



Psychometric Evaluation of the Healthy Activities for Raising Resilient Youth – Short Form (HARRY-SF)

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Executive Summary

This report presents a psychometric evaluation of the HARRY-SF, a brief 14-item version of the 41-item *Healthy Activities for Raising Resilient Youth* (HARRY; Tyler et al., 2024) instrument and examines its role in identifying resilience-related processes associated with emotional distress among adolescents. Using a diverse sample of youth ($N = 128$), who were not included in the original study, the analyses were designed to determine whether the HARRY-SF is a reliable and valid measure of resilience-supportive behaviors, whether it provides information beyond established resilience scales, and whether it functions consistently across demographic groups and levels of trauma symptom severity.

Key Findings

- 1. HARRY-SF is a reliable, unidimensional measure of resilience-related behaviors.**
Exploratory and confirmatory factor analyses supported a single underlying factor, indicating that HARRY-SF items reflect a common resilience construct. Internal consistency was strong (ordinal $\omega = .86$), supporting use of a total HARRY-SF score rather than subscales. Measurement structure was comparable across sex, indicating that the scale functions similarly for male and female youth.
- 2. HARRY-SF is a valid measure of resilience-related behaviors in youth.**
Collectively, the findings provide evidence of convergent, criterion-related, and incremental validity for the HARRY-SF.
- 3. HARRY-SF captures unique information beyond traditional resilience scales.**
When examined alongside an established resilience measure, HARRY-SF explained additional variance in hope, even after accounting for age, sex, and trauma symptoms. This suggests that HARRY-SF assesses behaviorally anchored aspects of resilience that are not redundant with trait-focused instruments.
- 4. Hope is the central mechanism linking HARRY-SF to emotional distress.**
Mediation analyses demonstrated that higher HARRY-SF scores were associated with lower emotional distress indirectly through higher levels of hope. Once hope was included in the model, the direct association between HARRY-SF and emotional distress was not significant, indicating a full mediation pattern. These findings highlight hope as a key psychological process through which engagement in resilience-supportive behaviors appears to influence emotional health.
- 5. The resilience pathway operates consistently across levels of trauma severity.**
Although trauma symptom severity was strongly associated with higher emotional distress, it did not alter the strength of the association between hope and emotional distress. The protective association of hope with emotional distress was evident across both lower and higher levels of trauma symptom severity, suggesting that resilience processes captured by HARRY-SF remain relevant in the context of significant adversity.

Practical Implications

Together, these findings provide preliminary evidence that the HARRY-SF may be used as a universal resilience screener. Analyses indicate that the measurement structure is stable, associations are distinct from trait-based resilience, and its protective pathway operates consistently across differing levels of trauma symptom severity; thus, HARRY-SF can potentially be used broadly to identify strengths and adaptive behaviors among youth.

In residential care settings, HARRY-SF can support strength-based service planning by identifying everyday activities and behaviors that promote hope, even for youth with high trauma burden. Trauma severity remains important for informing intervention intensity but does not negate the relevance of resilience-supportive behaviors.

In general, pediatric, educational, and prevention contexts, HARRY-SF provides a low-burden approach to assessing interest in resilience-related behaviors without requiring detailed trauma histories, making it well suited for universal screening, prevention, and early intervention efforts.

Overall Conclusion

The evidence presented in this report indicates that the 14-item short version of the HARRY-SF is a psychometrically sound, behaviorally grounded measure that contributes meaningful information about resilience processes in youth. Its consistent measurement structure across sex, its distinction from trait-based resilience, and its clear linkage to hope as a protective process support its use as a practical and actionable tool for strength-based screening, prevention, and program planning across a range of clinical and community settings.

Study Overview

Sample Characteristics. The sample consisted of 128 adolescents ages 11-18 (M age = 15.5 years, $SD = 1.44$); 57.1% identified as male. Participants represented diverse racial backgrounds (43.6% White, 22.6% Black, 17.3% Hispanic, 9.0% Two or More races, 6.0% American Indian, and 1.5% Asian).

Measurement Properties of the HARRY-SF Scale. Exploratory factor analysis, used to evaluate the dimensionality of the 14 ordinal HARRY-SF items, indicated a strong dominant general factor, with smaller secondary factors that were not clearly interpretable and exhibited substantial cross-loadings. Based on these findings, a one-factor confirmatory factor analysis (CFA) with the same sample was estimated using WLSMV with theta parameterization to test the theory-based model with more restrictions. The CFA was not used to improve the fit of the one-factor model which was acceptable, $\chi^2(77) = 127.54$, $RMSEA = .07$, $CFI = .94$, $TLI = .93$, $SRMR = .08$. Standardized loadings ranged from .35 to .78 (see Table 1). Lower-loading items were retained to include diverse everyday behaviors. It should be noted that exploratory and confirmatory factor analyses were conducted using the same dataset. Given the moderate sample size, splitting the sample would have resulted in unstable parameter estimates. The confirmatory analysis tested a theoretically specified one-factor model rather than a data-driven structure, and converging results across approaches supported the identified measurement model. Ordinal omega reliability was high ($\omega = .86$), supporting use of a single composite HARRY-SF score. Omega is reported due to the use of ordinal response options. Multigroup CFA by sex supported configural invariance, indicating that the latent factor structure was supported across male and female youth.

