



Developing a Culturally Informed Resilience Screen for Youths in Residential Programs

Patrick M. Tyler¹ · Josh Day¹ · Mary B. Chmelka¹ · Jada Loro¹ · Chanelle T. Gordon²

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Abstract

Resilience is a process that involves positive adaptation to trauma through protective factors. How resilience differs based on race and ethnicity is less known for youths in residential treatment programs. This study collected views from culturally diverse youths in a residential program on ways they have overcome adversity. The findings were used to develop a culturally informed screen of activities related to resilience for youths in residential programs. This study included 32 youths ages 12–18 residing in a residential program; 66% were male, 34.5% White, 25% African American, 21.9% Latinx, 15.6% more than one race, and 3.1% American Indian. Youths completed resilience measures and participated in focus groups that were conducted according to race and ethnicity. Youths answered two questions: (1) What has helped you overcome some of the difficult challenges you have faced in life? (2) When you think about hard times that you have gone through, what family and community traditions have helped you? Racial and ethnic similarities and differences in the themes and activities are reported. Preliminary scale design of the resilience screen is also included. Convergence of the findings with the existing literature on youth resilience, limitations, and future directions are discussed. The study has implications for further development of a culturally informed measure of resilience for youths.

Keywords Youth · Adversity · Resilience · Diversity · Residential programs

Youths in residential programs have high rates of exposure to adversity such as trauma (Bettman et al., 2011; Briggs et al., 2012; Seifert et al., 2015), and approximately one-third have posttraumatic stress disorder (PTSD; Boyer et al., 2009; Mueser & Taub, 2008). Yet, resilience—a process that involves positive adaptation to trauma through protective factors (Kim-Cohen, 2007)—lacks supporting research for youths in residential programs. Resilience involves two components: (1) exposure to risk factors and (2) subsequent positive adaptation through protective factors that mitigate risks (Kim-Cohen, 2007). Ungar (2013) argues resilience differs based on the amount of risk exposure, context, and culture, and the environment is more critical in child development than the child's traits with regard to resilience. Therefore,

understanding protective factors from within a cultural context is critical to inform clinical interventions and promote resilience in youths receiving residential services.

To better serve youths across the United States, trauma-informed services (United States Health and Human Services (USDHHS), 2014) are recommended to reduce vulnerability in youths while they are in care. Building resilience through protective factors is an important aspect of trauma-informed care. Protective factors can mitigate the impact risk factors, such as childhood maltreatment, have on developmental outcomes (Cohen, 2007). Additionally, combining trauma-informed care with cultural humility—which involves “a deeper understanding of cultural differences to improve the way vulnerable groups are treated and researched” (p.252) (Yeager & Bauer-Wu, 2013)—can improve the quality of services for youths (Ranjbar et al., 2020), especially youths from underrepresented cultures.

Determining adverse childhood experiences (ACEs; Felitti et al., 1998) and trauma symptoms in youths in residential programs from a cultural perspective is challenging. While many residential programs traditionally use ACEs to assess for exposure to traumatic events, this checklist does

✉ Patrick M. Tyler
patrick.tyler@boystown.org

¹ Child and Family Translational Research Center, Boys Town National Research Hospital, 14015 Flanagan Blvd. #102, Boys Town, Boys Town, NE 68010, USA

² Omaha VA Medical Center, 4101 Woolworth Ave, Omaha, NE 68105, USA

not include stressors such as racism and discrimination that minority youths may encounter. Inconsistency in reporting trauma exposure can also be as high as 30 to 40% (MacDonald et al., 2016) due to the sensitivity of the topic (McKinney et al., 2009). Additionally, youths from some cultures may be reluctant to share intimate hardships with others outside of their family (Summerfield, 2000). Endorsement of symptoms associated with trauma can also differ based on race and ethnicity. A cross-cultural review of PTSD (Hinton & Lewis-Fernandez, 2011) indicated diagnostic criteria for PTSD may not be calibrated to specific cultural groups. These findings indicated that although overall prevalence rates of PTSD in the United States across cultures do not differ, endorsement of PTSD symptoms may. For example, reported symptoms may be higher for Latinx, African Americans, and American Indians because of the effects of racism and discrimination (Hinton & Lewis-Fernandez, 2011). Therefore, it is important to recognize that youths placed in residential programs could report symptoms associated with trauma differently based on their race and ethnicity.

Although many studies demonstrate that youths exposed to adversity will experience increased risk for later negative outcomes (e.g., traumatic stress, suicidality) (Mueser & Taub, 2008), resilience—or positive adaptation after adversity (Kim-Cohen, 2007)—is possible. Resilient functioning can include factors such as intelligence, supportive relationships, safe communities, planning, and self-regulation (Masten, 2001; Williams et al., 2001). For example, problem-solving skills have been found to contribute to resilience (Williams et al., 2001). Further, resilience, self-efficacy, and social support mediate stressful situations and problem-solving (Li et al., 2018). In a study of adults exposed to childhood maltreatment, resilience was related to peer relationships in adolescence and the quality of adult friendships (Collishaw et al., 2007). Improving the screening of resilience via a culturally informed lens could further protect minority youths from the harmful effects of trauma.

