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Effect of Adult Attachment on the Resiliency of Youth in Behavior Disordered Classrooms

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ON THE RESILIENCY OF YOUTH

IN BEHAVIOR DISORDERED CLASSROOMS

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An Abstract Presented to the Faculty of the
Graduate School of Lindenwood University
in Partial Fulfillment of the
Requirements for the Degree of
Master of Art
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Abstract

The purpose of this study was to investigate the effect that adult attachment has on the resiliency of at-risk youth. The Inventory of Parent and Peer Attachment was revised to measure the degree of attachment to a significant adult and was administered along with the Children's Resiliency Attitudes Scale to students in behavior disordered classrooms (n = 41). The assessments were given during one class period in six behavior disordered classrooms at one school. The results found that those students who feel strong attachments to at least one adult were also more resilient and able to deal with adversity. These findings emphasized the importance of involving adults from various facets of life and the community in the development of community and school based youth programs.

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Dedication

For my mom
and all that she is,
everything I hope to become.

And for the child(ren)
who were the inspiration of
the idea for this study.

Acknowledgments

My mom, Joan, has always been my inspiration. She is the reason I have endured. She is my significant adult who helped me develop my resilience and taught me that there is meaning to every life.

My dad, Carter, has always had a quiet strength and has shown me that sometimes it is best to sit back and calmly watch what will happen.

Sheila, my sister, and her children, Whitney, Zachary, and Waylon have supported me even when they didn't know it. They helped me enjoy life even when I didn't know it. They made me laugh, cry and scream. They helped me live.

Finally, I would like to thank the rest of my friends and family. The people who pushed me and encouraged me, but most importantly, believed in me.

And God, who guides me. Once again, He has shown me siriri.

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Chapter I

Introduction

It has become common practice for the American public to take notice of the dysfunctions in families and individuals. However, an important factor that has been overlooked in research and media alike is the presence of resiliency in these same individuals. It is important for the focus of the helping and service professions to turn from an emphasis of illness to a model based upon the strengths of individuals.

Resiliency is not a new word or idea. It has been used frequently to describe objects and people. However, research has just begun in the last twenty years to indicate the importance that resiliency has on the future welfare and successes of individuals.

Resiliency is defined as a person's ability to process and attach meanings to various difficult situations and the capacity to learn to deal with these experiences in an appropriate manner (Jew & Green, 1998). Resiliency is the act of bouncing back even through great risk experiences (Bernard, 1993).

Research indicates that several factors constitute a child being at-risk. A few of these

factors are poverty, family discord, violence, substance abuse, and illness (Rak & Patterson, 1996). One component mentioned in almost all of the research literature is the correlation of the youth's attachment to a significant adult (familial and non-familial) and his or her ability to confront life stressors and bounce back from adversity (Rak & Patterson, 1996).

Because humans are basically a social species, it is very important that teachers, counselors, parents and mental health providers alike realize the importance that early attachment, or any at all, plays upon the well-being of the child (Rak & Patterson, 1996). It is this innate need of being loved that has the potential to save a child from sending him or her into an emotional retreat in which s/he starts to shut out everything and everyone. Many attachment issues seem to have a significant effect on the resilience of the child (Rak & Patterson, 1996). For instance, extended family members, neighbors, teachers, mentors and other interested adults play a very important role in developing and promoting resiliency in youth. Often, it takes only one caring adult to help a child feel connected and confident that things can

work out or at least feel encouraged to continue to persevere (Rak & Patterson, 1996).

An important rationale in doing this study is to examine the importance that a significant adult can have on the successes of children. Many programs for communities and schools have recently been developed using the framework of a strength-based model. It is necessary for these agencies attempting to encourage positive experiences for children to try to build resilience in all students.

Sagor (1996) identified feelings of competence, belonging, usefulness, potency, and optimism, as important factors that indicate that a program is promoting optimistic feelings about educational and personal experiences. A good measure of the effectiveness of an after school or community program would be the extent to which the participants are feeling successful. A successful youth program builds on individual strengths and includes family members or other adults who have significant importance to the adolescents (Blum, 1998).

Purpose Statement

The purpose of this study was to investigate the effect that attachment to a significant adult has on the resiliency of youth in behavior disordered classrooms and thus present evidence of the necessity to incorporate positive adult figures into youth programs to assure these programs are successful.

The hypothesis being examined is that for youth in behavior disordered classrooms, there is a positive relationship between the degree of attachment to a significant adult and the child's level of resiliency.

