top perforated edge, and pull the top sheet down)

2-Determine Adjustment Values if there are Missing Item Responses. On the "Determining Adjustment Values" chart, circle each missing item (it may appear in more than one scale). Count the number and record it in the Number Missing column. If the number is equal to or below the maximum allowed, multiply it by the adjustment factor and write the Adjustment value. If it is above the maximum, discontinue scoring for that scale.

3-Compute Scale and Subscale Sums

- On the Item Scoring Page, calculate the sum of item scores in each row for items connected by arrows. Record each sum in the corresponding box. For each section of the form, compute the sum of the boxes within each column, and record the sums in the boxes labeled "Sum" at the bottom of each column. Be sure the sums don't exceed the maximum values indicated under each box.

- Bullying and Hyperactivity/Inattention Subscales -- transfer the corresponding scores from the item grids to the designated boxes on the left side of the scoring page. (Do the same with the Autism Spectrum Subscale)
4-Calculating the F Index (the tendency to be overly negative about the child's behaviors; "Fake Bad" Index). The F-index items are denoted by the unshaded rating values of "0" or "3". Count the unshaded "0"s and "3"s that are circled, total them, and record it in the F-index section in the upper-left section of the Summary Page. If the F-Index is 2 or higher, follow the interpretation guidelines in Chapter 3 of the manual --> Ask respondent for more information about those items; compare the ratings to other respondents for that child; if inconsistent, may discard

5-Complete the Summary Table -- transfer scores

6-Obtain Normative Scores, Confidence Intervals, Standard Scores, Percentile Ranks, and Behavior Levels

**Interpretation**

-User Qualifications for Interpretation: "a professional who has a bachelor's degree program that included coursework in principles of measurement and in the administration and interpretation of tests"

**Standard Scores**

- Social Skills and Academic Competence -- normal distribution; assess positive behaviors; standard score of 100 is average; standard scores below 85 are below average (social skills training may be needed)

- Problem Behaviors -- skewed; assess negative behaviors so we want lower scores; standard scores above 100 are more problem behaviors than average

**Behavior Levels**

Below Average -- Standard scores less than 85

Average -- Standard scores between 85-115

Above Average -- Standard scores over 115

Step 1- Validity Indices

**-F-Index**

<table>
<thead>
<tr>
<th>Form</th>
<th>Acceptable</th>
<th>Caution</th>
<th>Extreme Caution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>0-1</td>
<td>2-3</td>
<td>4-10</td>
</tr>
<tr>
<td>Parent</td>
<td>0-1</td>
<td>2-3</td>
<td>4-10</td>
</tr>
<tr>
<td>Student</td>
<td>0-1</td>
<td>2-3</td>
<td>4-10</td>
</tr>
</tbody>
</table>
Step 2 - Examine SS, Percentiles, and Confidence Intervals. Assess Behavior Levels for Social Skills Subscales (Appendix C in Manual)

Step 3 -- Identify any items within the Social Skills subscales that meet criteria for Figure 3.1 (attached)

Step 4 -- Identify any Problem Behavior subscales with an Above Average rating level.

Step 5 -- Identify any Problem Behavior subscales that have a frequency rating of "3"

Step 6 -- Report Academic Ratings
Appendix BB: Coding Training

**Coding**

**STEPS IN THE CODING PROCESS**

**OPEN EXCEL SPREADSHEET**

1-Open Coding -- create categories (phenomenon, conditions, actions, consequences)

-We will be coding by question and answer.

#1 -- Name/label each question/answer "What is the major idea of it?"

#2 -- Microanalysis -- **scan** the data and look for interesting or relevant phrases, when a paragraph or segment stands out, you then might do a line-by-line analysis on a line or parts of statement. Think of what, how, ask lots of questions, consider the range of possibilities

#3 -- Group these concepts into categories

#4 -- Develop the categories in terms of properties (what features and attributes) and dimensions (location of properties along a range)

#5 -- Look for Subcategories

(You can also write Memos --> first thoughts and ideas, impressions, thoughts, directions -- write them in parentheses)

2-Axial Coding -- reassembles the data; relates categories to subcategories; form more detailed explanations of phenomenon

( **not necessarily sequential**)

#1-relate categories to the subcategories along lines of properties and dimensions; subcategories answer questions about the phenomenon

- link categories at conceptual level "Why, how come, where, when, how, with what results?"

**This will hopefully result in list of categories...**

**THEN EMAIL TO ME (HAWOOD@BSU.EDU)**

I will start to create these categories and subcategories...I will then send out emails of categories and ask you to further refine the category. We will then go through the transcripts and code each segment by category # and Subcategories. We will
continue to discuss this to integrate and refine categories, and this will mostly take place during a team meeting.

