



## Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services<sup>☆</sup>

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### ABSTRACT

**Background:** Very little research has examined the relationship between resilience, risk, and the service use patterns of adolescents with complex needs who use multiple formal and mandated services such as child welfare, mental health, juvenile justice, and special educational supports. This article reports on a study of 497 adolescents in Atlantic Canada who were known to have used at least 2 of these services in the last 6 months. It was hypothesized that greater service use and satisfaction with services would predict both resilience, and better functional outcomes such as prosocial behavior, school engagement and participation in community.

**Methods:** Youth who were known to be multiple service users and who were between the ages of 13 and 21 participated in the study. Participants completed a self-report questionnaire administered individually. Path analysis was used to determine the relationship between risk, service use, resilience, and functional outcomes. MANOVA was then used to determine patterns of service use and service use satisfaction among participants.

**Results:** Findings show that there was no significant relationship between service use history and resilience or any of the three functional outcomes. Service use satisfaction, a measure of an adolescent's perception of the quality of the services received, did however show a strong positive relationship with resilience. Resilience mediates the impact of risk factors on outcomes and is affected positively by the quality, but not the quantity, of the psychosocial services provided to adolescents with complex needs.

**Conclusions:** Results show that resilience is related to service satisfaction but not the quantity of services used by youth. Coordinated services may not increase resilience or be more effective unless the quality of individual services is experienced by an adolescent receiving intervention as personally empowering and sensitive to his or her needs.

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Although there has been a diverse body of research produced examining the protective processes associated with psychological resilience among children and adolescents in adverse environments (Luthar, 2003; Masten & Obradović, 2006; Obrist, Pfeiffer, & Henley, 2010), very little of that research has examined the influence of more than one psychosocial service on

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positive development. This is not entirely unexpected as the most common definitions of resilience, like that of Rutter (2012), suggest that resilience is “a relative resistance to environmental risk experiences, the overcoming of stress or adversity, or a relatively good outcome despite risk experiences” (p. 34). This definition focuses attention primarily on an individual’s capacity to successfully take advantage of his or her environment, while acknowledging only in passing the need to actively change environments to make them more conducive to positive development.

Though definitions like Rutter’s and those of others (e.g., Cyrulnik, 2008; Masten, 2001) have played an important role in extending our understanding of resilience from “ego-resiliency” to “dynamic environmental interactions” (Smokowski, Mann, Reynolds, & Fraser, 2004, p. 64), they have not fully explored the potential of a facilitative environment to influence psychosocial resilience regardless of an individual’s motivation to change. Furthermore, there has been little focus in longitudinal studies of resilience on whether the social welfare system that employs psychiatrists, psychologists, social workers and other mental health professionals plays a role in improving positive development among adolescents who face individual and contextual risks. This paper explores better quality and quantity of psychosocial services for young people who face high levels of risk contributes to positive developmental outcomes. It reports on research that explores a broad perspective of resilience that includes measures of resilience, assessment of risk at the individual, family, neighborhood, school and cultural levels, and self-reported service use patterns and satisfaction with services among adolescents who are clients, patients or residents of multiple mandated and, or, non-mandated social services.

### **A social ecological definition of resilience**

Defined ecologically, resilience is the capacity of young people to navigate their way to the resources they need during crises, and their ability to negotiate for these resources to be provided in meaningful ways (Ungar & Liebenberg, 2011). Resilience is both individual processes that increase survival and the protective processes instigated by larger systems to provide opportunities for individuals to cope under stress (Ungar & Liebenberg, 2011; Lerner, 2006; Zautra, Hall, & Murray, 2008).

The interactional factors associated with resilience that have been studied have mostly been in the domains of a young person’s family, school, or occasionally congregation and community (Gorman-Smith, Tolan, & Henry, 2005; Lee et al., 2009; Martin & Marsh, 2008). Even when functional indicators like academic achievement or social conduct are used in studies of resilience, there is little attention paid to the availability or accessibility of formal government funded services that are meant to help facilitate the positive psychosocial development of at-risk young people. Oddly, the social welfare system is invisible in our research on the factors that make resilience more likely to occur.

### **Service provision and resilience**

The complexity of studying both individual and service level variables, like access to services, can be complicated by the way a patchwork of organizations fulfill their mandates to promote young people’s positive development. It is not unusual, for example, that remedial academic services are provided by programs that are part of the juvenile justice system, child welfare services, or a community agency whose mandate is to provide services to street-involved youth (Malmgren & Meisel, 2002). Likewise, mental health treatment may not only be provided by a community mental health clinic, youth-at-risk are just as likely to receive counseling through child welfare providers, or in youth detention centers where there also may be treatment for concurrent disorders (Abrams, Shannon, & Sangalang, 2008). In some instances, service providers outside the formal mental health care system may be able to provide a more coherent service that addresses a youth’s complex needs (Garland, Hough, Landsverk, & Brown, 2001; Mitchell, 2011).

This gap leaves questions regarding how the availability and accessibility of mandated and informal community supports act as facilitative environments that help adolescents to cope with adversity (increase their resilience). When services have been studied in relation to resilience, they tend to be assessed for their narrow program elements that result in psychological gains for children under stress (Henley, 2010) but not for their overall quality or level of coordination with other services. In other words, the assumption is that if the program exists, it must therefore create an opportunity for the individual to learn the skills necessary to buffer stress or recover from exposure to unmanageable amounts of stress. The individual is treated as the dependent variable becoming more resilient (i.e., engaging in processes associated with resilience like staying in school, resisting substance abuse, or developing prosocial attitudes towards police) while the program is the fixed independent variable. In such cases, the individual’s personal agency and latent capacities to cope explain only a small amount of the variance in outcomes (Cicchetti, 2010; Sroufe, Egeland, Carlson, & Collins, 2005). Evidence suggests that it is individuals who remain relatively unchanged, and that a comprehensive system of social welfare removes the risks that threaten youth development (Betancourt et al., 2010; Browne et al., 2001; Obrist et al., 2010; Saewyc & Edinburgh, 2010). Conceptualizing resilience as a social ecological construct emphasizes the interactional processes that involve service providers in the promotion of resilience (Ungar & Liebenberg, 2011). Progressive social policies that provide youth with resources such as the care and protection of the social welfare system and recreational opportunities appear to exert more influence on resilience than individual factors.

A small number of studies are beginning to show that when populations at risk of poor developmental outcomes are provided with resources in the form of psychosocial services, most individuals do well regardless of personal characteristics like motivation, self-esteem, or sense of efficacy (see, for example, Dodge & Coleman, 2009; DuMont, Widom, & Czaja, 2007;

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