Attachment will be operationalized using a modified version of the Inventory of Parent and Peer Attachment to measure attachment to a child-identified significant adult, which may include adults other than parents (See Appendix A). Resiliency will be operationalized using the Children's Resiliency Attitude Scale (See Appendix B).

Chapter II

Literature Review

Attachment

When Bowlby began his first studies on attachment in 1944, it was not yet understood how important attachment bonds and behaviors can be to human beings. Bowlby's studies began by investigating the attachment that an infant feels toward his or her primary caregiver, most notably the mother. He noticed that the infant felt great anger, fear, and distress when his or her mother was not present even if s/he was being cared for by another (Cassidy, 1999).

Gradually this theory progressed to other types of attachment that humans feel toward one another. Contrary to some beliefs, Ainsworth noted that attachment is not a bond between two people but is actually a relationship that one person has to another individual who is usually seen as stronger and/or wiser (Cassidy, 1999).

Through his research Bowlby realized that attachment is also related to emotions that humans feel for one another. He stated, "Many of the most intense emotions arise during the formation, the

maintenance, the disruption, and the renewal of attachment relationships" (Cassidy, 1999, p. 6).

Ainsworth elaborated that although the affectional bond is often thought to be the same as the attachment bond, the two terms are in fact quite different. An attachment bond and an affectional bond share the characteristics of having a persistent, emotionally significant relationship with one specific person who is not interchangeable with anyone else. Both types of bonding also consist of the person bonded to as well as feeling distress when separated from that person. However, an attachment bond has one characteristic that an affectional bond does not. The individual who is attached tries to seek comfort and gain security from his or her relationship with the other person. At times the person may become separated from the individual s/he feels attached to but this does not mean that the bond is no longer important because it is present over extended periods of time whether or not the individual is able to continue the attachment behaviors (Cassidy, 1999).

Bowlby conceded that although attachment bonds are usually formed with the maternal figure it is possible for individuals to become attached to

other people as well as having multiple attachments (Kobak, 1999).

However, forming or having an attachment does not necessarily mean that the quality of that attachment is good. Attachment bonds have been divined as either secure or anxious. A secure attachment does not mean that there are no anxious feelings in the relationship but when these feelings occur, the attached person will most likely look to the adult figure for security. On the other hand, children who have not received consistent stability and guidance from his or her significant adult will experience an anxious attachment relationship (Weinfield, Sroufe, Egeland, & Carlson, 1999). Weinfeld et al. (1999) explained that an anxious attachment relationship is one in which a child feels unsure about the availability or dedication of the caregiver to the desires/needs of that child.

As Bowlby often noted attachment is a process that continues throughout the lifespan even though it has often been considered primarily to occur in infancy. Bowlby went even further to say that all children who have the opportunity to become attached to someone do, in fact, become attached, whether

that be a nurturing, secure bond or whether that be an abusive anxious relationship (Main, 1999).

Early attachment experiences lead to the formation or continuation of attachment bonds or lack thereof in adolescence. Throughout childhood one of the main aspects of attachment is the effort of the child to remain in close proximity to the attachment figure (Allen & Land, 1999). However, in adolescence that no longer seems to be the primary objective. In fact, it seems to be the exact opposite. An adolescent is no longer concerned with being close to the caretaking figure but looks to these figures to be supportive and committed when desired or needed (Armsden & Greenberg, 1987).

<u>At-risk Youth</u>

"It has become commonplace to identify that certain children in this modern complex society are 'at-risk' of failing to succeed in life because of the adversities of their young lives" (Rak & Patterson, 1996, p. 368). The factors used to identify behavior disorders include negative relations with teachers and peers, poor grades, and low motivation (Scholte, 1992). School behaviors have a huge impact on the successes of children. Often, children do not believe they can succeed in

school or other areas so they disrupt class, disrespect teachers, and make failing grades as a way of seeking attention from caregivers (Harris, 1995).

Quinn, Newman, and Cumblad (1995) found in a recent study the top four characteristics of problem behaviors were physical aggression, noncompliance, negative peer interactions, and verbal abuse. Sells (1998) suggested that severe behavioral problems have six main causes. The first is when the child is allowed to be in charge and has more power than the parental figure. Secondly, parents often turn to outside forces (police officers, doctors, juvenile officers) to control the child's behavior, thus limiting their own authority and effectiveness. Third, a child's behavior is often an attempt to change focus from more serious problems. The fourth assumption is that children do whatever feels good at the moment. The adolescent thrives on immediate gratification and the pleasure principle. Fifth, the behavior disordered adolescent can think quickly and can find a way to talk himself or herself out of rules and consequences. Finally, caregivers often lose control because the difficult adolescent knows how to push his or her parents' buttons during

confrontations (Sells, 1998). Four of the most
common problems associated with disruptive behaviors
are social problems, emotional problems, academic
problems, and family relational problems
(Bloomquist, 1996).

