

Putting Research to Work for Military Families



Focus:
Civilian

Profiles of Personal Resiliency for Normative and Clinical Samples of Youth Assessed by the Resiliency Scales for Children and Adolescents

Prince-Embury, S., & Steer, R. A. (2010). Profiles of personal resiliency for normative and clinical samples of youth assessed by the Resiliency Scales for Children and Adolescents. *Journal of Psychoeducational Assessment*, 28(4), 303-314.
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SUMMARY: Survey data were used to determine resiliency profiles of a normative and an outpatient clinical sample of youth. This research examined the background characteristics associated with each profile and compared the profiles of the normative sample to those of the clinical samples. Three profiles were identified for the normative sample and four profiles were found for the outpatient sample. These profiles indicated some differences and some similarities between the two groups. Demographic variables (e.g., gender, parent education) influenced which profiles youth were assigned.

KEY FINDINGS:

- The normative group had three profiles: high resiliency (31%), average resiliency (44%), and low resource vulnerability (25%).
- Four profiles were found for the clinical group: average resiliency (23%), low resource vulnerability (26%), high vulnerability (31%), and very high vulnerability (20%).
- In the normative sample, those with the high resilient profiles were slightly more often girls (59%) that had parents with some college or graduate education (63%).
- Within the outpatient clinical sample, youth diagnosed with depression were most likely to be assigned to the very high vulnerability profile (38%).

IMPLICATIONS FOR MILITARY PROFESSIONALS:

Military professionals could:

- Facilitate support groups for military children considered at-risk for mental health or behavioral issues
- Attend training about depression among youth and ways to improve depression symptoms to enhance their ability to provide support to military families coping with youth depression

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Deliver curriculum content developed to foster growth in resilience and to buffer or reduce vulnerability
- Screen military youth for resiliency so that youth who are found to display a low resource vulnerability profile can receive early preventive interventions

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend that programs evaluate military youths resiliency profiles
- Initiate new and maintain existing programs and services available for children and youth to encourage and sustain resiliency (e.g., positive youth development programs, counseling services)

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METHODS

- Youth for the normative sample were drawn from four U.S. regions and were split by gender and stratified to match the U.S. census by race and parental education level.
- Youth in the clinical sample included youth who had a Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (Text Revision) disorder diagnosis within the past three months.
- Comparisons between the normative and clinical samples were made to determine whether participants background characteristics were differentiated by their resiliency profiles.

PARTICIPANTS

- Children (9-18 years of age) were sampled from normative (N = 641) and clinical (N = 285) populations.
- The majority of the normative sample (61%) and clinical samples (70%) were White.
- Participants in the clinical sample had a DSM-IV-TR diagnosis of unipolar depression (26%), anxiety disorder (19%), conduct disorder (29%), or another disorders (26%).

LIMITATIONS

- The samples were deliberately constructed to reflect the demographic characteristics of youth living in the United States, but without oversampling ethnic minorities, the findings cannot be generalized.
- The study controlled only for status differences (i.e., age, gender, parent education) and not for childhood adversity, which could influence the results.
- Other aspects of the outcomes may be missed if only one informant was used. For instance, using a different definition or measure of resilience may lead to a different pattern of results.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine the resiliency of youth with parents serving in the military (e.g., how best to define resiliency, what resiliency profiles of military youth exist)
- Explore of resiliency in military youth differs from resiliency in other samples of youth
- Assess ways in which programs serving military youth can enhance resiliency among this population and what factors (e.g., deployment) reduce resiliency

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