From a cultural perspective, racial identity is a protective factor against discrimination for marginalized minorities (Zimmerman et al., 2013). Heid et al. (2022) found strategies that improved resilience for youths from Indigenous cultures were future orientation, cultural pride, and interacting with community members. The Indigenous traditional knowledge and continuity of their culture were all resilience pathways to reducing stressors, while stressors that had the most negative effects were family instability, loss of cultural identity, and substance use. Similar themes of social support, prayer, or respective cultural faith practices were also identified as resilience factors in a study by Killgore et al. (2020). The relationship between trauma and resilience from a cultural standpoint is not straightforward, however. For example, circumstances such as discrimination can drive a youth to adopt a “striving persistent behavioral style (SPBS),” a resilience

factor that can push a youth to succeed in one domain such as academics but also create a detrimental hindrance in another such as physical and mental wellbeing (Doan et al., 2022).

Gaining a better understanding of factors that mitigate adversities such as trauma exposure and symptoms in youths placed in residential programs, from a cultural standpoint, can aid in the development of instruments that can inform strength-based services. Unfortunately, few resilience instruments have been developed with input from cultural minorities (Ungar, 2013). To address this gap in the field, we used participatory action research (PAR) which is a research approach designed to promote social change (Institute of Development Studies, 2024). PAR includes persons, who are most affected by the problem, in the research process to identify solutions that are beneficial for them (Cargo & Mercer, 2008; Institute of Development Studies, 2024; Minkler et al., 2003). The purpose of this qualitative study was to provide a better understanding from youths in residential programs on ways they have overcome adversity, cultural customs and traditions that helped them, and how these approaches were similar and different based on youths’ race/ethnicity. This information was then used to inform the development of a screening instrument on resilience that could be coupled with trauma screening to better inform treatment planning for youths entering residential programs. This consisted of activities that helped youths transform their lives from risks to resilience (Rutter, 2007) from a cultural perspective. The aims of this study were (1) to collect views from youths in a residential program on ways they have overcome adversity in their lives, (2) to examine how these views compared based on factors related to race and ethnicity, and (3) to develop a brief culturally informed screen of resilience that could be used for youths in residential programs.

Method

Participants

Participants were from a large residential program in the Midwest United States. The study was approved by the Boys Town National Research Hospital Institutional Review Board, and parent permissions and youth assents were obtained prior to the study. The study included 32 youths, ages 12.2 to 18.2 years with a mean of 15.8 ($SD = 1.56$); 65.6% were male, with 34.5% White, 25% African American, 21.9% Latinx, 15.6% more than one race, and 3.1% American Indian. Prior exposure rates to childhood adversity were as follows: 38.7% emotional abuse, 16.1% physical abuse, 3.2% sexual abuse, 16.1% exposure to domestic violence, 45.2% substance use in the family, 16.1% mental illness in the family, 45.2% witnessing parent marital

discord, 9.7% criminal parent, 19.4% neglect, 37.5% had been adopted, and 31.3% were living below the poverty level. At the time of admission into the program, 46.7% of the youths had endorsed items of posttraumatic stress on the Brief Trauma Symptom Screen for Youth (Tyler et al., 2019). Youths also completed the *14-Item Resilience Scale-14* (RS-14; Wagnild, 2009) that included items such as “I can get through difficult times because I’ve experienced difficulty before” rated on a seven-point scale from 1 = *Strongly Disagree* to 7 = *Strongly Agree*. The internal consistency was $\alpha = 0.90$. The mean on the RS-14 was 73.26 ($SD = 13.9$, range 30–92, skew = 1.34, kurtosis = 2.4) with 6.5% of youths reporting very low resilience, 38.7% low, 19.4% moderate, 32.3% moderately high, and 3.2% very high. Ratings on the RS-14 did not differ based on sex ($p = 0.749$) or race/ethnicity ($p = 0.460$) (see Table 1). All of the participants in the study were residing in a trauma-informed (see USDHHS, 2014) residential program (see Father Flanagan’s Boys’ Home, 2015) that implements a modified version (Thompson & Daly, 2015) of the evidence-based Teaching-Family Model (TFM; Wolf et al., 1995) in family-style group homes.

Participatory Action Research

Participatory action research (PAR) was used to target resilience for youths in this residential program. Key concepts of PAR (see Institute of Development Studies, 2024) were included in the design of the study: (a) emphasis on having direct benefits for the youths, (b) facilitating a process that empowered the youths to determine the solutions, (c) including youths in the analysis and evaluation of the research results, and (d) translating the results into change that improves services for youths in residential programs. To emphasize the benefits for youths in the residential program, three homogenous groups of both boys and girls of the same races/ethnicities and one group of youths from combined races/ethnicities were assembled. Groups were comprised of the following: Group One = eight White youths, Group Two = nine African American youths, Group Three = seven Latinx youths, Group Four = eight youths of different races/ethnicities. To empower youths, “resilience” was explained to them and then they were asked to respond

to two questions. Question One was aimed at helping them identify individual factors related to resilience: (1) “What has helped you overcome some of the difficult challenges you have faced in life?” Question Two was aimed at helping them identify cultural, family, and community factors related to resilience (2) “When you think about hard times you have gone through, what family and community traditions have helped you?” To facilitate an empowering process, focus groups, using a modified Nominal Group Technique (NGT; see Trout & Epstein, 2010), provided an opportunity for youths to gain an understanding of how they overcame difficult challenges/adversity in their lives.