Behavior disorders are more frequently
identified in boys than in girls and most of the
problems are associated with family disturbances
(Campbell, 1998). Research shows that many behavior
disordered children and their families learn to use
negative behaviors to control one another by
yelling, criticizing, and blaming, thus, producing
more problems and ineffective parenting (Bloomquist,
1996).

Campbell (1998) suggested that poor achievers
in school are more likely to be disruptive,
uncooperative, and restless in the classroom.
Hence, many behavior disordered children do not
display good social skills. They do not share,
cooperate with others, play fairly, or express
feelings appropriately (Bloomquist, 1996).

Resiliency

Davis (1999) noted that resiliency research
developed from the studies and literature attempting
to identify the risk factors listed above. Thus,

the concept of resiliency is relatively new. It is the act of bouncing back from adversity.

It is often thought that resilient people are those people who seem happiest and have had little difficulty to overcome. According to Flach (1988), the true meaning of being resilient is not the absence of hardships that makes one resilient but, in fact, is the way a person deals with these turmoils and challenges. It is interesting to note that at times the people who seem to be the happiest and most healthy are unable to resolve the most menial conflict. On the other hand, the person who has had to face many traumatic experiences is very often the person who is best equipped to discover new ways to deal with and adapt to life (Flach, 1988).

There are many traits that a person can possess to be considered resilient. A few of these traits are creativity, insight, self-respect, the ability to sustain friendships, and the act of allowing oneself to be dependent on a support system (Flach, 1988).

The insight to realize when one needs assistance and the ability to depend on others for that support are two of the main characteristics of

the resilient person. This concurs with Flach (1988) that some of the most resilient people are not the individuals who have no need for guidance but are persons who realize there are problems in their lives and are actually open-minded enough to talk about these adversities and committed to overcoming the obstacles and proceeding with hope.

Norman Garmezy was the first researcher to actually study resilience and he defined resilience as "the capacity to recover and maintain adaptive behavior after insult" (Blum, 1998, p. 368). This study began with the research of children with schizophrenic parents and eventually developed into a substantial body of current research on resiliency.

As more research was completed it was noted that even the most resilient person was not always invincible. Resiliency is not something that a person has regardless of the problems that occur. It is something that a person learns through the developmental stages (Blum, 1998). There are many schools of thought on resiliency but one of the important findings is that one cannot show resilience without some level of risk as well. Whether these adversities be critical life events or

simply seemingly small everyday stressors is not important. The fact remains that some people have learned how to deal with or bounce back from these events and others seem to dwell or remain in a constant state of unwellness (Blum, 1998).

Nonetheless, it is possible that every human being is born with at least a slight ability to conquer adversity in times of turmoil. Foster (1997) also pointed out that in one individual, resiliency may be very high at a certain point in his or her life but not as high at another point. Rutter (1987, p. 317) concurred, stating, "if circumstances change, resilience alters."

Grotberg (1998) epitomized resiliency characteristics in his, "I Have, I Am, I Can" list (See appendix C). The simple statements in the list of these 15 elements of resilience are the same criteria used in the Resiliency Attitudes Scale developed by Biscoe & Harris (1994). Wolin and Wolin (1994) divided resiliency into seven sub-categories of: insight, independence, relationships, initiative, creativity, humor, and morality. This correlates with Biscoe and Harris' (1994) scale that is also divided into seven

subscales, combining creativity and humor and adding a general resiliency category.

As these similarities point out, most of the present research on resiliency focuses on the individual's view of himself or herself and how s/he fits into his or her surroundings. A resilient person is not oblivious to what is going on in his or her world, community, or home. S/he is constantly aware of what is under the surface and how s/he can improve himself or herself to adapt to the changes and make his or her life more meaningful (Wolin & Wolin, 1994).

Thus, the question arises, from whom or where does the strength to overcome obstacles and still succeed come? Research indicates that parental or caregiving figures play a very important role in this process. It has been noted that parents who have coped well with adversities have children who are also resilient. These caregivers are able to give their children autonomy as well as guidance and support (Miller, 1998; Shapiro & Friedman, 1996; Reeves & John, 1994; Bernard, 1993).