Validity. Validity of the HARRY-SF was evaluated through associations with established measures of resilience, protective factors, and emotional distress. All self-report measures were administered at the same time to youth. Convergent validity was assessed through correlations with the Resilience Scale-14 (RS-14; Wagnild, 2009), the Children's Hope Scale (CHS; Snyder et al., 1997), a measure of youth mattering (see Flett et al., 2022; Hamby et al., 2018), and the SODAS problem-solving scale (Chmelka & Thompson, 2018). These constructs were selected based on theoretical and empirical overlap (see Tyler et al., 2021; 2022) with resilience-supportive behaviors targeted by HARRY-SF.

Criterion-related validity was examined through associations with emotional distress and trauma-related symptoms, including the Emotional Symptoms subscale of the Strengths and Difficulties Questionnaire (SDQ; Goodman et al., 1998) and the Brief Trauma Symptom Screen for Youth (BTSSY; Tyler et al., 2019). As expected for a behaviorally focused resilience measure, HARRY-SF showed minimal bivariate association with concurrent symptom severity, supporting its distinction from measures of psychopathology while remaining relevant to clinically meaningful outcomes through indirect pathways. Descriptive statistics and bivariate correlations are presented in Tables 2 and 3.

Mediation Analysis: HARRY-SF, Hope, and Emotional Symptoms. Mediation analyses indicated that HARRY-SF was positively associated with hope ($\beta = .33, p < .001$, mattering ($\beta = .21, p = .009$, and problem-solving skills ($\beta = .26, p = .009$); however, hope emerged as the only significant mediator linking HARRY-SF to emotional distress associated with traumatic stress (see Figure 1). Greater hope was associated with lower levels of emotional distress ($\beta = -.24, p = .006$). The total indirect effect of resilience on emotional distress was statistically significant ($\beta = -.10, p = .007$), indicating that resilience was associated with lower emotional distress through the combined mediating pathways. Examination of specific indirect effects revealed that only the pathway through hope was significant ($\beta = -.08, p = .015$), whereas the direct effect ($\beta = .08, p = .263$) was not, which is consistent with a full mediation pattern. The model explained 38.5% of the variance in emotional distress.

Incremental Validity of HARRY-SF Beyond RS-14. Incremental validity was examined by regressing hope simultaneously on HARRY-SF and adding the RS-14 to the model, while controlling for age, sex, and trauma symptom severity. RS-14 was a strong predictor of hope ($\beta = .44, p < .001$). Importantly, HARRY-SF explained unique variance in hope beyond RS-14 ($\beta = .19, p = .007$), indicating that HARRY-SF captures resilience-related behavioral engagement not fully accounted for by trait-based resilience of the RS-14. The full model accounted for 42% of the variance in hope.

Moderated Mediation by Trauma Severity. A moderated mediation model tested whether the indirect pathway from HARRY-SF to emotional distress through hope varied as a function of trauma symptom severity (see Figure 2). Trauma severity was independently associated with higher emotional distress; however, the interaction between hope and trauma severity was not significant ($\beta = -.01, p = .930$). This finding suggests that the protective association between hope and emotional distress ($\beta = -.28, p = .001$) was consistent across different levels of trauma severity. The indirect effect of HARRY-SF on emotional distress through hope remained statistically significant ($\beta = -.09, p = .005$). Thus, trauma severity did not significantly alter the association between hope and emotional distress, suggesting that the protective associations of resilience-related activities and hope were evident across various levels of trauma symptomatology.

Future Directions. Mediation findings from this study are cross-sectional and do not establish temporal ordering. Future research should extend the current findings through longitudinal studies to determine whether resilience-supportive activities predict changes in hope and emotional distress over time. Establishing sensitivity to change will be particularly important to evaluate HARRY-SF's responsiveness to intervention and its utility as an outcome measure in prevention and treatment programs. Additional work is needed to assess broader measurement invariance across diverse subgroups, such as racial and ethnic groups and different care settings, to ensure the instrument functions equivalently in diverse contexts. Finally, research studies should examine the predictive validity of HARRY-SF for functional outcomes such as academic engagement, social functioning, and behavioral adjustment to further inform its use in screening, program planning, and evaluation.