Focus groups were facilitated by the principal investigator (PI) with prior experience conducting focus groups using NGT (Tyler et al., 2014, 2018) and a Research Scientist who received training on the NGT. NGT is a structured focus group procedure that combines both qualitative and quantitative methods to collect client feedback in an efficient manner (Tuffrey-Wijne et al., 2007). NGT provides a replicable process to gather information for developing client-oriented interventions (Nelson et al., 2002; Tuffrey-Wijne et al., 2007). The same procedure was used for all 90-min sessions. First, a script was developed to assure consistency among each focus group session. Second, the purpose and expectations of the focus group were explained to participants. Third, participants were given a brief explanation of resilience to provide them with the purpose of the study. Fourth, participants were provided an overview of the process of the focus group and allowed to ask questions.

A modified six-step NGT process was used for data collection and preliminary analyses. In step one, youths were asked Question One, “1) What has helped you overcome some of the difficult challenges you have faced in life?” Participants were instructed to take 10 min to write down as many ideas as possible on index cards to Question One, writing one idea on each card. In step two, the cards were collected. The four groups of participants generated a total of 181 ideas for Question One. Ideas were randomly read out loud and written on a display screen for participants. Step three included a discussion with participants to clarify the meaning of the ideas, to combine similar or duplicate ideas, or to add new ones. In step four, participants were included in the analyses of the results by voting on the most

Table 1 Resilience scores based on sex and race

	Girls ($n = 11$)	Boys ($n = 21$)	t	p	White ($n = 11$)	African American ($n = 8$)	Latinx ($n = 7$)	Other ($n = 6$)	f	p
	M, SD	M, SD			M, SD	M, SD	M, SD	M, SD		
RS-14	74.36, 16.26	72.65, 12.84	.323	.749	72.64, 16.34	74.38, 11.03	78.57, 9.68	65.40, 17.26	.888	.460

Other race includes American Indian and more than one race. RS-14, Resilience Screen-14

important ideas from the list. Each participant was given five new index cards and asked to choose the five ideas they thought were the most important and place the idea number in the upper left-hand corner of the index card, along with the identifying phrase from the list. Step five involved each participant ranking the five ideas they found most important by assigning 1 to 5 points to each of the five selected ideas based on highest priority. Each participant scored the idea of highest priority with a score of 5 points, the second highest idea received 4 points, third highest idea 3 points, fourth highest idea 2 points, and fifth highest idea 1 point. Finally, in step six, the note cards were recollected and aggregated, so the most important themes could be identified. The same six-step process was then repeated with Question Two, (2) “When you think about hard times you have gone through, what family and community traditions have helped you?” The four groups of participants generated a total of 148 ideas for Question 2. These results were then further analyzed to determine themes that could be used for the development of a brief resilience screen.

Data Analysis

A six-step process was used to determine themes for both questions. First, the ideas generated by the four focus groups were combined into two lists of the rated items for Question One and the rated items for Question Two based on the votes assigned by the focus group participants. Second, the lists were presented to research staff familiar with the study to independently group the ideas into the themes for each question. The coded themes for each item were then discussed by the group to check the agreement. Disagreements were reconciled by discussion between the project staff to make a final determination. Both lists were coded using MAXQDA 2022 (VERBI Software, 2021). Third, to check reliability, the original list of ideas was coded by two new researchers, who were blinded to the original coding. Both researchers were asked to independently assign the themes that were identified by the research team in step two

to the list of participant ideas. Fourth, the values for the themes were calculated by summing the points assigned by the participants for all the ideas included in each theme. Fifth, the themes were ranked according to the point values to determine the order of priority. Finally, *comparisons of cases and groups* (see MAXQDA; VERBI Software, 2021) were used to compare the ranking of themes for both questions between the four groups to examine similarities and differences based on race and ethnicity.

Descriptive statistics, means, standard deviations, skewness, and kurtosis were calculated for the sample. Pearson R correlations and analysis of variance (ANOVA) were used to determine the relationships between the resilience measures and to compare group differences. Internal consistency using Cronbach’s alpha and principal component analysis was conducted using SPSS version 25 (IBM, 2017). The survey data on the resilience measures were used to establish convergent validity for the newly developed resilience measure.

Results

There were seven themes for Question One that was aimed at identifying individual factors related to resilience (see Table 2). The interrater reliability for Question One was $k=0.95$, $p<0.001$. *Physical activity* included “exercise,” “working out,” and playing sports such as “wrestling,” “basketball,” “football,” and “volleyball.” *Social support* ideas were “talking to a trusted person” such as a friend, staff person, teacher, and therapist. *Hobbies* included activities such as “cooking,” “building things,” “art,” and “music.” Youth identified “solving problems,” “staying present,” “thinking about the positive,” “taking a shower,” and “sleeping” as *coping strategies*. Relationships with “Mom,” “grandparents,” and “siblings” were identified as important sources of *family support*. *Faith* included “prayer” and “having a relationship with God.” Finally, for *self-care*, youth shared different ways to treat themselves such as “getting my hair

Table 2 Themes across groups based on rank for Question One: “What has helped you overcome some of the difficult challenges you have faced in life?”