Recent research has shown the relationship that coping, self-help, and social support has with resiliency (Mangham, McGrath, Reid, & Stewart,

1995). It has also been found in some studies that resiliency may be connected to a person's spiritual well-being. This connection may be attributed to the fact that a resilient person has hope, optimism, and a strong belief that there is meaning to his or her life. Also, the church congregation and clergy can provide a great support system and possible role models (Mangham et al., 1995).

One of the most quoted statements in research literature is "a resilient child is one who works well, plays well, loves well, and expects well," (Werner, 1992, p.262). Bernard (1993) emphasized the importance that social competence and problem solving skills can play in the development of resiliency in a child. Also present in the resilient person is a sense of autonomy and purpose in life (Bernard, 1993).

Resilience and Adult Attachment

As the research on resilience continues to grow and scholars learn more about what contributes to resilience, one major theme is reoccurring. The impact that an attachment to an adult figure can have on the resiliency of a child appears to be significant. Shapiro & Friedman (1996) wrote that

if one sees a resilient child at least one caring, involved adult will be present as well.

Henderson (1998) identified increasing bonding, setting clear boundaries, teaching life skills, providing support and caring, communicating expectations, and encouraging participation as the six main themes that are beneficial to promoting resiliency. Although most of these factors are focused on how the schools and communities can improve resiliency, it is evident that a relationship with adults and incorporating such aspects as increasing bonding, teaching life skills, and providing caring and support can in turn play a major role in development of resiliency.

A close influential support system such as a healthy parent-child relationship and other familial and non-familial contacts contribute to resiliency and invulnerability (Garmezy, 1983). However, a common factor and one that seems to be more prevalent than any other is a basic trusting relationship with at least one adult whether that be with a parent, teacher, grandparent, or just another adult who is supportive and has shown interest in the success of that child (McMillan & Reed, 1994; Werner & Smith, 1989).

Indeed, recent research has found the most notable characteristic of the development of resiliency in children is family support and flexibility (Carson, Swanson, Cooney, Gillum, & Cunningham, 1992). Werner (1984) maintained that strong family ties and attachments can provide support and motivation for children that contributes to resiliency.

Although it was first believed that if a child was not securely attached to an adult as an infant that would predict a life of gloom. However, the research continues to show that a significant child/caregiver relationship can be formed at any age of the child as long as that relationship is nurturing and fulfilling (Davis, 1999). Werner & Smith (1982) went on to elaborate that children who showed invincibility traits almost always had at least one adult figure that s/he felt bonded to. In fact, there is strong evidence to support the idea that if a student has developed a close bond with one influential adult from whom s/he can feel supported and comforted, that child will possess some of the resilient characteristics (McMillan & Reed, 1994).

Schwartz (1995) wrote that a major goal in childrearing is to raise responsible and resilient children whether that be in homes with natural parents, adoptive families or other caregivers. Regardless of who the caregiver has been, the typical resilient child has felt loved and supported in his or her life. Werner (1992) went so far as to say that in her study of Kauni children, there was not one resilient child that did not report having one good child/caregiver relationship. Research showed that the most common bond of resilient children is a basic connection with an adult that forms a trusting child/caregiver relationship (Gelman, 1991).

As researchers continue to expand on these studies and organizations, schools and communities attempt to structure programs to promote resilience, this information can assist in developing programs to improve the resilience of all people throughout lifetimes (Gordon, 1995). Children learn from their caregivers. In order to promote success, adults must look beyond the risk factors and focus on developing resiliency-based programs to improve a child's present and future (Fox, 1994; Bernard, 1993).

Chapter III

Methodology

<u>Participants</u>

The subjects for this study were 41 students
from behavior disordered classrooms in a rural
school district in Southeast Missouri. The students
were aged 9-17 with the mean age being 13 years and
were primarily in middle school. Sixty-five percent
of the participants were in the seventh, eighth, and
ninth grades (See Figure 1).

Figure 1

<u>Grade level distribution of sample group.</u>
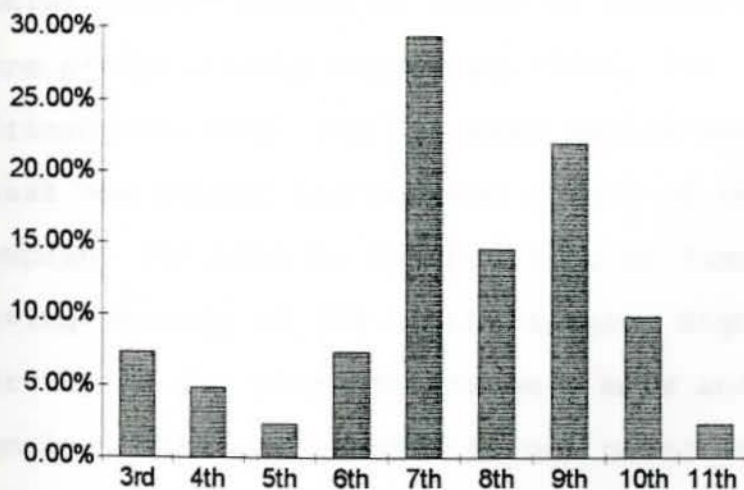
The sample group was behavior disordered
students in selected classes. The large
distribution of the grade levels are due to the fact
that often behavior disordered students experience