3-Selective Coding -- integrate and refine categories

-categories should be relevant to all participants in the study (details under the categories and subcategories bring out the differences and variations in the phenomenon)

-if we want to build theories, we should interrelate ideas

Constructed = reduce data and set up relational statements to explain what is going on

1-Discover the Central Category or Main Theme (1-all major categories must be related to it; 2-must be frequently in the data; 3-logical and consistent; 4-should be an abstract name; 5-the theory should grow in explanatory power as go through analysis; 6-can explain variation in phenomenon)

How to Integrate

1-write a storyline about what is going on (reread data to get sense of it)

2-move from description to conceptualization (name central category and relate other concepts to it)

3-use diagrams

4-review and sort through memos

How to Refine the Theory "review scheme for internal consistency and for gaps in logic, filling in poorly developed categories and trimming excess ones, and validating the scheme"

1-scheme -- should logically flow and not have logical gaps (start with central category)

2-fill in poorly developed categories -- by reviewing memos and raw data

-stop questioning when you have shown the range of variability -- Theoretical Saturation helps decide when to stop gathering data

3-trim theory

4-validate theoretical scheme -- how well does the theory fit the data -- comparative analysis or talk with respondents
Appendix CC: Team Member Responsibility Checklists

Responsibilities

Recruitment

Materials: scheduling calendar; recruitment packet (recruitment script, parental consent/child assent, interview questions)

Participant Number: _________

To Do:

- AT COMMUNITY CENTER/DAYCARE CENTER
- Read Recruitment Script.
- Review Parental Consent/Child Assent Form
- Obtain Parental Consent/Child Assent. Keep one copy.
- Give one copy to parent for their records.
- Schedule Child Interview for Amy or Holly
  - Interview will be with ___________________
- Schedule Parent Rating Session
  - Session will be with ___________________
- BACK AT BALL STATE -- IMMEDIATELY AFTER
  - Email Amy or Holly to notify them of the interview. The email should say "Interview Scheduled" as the subject. The body of the email should list: Participant #, Location, and Time. Do not include the child's name.
  - Email Team Member doing Parent Session. The email should say "Parent Session Scheduled" as the subject. The body of the email should list: Participant #, Location, and Time. Do not include the child's name.
- If Parent wanted a reminder Call, send second email labeled "reminder"
- Enter the Information on the Excel Spreadsheet on the Computer
- Return Scheduling Calendar to Drawer
- Return Packet to Drawer
- Place Consent Forms in Consent Folder
Responsibilities

Staff Recruitment

Materials: scheduling calendar; recruitment packet (recruitment script, staff consent form)

Participant Number: _________

To Do:

- Obtain Staff Rating Form Consent
- See if Staff wants Reminder Call
- Schedule Staff Rating Form Session
- Session will be with _____________________________
- Text Team Member doing Staff Session
- If Parent wanted a reminder Call, send 2nd text labeled "reminder"
- Enter the Information on the Word Document on the Computer
- Enter your information (date and initial) on Excel Spreadsheet
- Return Scheduling Calendar to Clinic Drawer
- Return Consent forms to Consent Form Folder
Responsibilities

Child Interview Session

Materials: Child Interview Packet (Interview Script, Child Rating Scale Script, Child Rating Scales -- Piers Harris and SSIS), Recorder

Participant Number: __________

To Do:

- AT COMMUNITY CENTER
  - Review Confidentiality
  - Turn on Recorder
  - Obtain Demographic Information -- fill out form
  - Conduct Interview
  - Conduct Check Out
  - Obtain Piers Harris
  - Obtain SSIS
  - Review quickly and look for missing answers
  - Check Out with Child

- AT BALL STATE -- THAT DAY
  - upload interview information onto Computer. Save in Folder under Participant #. Label the Document as "Participant #..." Password Protect.
  - Return jump drive to recorder.
  - Email Team Member to let them know rating scales are complete.
  - Email Team Member to let them know Interview ready for Transcribing.
  - Enter your information into the Excel Spreadsheet (date and sign)
  - Return Demographic information and rating scales to Folder with corresponding participant number.
Responsibilities

Rating Scale Session

Materials: Packet (Rating Scale Script, CBCL (or TRF), SSIS)

Participant Number: _________

To Do:

  o AT COMMUNITY CENTER
    o Review Consent Forms.
    o Obtain parental consent for participating. Keep the one copy.
    o Give parent one copy of consent form for their records.
    o Review Script
    o Obtain CBCL or TRF
    o Obtain SSIS
    o Review quickly and look for missing answers
    o Check Out with Participant
  o AT BALL STATE
    o Enter your information into the Excel Spreadsheet for obtaining rating scales
      (date and sign)
Responsibilities

**Transcription**

**Materials:** None needed

Participant Number: __________

**To Do:**

- **TRANSCRIPTION SHOULD BE DONE WITHIN 2 WEEKS.**
  - Pull up file on computer.
  - Transcribe session in an Excel spreadsheet. Each Question/Answer should be a new column.
  - Enter your information into the Excel Spreadsheet (date and initial).
  - Save as "Participant # ..." as a Protected Document.
  - Email the Checker that day to let them know that the document is ready.
  - Enter your information into the Excel Spreadsheet for transcription (date and sign)

- **CHECKER -- CHECKING SHOULD BE DONE WITHIN ONE WEEK.**
  - Go to the 6th floor and listen to the file while reading the document. Make any necessary corrections and save the file (protected file, same name)
  - Email the approved/checked file to courtneym.ryan@gmail.com; kmpicard@bsu.edu; hatenbrink@bsu.edu; and hwood@bsu.edu
  - Enter your information into the Excel Spreadsheet for checked (date and sign)
Resilience and Protective

Responsibilities

**Entry and Email**

**To Do:**

- Once a week, email Heather the Excel Spreadsheets.