Themes and examples	Overall		Rankings by ethnic/racial group			
	Rank	Points	White	African American	Latinx	Combined
Physical activity (e.g., sports and exercise; time outdoors)	1	94	2	7	3	1
Social support (e.g., program staff, friends)	T2	84	1	1	6	4
Hobbies (e.g., listen to music, cooking)	T2	84	3	5	4	2
Coping Strategies (e.g., problem-solving, humor)	4	71	4	2 (tie)	5	6
Family (e.g., time with parents, vacations)	5	64		2 (tie)	2	3
Faith (e.g., praying, attending places of worship)	6	53	5	4	1	
Self-care (e.g., getting hair done, shopping)	7	29	6	6		5

done,” “going shopping,” and buying things they like such as “shoes.”

Comparison of themes based on the race/ethnic groups (see Table 2) showed all four groups ranked hobbies as one of the top five themes. The White group ranked *social support* the most important, and the only group that did not rate any items for *family*. The African American group also ranked *social support* the highest, and ranked physical activity the lowest. The Latinx group ranked *faith* the highest, and the only group that did not rate items related to *self-care*. The Combined group of different races/ethnicities ranked *physical activity* the highest, and the only group that did not rate any items related to *faith*.

There were 14 themes for Question Two that was aimed at identifying cultural, family, and community factors (see Table 3). The interrater reliability for Question Two was $k=0.91$, $p<0.001$. Several themes emerged that involved spending time with family during different events and activities such as *holidays and memorials* (e.g., *Christmas*, *Day of the Dead*), *vacations*, going for *car rides*, *cookouts*, *family reunions*, and *family time* at home “playing games” and “watching movies.” *Playing and watching team sports* and doing *outdoor activities* such as “going fishing” or to the “community pool” were some of the physical activities shared by youth. Youths identified *faith-based* activities such as “going to church,” “youth groups,” and “sweat lodge,” *helping others*, and attending larger *community events* such as “community fairs” and “car shows” as important activities. Youth also shared ideas related to different types of entertainment such as listening to *music*, “going to concerts,” *movies*, and watching *social media* with friends and family. Finally, youths shared specific events where they

received *social support* from friends and family due to an “injury,” “illness,” or “family emergency.”

Comparisons of themes based on race/ethnicity showed the White group ranked *holiday festivities/memorials* as the highest, and the only group to rank *sports and sporting events* and *getting outdoors* as a theme in the top five. The African American group also ranked *holidays* the highest along with *faith*, and the only group that ranked *helping others* in the top five. The Latinx group ranked *vacations* the highest, and the only group to rank *community events* (e.g., car shows) in the top five. The combined group ranked *car rides* (e.g., *fast food runs*) the highest, and the only group to rank *movies* and *media* in the top five.

Resilience Scale Development

For the next phase of the study, the results of the focus groups were used to create a screening questionnaire of the most common healthy activities shared by youth. The questionnaire was constructed with 51 unique participant ideas that made up the 21 themes from the two focus group questions. To pilot the screening instrument, a subset of focus group participants ($n=25$) completed the questionnaire. Demographics for the subsample were as follows: 78.3% male, 30.4% White, 26.1% African American, 13.0% Latinx, and 30.4% more than one race, with a mean age of 16.3 ($SD=2.10$). Youth were asked to respond to the statement “When I am dealing with bad things in my life, I find it helpful to...” and then rate each item 0 = *Not Like Me*, 1 = *Somewhat Like Me*, and 2 = *A Lot Like Me*. After youths filled out the prototype of the resilience screen, it was discussed in a large group to get their opinions and suggestions on the

Table 3 Themes across groups based on rank for Question Two: “When you think about hard times you have gone through, what family and community traditions have helped you?”

Themes and examples	Overall		Rankings by ethnic/racial group			
	Rank	Points	White	African American	Latinx	Combined
Holiday festivities and memorials (e.g., Christmas traditions, day of the dead)	1	91	1	1 (tie)	2	8
Vacations (e.g., family vacations, road trips)	2	53	4 (tie)	6	1	7
Faith (e.g., going to church, sweat lodge)	3	44		1 (tie)	3	5
Family time (e.g., playing games, watching movies)	4	43	2	8	4	4
Car rides and food runs (e.g., fast food runs, going on car rides with family)	5	41		9	6 (tie)	1
Music (e.g., listening to music, concerts)	6	34		4		3
Social support (e.g., being cared for during difficult times)	7	27	7	10		9
Sports and sporting events (e.g., playing sports, going to sporting events)	8	26	3	7		6
Movies and media (e.g., going to the movies, watching videos on social media)	9 (tie)	24			9	2
Cookouts and cooking together (e.g., BBQs, baking with family)	9 (tie)	24		3	6 (tie)	
Outdoor recreation (e.g., fishing trips, community swimming pool)	11	21	4 (tie)			
Family gatherings and reunions (e.g., family reunions)	12	20		9	8	
Community events (e.g., community fairs and carnivals, car/trade shows)	13	16	6		5	10
Generosity and helping others (e.g., charitable giving, volunteering)	14	15		5		

measure. Youths provided input on the clarity of the items and how useful it would be for new youths coming into the residential program. Some of the items were unclear (e.g., fun runs) and were later omitted. The youths were also asked how many of them believed the resilience screen would be beneficial for new youths who were coming into the residential program. A show of hands indicated that almost 90% (22) of the youths agreed it would be helpful for new youths. Suggestions from the youths were used to refine the resilience measure and determine its usefulness for future youths in the residential program.