learning disabilities as well. The classes are not always divided into age groups but are, at times, divided into reading and performance levels. The classes sampled were divided into various groups not specifically dependent upon age. However, the majority of the students were in the middle school age group which is the population the study was originally directed toward. Because of the low reading levels of some of the students, the scales were read to the classes and those students that wanted to move ahead were allowed to do so.

The students were mainly from families with a socioeconomic status of lower to middle class and were predominantly Caucasian (68%), 27% African-American, and 5%` were Native-American. At least one parent had custody of 51% of those sampled, followed by the Division of Family Services having custody of 39% of the sample. Eighty-three percent of the participants were male and 17% were female. This contributed to one possible source of sampling bias since the majority of the members in behavior disordered programs were males.

Instruments

The Inventory of Parent and Peer Attachment (IPPA) is an instrument with three 25-item scales

used to measure a person's attachment to peers and parents. For this study, the present scale was used to measure attachment to one significant adult figure who may or may not play a parental role but nonetheless is important to the youth. The instrument was reworded from "mother" and "father" to indicate this significant adult and to allow the youth the choice to indicate another adult if the youth feels a strong attachment to someone who is not his or her parent.

The scale is further divided into three subscales which are trust (T), communication (C), and alienation (A). The trust subscale measures the child's trust of the caregiver and how the child feels the attachment figure respects his or her needs. The communication subscale represents the perceptions of the child that the caregiver is responsive and helpful with problems. The alienation subscale is reverse scored to actually measure the absence of alienation in the child's attachment (Armsden & Greenberg, 1987). The IPPA has been successfully used for children aged 10-20.

Test administration is relatively easy with all three instruments being scored separately. Total scores are recommended over subscale scores.

Reverse scoring is necessary for some items which are the same for both mother and father scales. Attachment is indicated by higher scores.

Reliability for the original mother and father subscales shows internal consistency alphas of .91(T), .91(C), and .86(A). The IPPA also has excellent test-retest reliability of .93 for parental attachment and .86 for the peer scale over a three week interval. Concurrent validity is also excellent showing positive correlation with several well-being measurements and negative correlation with measures of depression and loneliness.

The IPPA is a good instrument for the present study. Even though the study is aimed at determining attachment to any adult figure, it is possible to gain the needed information using this scale.

The Children's Resiliency Attitudes Scale (CRAS) is a 25 item assessment. The authors, Belinda Biscoe and Betty Harris, have also developed two other scales on resiliency, the Resiliency Attitudes Scale and the Adolescent Resiliency Attitudes Scale geared toward adults and adolescents, respectively. The scale is designed to measure resiliencies of individuals which inspects

his or her attitudes about each of the seven resiliencies identified by Steve and Sybil Wolin in their book, The Resilient Self.

The CRAS was designed for children between the ages of seven and 12 years and is somewhat lower than the age group of the current study. Because this scale is geared toward children who are younger than the mean age of the current study, the adolescent scale was considered. However, because the reading levels and attention spans of children in behavior disordered classrooms are consistently lower and shorter than some other children, it was decided that the CRAS would be more appropriate for the population to be assessed.

The scale is relatively easy to score. It is based upon a five point Likert scale ranging from strongly disagree to strongly agree. It is necessary to do reverse scoring on some of the items. The scale is divided into seven subscales. The insight subscale measures the ability to read people's signals and try to figure out how things work. Independence refers to the ability to set boundaries and separate from bad relationships. The relationship subscale measures the individual's ability in developing ties and connecting with other

people. Initiative refers to the ability to solve problems creatively. The ability to express emotions and use humor to reduce tension are what are measured by the creativity and humor subscale. The subscale pertaining to morality is the ability to know what is right or wrong and to find enjoyment in helping others. Finally, the act of working through difficulties and belief in self are the concepts related to the general resiliency subscale. Resilience is indicated by the higher score on the total scale as well as on each subscale.