References

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Table 1*Standardized Factor Loadings for the One-Factor CFA of the HARRY-SF Scale*

Item	Standardized Loading (λ)	R ²
Exercise or workout	.45	.20
Pray or attend religious activity	.41	.17
Go to a community/cultural event	.72	.52
Treat myself to something I like	.35	.12
Try to problem-solve a situation	.41	.17
Cook or bake with family or friends	.61	.37
Spend time outdoors	.57	.33
Talk to someone I trust	.62	.39
Watch a movie/play a game with family or friends	.74	.55
Think of something positive	.68	.47
Do something nice for someone else	.78	.61
Do a spiritual cleansing	.73	.53
Build something	.67	.44
Spend one-on-one time with a family member	.75	.56

Note. Loadings are standardized (STDY) estimates from a one-factor confirmatory factor analysis estimated using WLSMV with ordinal indicators and theta parameterization. All loadings were statistically significant ($p < .001$).

Table 2*Descriptive Statistics and Internal Consistency Estimates*

Measure	Items	α / ω	M	SD	Skew	Kurtosis
HARRY-SF	14	$\omega = .86$	17.12	5.94	-.40	-.45
RS-14	14	$\alpha = .90$	70.07	15.42	-.77	.92
Mattering	6	$\alpha = .80$	3.91	.69	-.48	-.21
SODAS	4	$\alpha = .86$	3.26	.92	-.37	-.25
Hope	6	$\alpha = .81$	3.81	.96	.20	-.37
Emotional Distress	5	$\alpha = .69$	3.69	2.31	.36	-.45
Trauma Symptoms	6	$\alpha = .82$	4.07	3.30	.59	-.61
ACEs	10	$\alpha = .65$	2.48	1.97	1.27	2.33

Note. α = Cronbach's alpha. ω = ordinal omega.

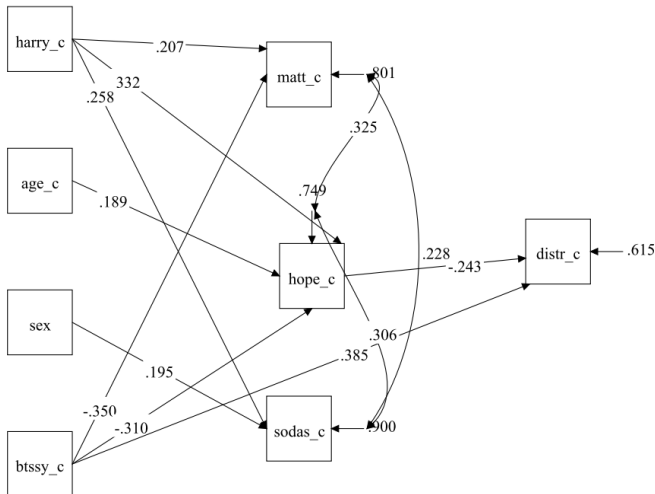
Table 3*Correlations Among Primary Study Variables*

Variable	1	2	3	4	5	6	7
1. HARRY-SF	—	.31*	.24*	.23*	.32*	-.02	-.04
2. RS-14		—	.42*	.29*	.56*	-.30*	-.17*
3. Mattering			—	.25*	.42*	-.32*	-.36*
4. SODAS				—	.38*	-.17*	-.07
5. Hope					—	-.41*	-.33*
6. Emotional Distress						—	.54*
7. Trauma Symptoms							—

Note. * $p < .05$.

Figure 1.

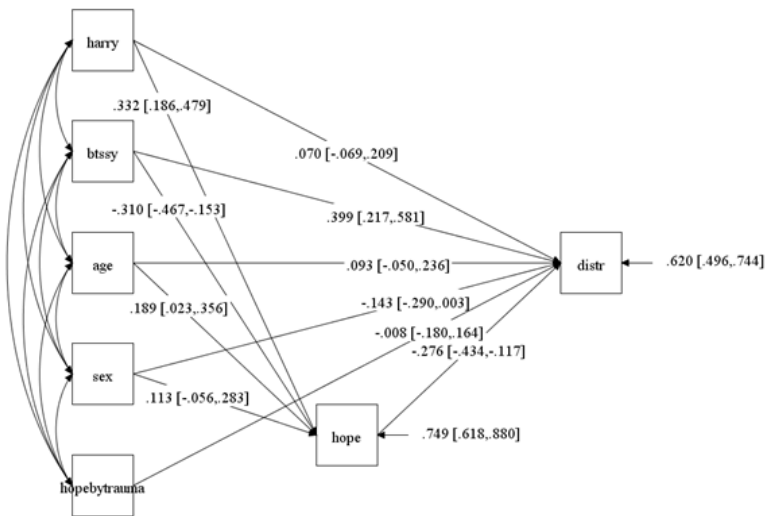
Mediation: HARRY-SF, Hope, and Emotional Distress



Note. Only significant (95% CI) standardized coefficients are shown.

Figure 2.

Moderated Mediation by Trauma Severity



Note. All standardized coefficients are shown with 95% CI.