Principal component analysis was used to determine the initial scale structure of the questionnaire. This resulted in the deletion of 10 items from the 51 original to get to a total scale and subscales internal consistencies of $\alpha > 0.70$. Internal consistency of the 41-item screening questionnaire was $\alpha = 0.95$ with an overall mean of 46.12, ($SD = 18.00$, range 11–82, skew = -0.14 , kurtosis = -0.26 , and item mean = 1.12 ($SD = 0.44$). Kaiser–Meyer–Olkin measure of sampling adequacy was used to determine the proportion of variance in the variables caused by underlying factors based on a value > 0.50 , and Bartlett’s test of sphericity was used to determine if factor analysis would be useful based on a p value < 0.05 (IBM, 2021). The results highlighted the overlap in ideas within the themes and sub-themes for Questions One and Two which reduced the number of subscales to eight: (1) *physical activity & outdoor recreation*, (2) *social support*, (3) *coping strategies*, (4) *hobbies*, (5) *family time*, (6) *faith*, (7) *self-care and community*, and (8) *helping others*. Items within the themes of social support, faith, coping strategy, and helping others remained unchanged. Family items within themes such as holiday festivities, vacations, family gatherings, car rides, and family time were combined into a family-time subscale. Hobbies, music, and media were combined into hobbies. Physical activity, sports, and outdoor recreation were combined into physical activity and outdoor recreation. Self-care and community were also combined into one subscale. Internal consistencies, means, and standard deviations for the eight subscales are found in Table 4.

Total scores on the scale, referred to as the *Healthy Activities for Raising Resilient Youth* (HARRY), demonstrated good convergent validity with the RS-14 with a significant moderate positive correlation of $r = 0.58$, $p = 0.003$. There was not a significant difference for total ratings on the HARRY or subscales based on race/ethnicity $F(3, 21) = 0.404$, $p = 0.751$. However, it should be noted that this sample size was small.

Discussion

This study was conducted to seek a better understanding of activities related to resilience according to youths from diverse cultural backgrounds in a residential program. Results to the first question provided overarching themes of individual activities related to overcoming difficult challenges, while the second question provided examples of family and cultural activities that youths found helpful to get through hard times. The results from both questions were used to develop a screen of healthy activities related to resilience (i.e., HARRY). Each of the themes will be discussed to demonstrate convergence with the literature on residential programs, along with cultural implications more generally.

Physical Activity and Outdoor Recreation

Physical activity and outdoor recreation were the highest-rated theme overall and included ideas such as “playing a team sport,” “exercising,” “working out,” and “spending time outdoors” (e.g., camping, hiking). The importance of this theme is further supported by previous research demonstrating that general working out, exercise, and increased physical activity are related to emotional resilience and happiness (Dogan, 2015; Richards et al., 2015). Sports training can increase mental toughness and self-efficacy while reducing negative emotions such as anxiety and depression (Cui and Zhang, 2022). Williams and Bryan (2012) reported involvement in extracurricular activities contributed to youths’ resilience and academic success. For youths

Table 4 Means, standard deviations, and internal consistencies of the sub-scales for the HARRY

Themes and examples	Items	<i>M</i>	<i>SD</i>	<i>a</i>
Social support (e.g., talk to someone I trust; talking to friends)	3	1.36	.55	.77
Physical activity (e.g., exercise, sports, outdoor activities)	7	1.27	.46	.71
Coping strategies (e.g., try to solve problem, stay in moment)	5	1.26	.54	.81
Self-care and community (e.g., get hair done, cultural events)	6	1.26	.52	.83
Family time (e.g., playing games, vacations, cookouts)	8	1.11	.61	.89
Helping others (e.g., volunteering, help others in need)	3	1.06	.65	.87
Hobbies (e.g., cooking, listening to music)	5	.91	.55	.71
Faith (e.g., prayer, go to place of worship, sweat lodge)	4	.63	.60	.88
Total	41	1.12	.44	.95

N = 25; HARRY, Healthy Activities for Raising Resilient Youth

in residential programs, an intervention that educated youths on healthier eating and physical activity showed promising results with increased involvement in sports, healthy meal preparation, self-esteem, and independent living skills (Green et al., 2022).

The results from our study also parallel previous literature demonstrating the benefits of physical activity across diverse cultures. For example, links between physical activity and cognitive and psychological well-being have been demonstrated in both African American and Latinx youths (Crews et al., 2004; Perrino et al., 2019; Reed et al., 2013). In American Indian youths in the Midwest U.S., involvement in sports and activities was related to prosocial outcomes (LaFromboise et al., 2006), and participation in sports and activities has been encouraged by American Indian Elders in the Southwest US to promote resilience in youths (Kahn et al., 2016). Spending time outdoors and “learning from the natural world” can also improve resilience by fostering a sense of peace and connection and help youths observe cycles of change and regrowth (Heid et al. (2022).