The CRAS is a relatively new instrument therefore internal consistency, reliability, and validity data are not available.

Procedure

The correlational design was selected to examine the relationship between adult attachment and adolescent resiliency. The scores from each student's response to the two scales and their relevant subscales were correlated to compute a Pearson R correlation coefficient.

During the 2000 school year, the researcher visited the participating school to explain the study to the principal and the teachers and ask permission to conduct the study in their school.

Afterwards, the researcher went through the same procedure in the behavior disordered classrooms and distributed the cover letter explaining the study, its purpose and issues of confidentiality along with the parent permission slip to the students and asked that they return these within one week if they chose to participate in the study (See Appendices D & E). Two weeks later, the researcher returned to the classrooms to administer the scales to these already existing groups. The researcher explained to the children what a "significant adult" is and reminded the students that this adult could be a parent, grandparent, teacher, or any other adult figure that has made a lasting impact in the student's life. The researcher again assured the children that their answers will remain completely anonymous and confidential. The students then completed the demographic information (See Appendix F) and the inventories during a selected period in each behavior disordered classroom.

Chapter IV

Results

The data first was analyzed to examine the distribution of responses in terms of who was identified as the significant adult for these subjects. The adult most frequently identified was the child's mother, accounting for 46% of those sampled. Also reported were grandparents (17%), guardians (12%) and father (9%). Finally, aunts, neighbors, and teachers were each identified by 5% of the participants (See Table 1).

Table 1

Identified Significant Adults by

Behavior Disordered Students (N = 41)

Adult	Frequency	Percentage
MOTHER	19	46%
FATHER	4	10%
GRANDPARENT	7	17%
GUARDIAN	5	12%
AUNT	2	5%
NEIGHBOR	2	5%
TEACHER	2	5%

Data were analyzed to test the hypothesis that children in behavior disordered classrooms who

have an attachment with at least one adult will also exhibit resilience as well. The results were based upon the responses of 41 students in behavior disordered classrooms.

Table 2 shows the inter-correlations computed between the total score and subscales of the Inventory of Parent and Peer Attachment and the Children's Resiliency Attitudes Scale.

Table 2

Relationship of Inventory of Parent and Peer Attachment and Children's Resiliency Attitudes Scale and their subscales.

	IPPA	TRUST	COMM.	ALIEN.
CRAS	.424**	.439**	.303	.295
INSIGHT	.096	.038	.038	.047
INDEPENDENCE	.025	.016	-.029	-.041
RELATIONSHIP	.440**	.476**	.316*	-.369*
INITIATIVE	.354*	.367*	.232	.278
CREATIVITY	.268	.290	.222	.181
MORALITY	.217	.211	.124	.112
GENERAL RESILIENCY	.458**	.522**	.412*	-.339*

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

The correlation matrix shows that there is a significant, moderate relationship between the total scale of the Inventory of Peer and Parent Attachment and the total scale of the Children's Resiliency Attitudes Scale (r = .424). Among the subscales, the most noticeable correlation is that of the subscales of general resiliency and trust (r = .522). General resiliency is also significantly related to all other subscales of the IPPA (Communication: r = .412; Alienation: r = -.339) and the total IPPA score (r = .458). Because the study was directed at the resilience and attachment of children, it is understandable that the relationship subscale of the CRAS would also be significantly related to the overall IPPA (r = .424) and its various subscales (Trust: r = .476; Communication: r = .316; Alienation: r = -.369).

Another subscale that showed some correlation with the IPPA subscales was the initiative scale which was correlated moderately with total attachment scales (r = .354) and the trust subscales (r = .367).

The results seem to suggest the overall importance of 'trust' in an attachment relationship as a significant prediction of overall children's

resiliency, as well as subscales of relationships
and general resiliency. Actually this is not so
surprising considering that a child who has a
trusting relationship with a significant adult will
feel more accepted and assured of his or her future
and will hence have a greater degree of resiliency.

Chapter V

Discussion

Summary of findings

Resiliency and adult attachment were measured in students in behavior disordered classrooms. The rationale for this study stemmed from the idea that often educators and community leaders attempt to build or design youth programs without including the very people who are most influential in a child's life. Often the studies on youth focus on the problems rather than the solutions to these same problems. One such solution is incorporating adults significant to the child's life within the programs. It was hypothesized that children who were attached to at least one significant adult would also be more resilient.