In our study, there were differences noted between groups based on the type of physical activities and settings. African American youths did not identify physical activity as an important individual activity, but they did rank it as a family or community activity that has helped them. Conversely, Latinx youths in our study ranked physical activity as an important individual activity, but not as a family or community activity, although several Latinx youths talked about fun memories of watching their family members play on their softball teams. Engaging in outdoor recreational activities such as going to the swimming pool and lakes was ranked higher by White youths. Youths talked about annual fishing trips that they took with their family. Further exploration is needed to see if interest in physical activity and the relationship to resilience differs culturally for youths based on the type of physical activity, setting, etc.

Social Support

Focus group participants discussed the importance of social support that included “talking to good friends,” “spending one on one time with family members,” and “talking to someone you trust.” This converged with other studies finding that social support such as friends and adults at school (e.g., teachers, coaches) positively predicted resilience, while the inverse of social support through bullying negatively predicted resilience (Zheng et al., 2021). Social support helped youths who experienced adversity (e.g., postwar environments) reappraise their circumstances and see stressful situations as opportunities for growth so they could confront them more confidently (Pejičić et al., 2017). Extreme environmental factors were not the only circumstances where social support was effective. Strong school

connections mitigate neighborhood risks such as exposure to community violence (Ernestus & Pelow, 2015). For example, in a small study of African American students from low-income single-parent families, supportive school-based relationships with teachers, counselors, and coaches contributed to their resilience (Williams & Bryan, 2012). For youths in residential programs, helping them identify social support through supportive relationships from adults in school, programs, and community settings is critically important for promoting resilience and reducing traumatic stress (Hagan & Spinazzola, 2013). For example, a study of 213 youths in a residential program found mentoring was related to increased sense of belonging, which in turn mediated resilience (Sulimani-Aidan & Schwartz-Tayri, 2021). Additionally, our prior research has found positive peer relationships are a protective factor against suicide ideation for youths in residential programs with trauma symptoms (Tyler et al., 2022).

Coping

Coping strategies included ideas such as “thinking of something positive,” “trying to problem solve,” “staying in the moment,” “doing something that makes you laugh,” and “changing your body temperature to calm down.” These strategies were ranked as highly beneficial by all three major ethnic/racial groups explored. Problem-solving contributes to the development of resiliency (Williams et al., 2001) and has been an identified protective factor in adolescents exposed to mass traumatic events like war, civil conflicts, and terrorist attacks (Braun-Lewensohn et al., 2009; Dawson et al., 2018; Fayyad et al., 2017). Improving coping skills and self-regulation are important skills to help children in residential programs increase safe behavior and reduce traumatic stress (Hagan & Spinazzola, 2013). In our prior research, problem-solving skills were related to greater decreases in emotional distress from intake to discharge in youth with high trauma symptoms receiving services in a residential program (Tyler et al., 2021). In studies of youths in other cultures, finding solutions and hope for the future (e.g., as described by Aboriginal youth in Australia, Gale & Bolzan, 2013); reframing, normalizing stressors, and focusing on goals (e.g., as described by undocumented Mexican youth in the US, Kam et al., 2018); and thinking positively about challenges (e.g., as described by Middle East refugee youth in Canada, Smith et al., 2021) were all related to resilience. Focus groups conducted with 39 African American youths exposed to community violence identified the ability to persevere, self-regulate, and change to adapt/improve as keys to resilience (Woods-Jaeger et al., 2020). Youths in our study also shared Tip the Temperature (TIP) strategies from dialectical behavior therapy (Linehan, 2020) such as

changing body temperature to calm down fast and self-regulate (DBT Tools, 2023).

Hobbies

Hobbies were a theme described by youths that included ideas such as “cooking,” “baking,” “building something,” “listening to music,” and “going to concerts.” Youths in our study were unanimous about music listening as an activity to overcome adversity. Music provides a way for youths to define and express themselves, get through difficult times, and think critically about the world around them (Hess, 2019; Travis, 2013). These benefits are evident across many cultures. For example, a study of Mayan youths in Guatemala found hip-hop music provided cultural resilience by narrating their experience in a way they could identify with, supporting their Mayan language and history (Bell, 2017). Hip-hop and rap can also provide an avenue for Black youths to express personal and societal concerns—particularly when this music is used to promote positive self-esteem and ethnic identity (Payne & Gibson, 2008; Travis & Bowman, 2012). Music can however pose both benefits and challenges. A mixed-method study that used music with youths in a juvenile justice setting found it provided them the opportunity to recognize their abilities, engage in creative group activities, and allowed them to express themselves; however, it also created conflicts, feelings of exclusion, and triggered difficult memories and feelings (Daykin et al., 2017). Therefore, it is important to help youths find healthy, constructive, and prosocial hobbies that can provide them opportunities for self-expression and enjoyment.

Family Time

The family-time domain included ideas such as “playing games,” “watching movies,” “going shopping,” “family vacations,” “road trips,” “family gatherings,” and “cook-outs.” Several youths in our study shared how the holidays and traditions were important times to reconnect with family and their cultural identity, which highlighted the value of holidays for quality family time. Youths shared family traditions based on their heritage such as “hiding the pickle” in the Christmas tree. Several of the girls talked about going shopping the day after Thanksgiving with the mothers, grandmothers, etc. Other youths talked about celebrating “not holidays,” by celebrating a holiday on a different day because their parents had to work. Youths were also excited to share traditions about being involved with their family by helping with the BBQ (e.g., smoking meat) or making special dishes during family get-togethers and reunions.

Quality time with family can aid in parental monitoring, bonding, and family cohesion (Willoughby & Hamza, 2011). Support from parents positively predicts resilience,

while family conflict negatively predicts resilience in youths (Zheng et al., 2021). The positive impact that spending time together as a family has across cultures is consistent in the literature. A study of Latino youths by Castro et al. (2007) found family bonding was a strong protective factor and associated with youths’ social responsibility (e.g., citizenship) and traditional family values (e.g., maintaining family traditions). For African American youths, family support can buffer the detrimental effects of community violence and lower youths’ risk for general psychological distress (DiClemente et al., 2018; Trask-Tate et al., 2010). Additionally, reduced parental conflict can buffer the effects of neighborhood disadvantage and influence on delinquent behavior (Lei & Beach, 2020). In White youths in a rural community, nurturant and involved parenting reduced the risk for externalizing and internalizing problems during economic hardships (Conger & Conger, 2002). In general, youths from families that are more cohesive (higher parental involvement and higher interparental affection) report more perseverance and connectedness (Xia, 2022). For youths in residential programs, family involvement and empowerment are related to success during and after treatment (Coll et al., 2022; Trout et al., 2013, 2020). Providing youths and families with family activities related to resilience could improve youth transition from residential care and long-term outcomes.

Faith

Faith items included “prayer,” going to “church” or “synagogue,” “sweat lodge,” and “youth group.” Youths in the study discussed individual practices around faith, along with religious involvement with their family, church, and community. Religion has been shown to have many benefits on youth development such as commitment to academics, healthy lifestyle, positive social relationships, coping with stress, and promoting family activities (Pinckney et al., 2020). African American and Latinx youths in our study ranked faith and religion as highly beneficial which is consistent with previous literature. Several studies demonstrated how prayer and cultural faith practices are related to resilience—particularly among African American and Latinx youths (Killgore et al., 2020). For instance, in a study of African American and Latinx inner-city youths, youths who were involved in church were less stressed, less likely to have psychological problems, and more likely to have a job compared to adolescents not involved in church (Cook, 2000). In a study of youths with elevated levels of ACEs, spirituality was a significant protective factor against depression (Freeny et al., 2021). Another study of low-income African American youths in Chicago found religious involvement was a protective factor against delinquency, drug use, and risky sexual behavior, and related to higher rates of school engagement (Kim et al., 2018). Studies across other cultures

and religions (e.g., in Muslim youth in Iran and Australia) found religiosity was positively correlated with emotional and behavioral health including problem-solving, self-regulation, and family support (Rafi, 2020) and promoted resilience by providing a sense of belonging, social support, empowerment through service, and a sense of meaning and hope (Mitha & Adatia, 2016). American Indian youths in our study shared the importance of attending the sweat lodge located on the campus of the residential program. This aligned with guidelines for residential programs based on First Nations teaching that use sweat lodges to help youths heal (Chalmers and Dell, 2011).

We also found African American and Latinx youths ranked faith and religion high as both an individual and community factor, but White youths only ranked it high as an individual factor. This could suggest there are special considerations needed to maximize faith and religion as a protective factor. The impact religion has on moral outcomes in youths is mediated through relationships with peers, adults, and family members (King & Furrow, 2004). For instance, Ngyuen-Gillham et al. (2008) argue the collective resiliency and social capital of religious communities can be overlooked when faith is used as an individual intervention from a Western perspective. To maximize the individual and community benefits of faith and religion, Van Dyke and Elias (2007) suggest collaboration between community and religious settings to reach youths in natural environments that can encourage prosocial values such as empowerment, social change, forgiveness, and purpose. The gender identity or sexual orientation of youths should also be considered. For example, Longo et al. (2013) found religion can pose a potential risk factor for youths whose sexual orientation may conflict with their religious beliefs, resulting in feelings of shame, immorality, and or even manifesting in self-injurious behaviors. The authors recommend youths find ways to reduce the internal conflict by finding religious leaders who are affirming, belonging to the religious community without believing all of the religious teachings, or finding meaning and purpose in other ways. Considerations for the role faith plays in promoting positive outcomes for youths in residential programs warrant further exploration.

Self-Care and Community

Ideas related to self-care and community connectedness included “going for a car ride,” treating yourself to something you like such as getting a “haircut” or “nails done,” and going to cultural events such as “fairs,” “car shows,” and “festivals.” These were ranked high particularly among our African American and Latinx youths. Family ethnic socialization is the process of exposing children to culturally relevant events or places that represent one’s ethnic-background or ethnic pride (Martinez-Fuentes

et al., 2021). In African American youths, self-care can be related to identity and linked to cultural pride (Wilcox et al., 2021). For example, youths in our study stated “getting hair done” and going to the salon or “barbershop” were related to resilience. Barbershops and beauty salons can create a family environment for Black youth, providing them with a place to share their views and get feedback, in addition to expressing themselves through their hairstyles (Dawson, 2020; National Museum of African American History and Culture, (n.d.)).