A significant relationship was found to exist between the attachment and resiliency of these behavior disordered students. Results revealed that the strongest prediction of resiliency was related to trust issues which does make sense because a child who feels trusting towards his or her caregivers was likely to be more resilient. However, the reverse is also true being that if a child has resilience s/he will be inclined to find

the people whom s/he can trust (McMillan & Reed, 1994).

Social competence, problem-solving skills, autonomy, and a sense of purpose and future, identified by Bernard (1993) as characteristics of a resilient child were significant in the present study as well because the relationship, initiative, and general resiliency subscales of the CRAS measured these same attributes.

Biscoe and Harris (1994) noted that the added category of general resilience in their scale was related to the idea that a person has belief in his or her successes and confidence that s/he can make the most out of bad situations. The results of the current study show that belief in self is greatly influenced by trust and communication with significant adults.

Werner's (1984) findings also supported the role that trust plays in the resiliency of a child. She suggested that resilient children know how to trust and tend to find people who can be trusted.

Limitations and Recommendations

The study was limited to the responses and participation of the students during a relatively short period of time. A more lengthy, longitudinal

study would probably be beneficial so as to determine the actual degree or presence of resiliency over a substantial amount of time. Also, the sample group was predominantly male so the results were not tabulated to differentiate between the male and female responses. Gender differences in resiliency should be examined in future research.

Another limitation could, in fact, be that the study was strictly based upon the self reports of the children. A possible alternative could be to ask the teacher or a significant adult to complete an additional scale to determine others' perceptions of that child's ability to overcome obstacles he or she faces on a daily basis and how much this person feels this is effected by attachment to a significant adult(Sagor, 1996).

A recommendation for further studies would be to increase the sample size and to study other groups in comparison to behavior disordered students. It would also be helpful to determine whether the resilience is influenced by the degree of the attachment and it's stability.

Implications for practice

The original purpose of the study was to investigate the relationship that attachment to an

adult has on the resiliency of youth and hence, highlight the contributions that significant adults can have on the success of youth programs. Successful programs have begun to incorporate parental figures and caregivers into programs to strengthen involvement and encourage support (Fox, 1994).

To guarantee successful youth programs, communities and schools should take note of the findings and start by recruiting parents, grandparents and other significant adults into their programs. This will enable the students and caregivers to feel empowered and motivated to participate (Henderson, 1998).

Along with parental figures it is important that children and their adults feel accepted by the teachers, school officials, and community leaders as well. Mentorship is a growing phenomenon in communities. It is very important that the organizers of youth programs realize the impact that attachment, role-modeling, and mentoring can have on the success of youth programs (Rak & Patterson, 1996; Reeves & John, 1994).

It is time for schools and communities to take the steps necessary to build programs that

focus on success and offer real opportunities for all children.

Research needs to be conducted that focuses more on the solutions to the problems in communities and schools. In order for a community to create successful experiences for it's youth, the adults must be willing to acknowledge and examine their own strengths and resiliencies by committing to the children and by encouraging and requesting the involvement of identified significant adults in youth programs.

Appendix A

Inventory of Parent and Peer Attachment

Each of the following statements asks about your feeling about the most significant adult figure in your life. Answer the questions for the person you feel has most influenced you.

Please read each statement and circle the ONE number that tells how true the statement is for you now.

	Almost never/ never true	Not very often true	Some- times true	Often true	Almost always/ always true
1. My significant adult respects my feelings.	1	2	3	4	5
2. I feel my significant adult does a good job with me.	1	2	3	4	5
3. I wish I had a different significant adult.	1	2	3	4	5
4. My significant adult accepts me as I am.	1	2	3	4	5
5. I like to get my significant adult's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use letting my feelings show around my significant adult.	1	2	3	4	5

	Almost never/ never true	Not very often true	Some- times true	Often true	Almost always/ always true
7. My significant adult can tell when I'm upset about something.	1	2	3	4	5
8. Talking over my problems with my significant adult makes me feel ashamed or foolish.	1	2	3	4	5
9. My significant adult expects too much from me.	1	2	3	4	5
10. I get upset easily around my significant adult.	1	2	3	4	5
11. I get upset a lot more than my significant adult knows about.	1	2	3	4	5
12. When we discuss things, my significant adult cares about my point of view.	1	2	3	4	5
13. My significant adult trusts my judgment.	1	2	3	4	5
14. My significant adult has his/her own problems, so I don't bother him/her with mine.	1	2	3	4	5
15. My significant adult helps me to understand myself better.	1	2	3	4	5