Participation in community events can also be a source of resilience through cultural connectedness (Hodgson et al., 2022). Youths in rural areas can gain community identity from participation in traditional activities such as rodeos and fairs (Larson & Dearmont, 2002). In our study, Latinx youths stated how going to community events and car shows were meaningful activities. For Indigenous youths, Elders in one study have suggested youth participate in traditional activities such as music making, dancing, and hearing stories about survival to gain a sense of community identity (Kahn et al., 2016). It is strongly recommended that residential programs use a culture-based model of resilience for First Nations and Aboriginal youths to help them reconnect with their culture, family, and the community (Chalmers & Dell, 2011; Hill et al., 2022).

Helping Others

Helping others included ideas such as “doing something nice for someone else,” “helping others in need,” and “volunteering time” which was ranked high by African American youths in our study. Youths shared ideas about the importance of helping those less fortunate through charitable giving and volunteer work, and some referred to this as an important value in their family. Volunteer work can improve communication and interpersonal skills and increase social capital, confidence, and self-esteem in youths (Webb et al., 2017). The value of helping others also transcends cultural differences. In Indigenous cultures, both within the US and Australia, being of value to others, generosity (Brokenleg, 2012), and civic connectedness are keys to social resilience (Gale & Bolzan, 2013). For youths in rural communities, helping others can involve participation in traditional activities such as harvests and branding times that connect them to their neighbors and community (Larson & Dearmont, 2002). Other studies have shown how volunteering can protect youths against academic failures, antisocial behavior, and substance use (Post, 2017). For youths requiring residential services, volunteering gets them involved in the community in a positive way, while teaching them skills such as respecting others, learning to be helpful to others, and building civic responsibility (Mueller, 2005).

Implications for Practice

Many of the ideas shared by youths during the focus groups converged with healthy activities related to resilience found in the residential literature, as well as research conducted with other youths of diverse cultures in the United States and around the world. Our study showed there was good alignment across different races and ethnicities in the themes identified, and differences in the unique activities that were shared based on the race, ethnicity, and cultures of different youths. The results will be used to further develop the HARRY so that it can be administered to youths as they enter residential programs. Conducting this screen at intake in conjunction with trauma screening will provide residential staff with insight into youths' interests in different activities that may promote resilience to protect against trauma. This information in turn can be incorporated into the treatment planning for the youths and their families. For example, the specific resilience activities could be suggested for the youths to strengthen protective factors, to cope with difficult situations, and to provide recommendations for activities during time spent with their families during visits, and when they transition back home. These recommendations are consistent with strength-based approaches for trauma-informed residential programs (Association for Children's Residential Centers, 2014).

Limitations and Future Directions

Our study included a diverse sample of youths from across the United States, and the results converged with the broader literature on resilience. The sample size was adequate for the focus groups based on typical saturation of ideas obtained with four focus groups (Hennink and Kaiser, 2022) with 20 to 30 participants total (Creswell, 2015). However, there were limitations. This study included youths who were placed in the same residential program for mental, emotional, and behavioral disorders and may not generalize to youths in other residential programs or mental health service settings. A larger sample size of youths in residential programs is needed for confirmatory factor analysis to further develop and refine the HARRY for clinical use. The sample also lacked adequate representation from American Indian, Asian American, and Middle Eastern American youths. The consideration of other culture-relevant characteristics, such as immigrant status, may also provide further insights. The family and community environment that youths came from prior to being placed in the residential programs was also not examined in this study. Exploring how neighborhood and community resilience (see Noelke et al., 2020), such as education, health/environment, and social/economic factors, are related to risks and resilience of youths placed in residential programs is suggested. Residential and mental

health practitioners' opinions about the developed instrument (i.e., HARRY) are also needed to see how useful the results from the screen are in informing strength-based treatment planning.

Conclusion

This study identified healthy activities related to resilience from a culturally diverse group of youths in a residential program. It shows the benefits of using a participatory action research approach that had benefits for the participants and was generalizable to aid in addressing a complex need in the community (Institute of Development Studies, 2024). In this clinical context, it involved learning from the clients through an empowering and respectful partnership (Yeager & Bauer-Wu, 2013) where youth provided solutions to a collective problem and were able to use the results of the research immediately. Additionally, the study incorporated cultural humility by learning from the youths about their resilience to create cultural awareness and identify potential imbalances based on race and ethnicity (Mosher et al., 2017). In our study, the youths shared similar themes related to resilience and specific activities that were influenced by their race and ethnicity. For us, this demonstrated that the underlying constructs of what youths used to overcome adversity may be universal, but how they did this was unique to their culture, family, and community. As a result, these youths helped develop an early version of a resilience screen that can be used with other culturally diverse youths placed in residential programs going forward.

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Data Availability The data that support the findings of this study are available from the corresponding author upon reasonable request.

Declarations

Conflict of Interest Patrick M. Tyler, Ph.D.; Josh Day, M. Sc.; Mary B. Chmelka, B. S.; and Jada Loro, M. A., are employed by the Child and Family Translational Research Center, Boys Town National Research Hospital, Boys Town, Nebraska, USA. Channele T. Gordon, Ph.D., was affiliated with the Boys Town National Research Hospital at the time of this study and is now employed by the Omaha VA Medical Center. There are no conflicts of interest to report for any of the authors.

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