	Almost never/ never true	Not very often true	Some- times true	Often true	Almost always/ always true
	1	2	3	4	5
16. I tell my significant adult about my problems and troubles.	1	2	3	4	5
17. I feel angry with my significant adult.	1	2	3	4	5
18. I don't get much attention from my significant adult.	1	2	3	4	5
19. My significant adult helps me to talk about my difficulties.	1	2	3	4	5
20. My significant adult understands me.	1	2	3	4	5
21. When I am angry about something, my significant adult tries to be understanding.	1	2	3	4	5
22. I trust my significant adult.	1	2	3	4	5
23. My significant adult doesn't understand what I'm going through these days.	1	2	3	4	5
24. I can count on my significant adult to get something off my chest.	1	2	3	4	5

	Almost never/ never true	Not very often true	Some- times true	Often true	Almost always/ always true
25. If my significant adult knows some- thing is bothering me, he/she asks me about it.	1	2	3	4	5

Source: Armsden, G.C. & Greenberg M.T. (1987). The Inventory of parent and peer attachment: Individual differences and the relationship to psychological well-being in adolescence. Journal of Youth and Adolescence, 16 (5), 427-454.

Appendix B

Children's Resiliency Attitudes Scale

We are interested in how you see yourself and others in your life. Please be as truthful as possible when giving your answers. There are no right or wrong answers. In the blank space next to each sentence, below, write in the number which best tells how you feel about that sentence. Please read each item carefully and show how strongly you agree or disagree with it using the numbers below.
Please use the following scale to answer the questions below:

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

_____ 1.   Most of the time I am not sure how my parents or those who take care of me will act.

_____ 2.   I try to notice things grown-ups do that mean trouble.

_____ 3.   I have not learned how to stay out of the way of grown-ups when they are doing or saying things that scare me.

_____ 4.   I try to figure out why grown-ups act the way they do.

_____ 5.   I find other places to go when people in my family or house are fussing or fighting.

_____ 6.   Being alone or doing things by myself is never fun.

_____ 7.   I know who the people are that like me and I enjoy being with them.

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

_____8. It is hard for me to pay attention at school if people in my family or house have been fussing or fighting all night.

_____9. I know how to get grown-ups to give me positive attention.

_____10. It is hard to find people to love me.

_____11. Knowing how to talk and have fun with people makes me feel good about myself.

_____12. I am bashful (shy) around people I don't know.

_____13. Trying to figure out how things work is not fun for me.

_____14. I take good care of myself and my brothers and/or sisters and/or younger children.

_____15. It is hard for me to find fun things to do.

_____16. I am good at getting things done.

_____17. Laughing makes me feel better when things are not going okay.

_____18. Playing games and playing make-believe help me deal with my sadness or anger.

_____19. Finding different ways to do things is not fun for me.

_____20. Making things with my hands, singing, dancing, or making music is not fun.

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

_____ 21. It is okay for parents and/or grown-ups to be mean to children.

_____ 22. I find it easy to choose between right and wrong.

_____ 23. I like for nice things to happen to other people.

_____ 24. I am sometimes unfair to my friends.

_____ 25. I like to finish what I start.

_____ 26. Turning my sadness into happiness is hard.

_____ 27. If it takes too long to do something, I forget it.

_____ 28. I don't stay sad for too long.

Appendix C

I HAVE, I AM, I CAN

I HAVE

1. people around me I trust and who love me, no matter what,
2. people who set limits for me so I know when to stop before there is dangerous trouble,
3. people who show me how to do things right by the way they do things,
4. people who want me to learn to do things on my own,
5. people who help me when I am sick, in danger, or need to learn.

I AM

1. a person people can like and love,
2. glad to do nice things for others and show my concern,
3. respectful to myself and others,
4. willing to be responsible for what I do,
5. sure things will be all right.

I CAN

1. talk to others about things that frighten me or bother me,
2. find ways to solve problems that I face,
3. control myself when I feel like doing, something not right or dangerous,
4. figure out when it is a good time to talk to someone or take action,
5. find someone to help me when I need it.

Source: Grotberg, E.H. (1998). I am, I have, I can: What families worldwide taught us about resilience. Reaching Today's Youth, Spring, 36-39.

Appendix D

02/10/00

Dear Ms. Balderas,

I talked to you in December about the assessment for
my Thesis that I wanted to give to some of the
classes at your school. I have also talked to Ms.
Stewart about this. I now have the assessment
prepared and wanted to know if/when it would be
convenient for you and your teachers for me to come
and give the assessments to the students. I was
considering Friday, Feb. 18 or Feb. 25 or any time
that works for you.

My study will be aimed at the younger students but I
would like to give it to as many students as
possible so that my results will be sure to be
valid. I know that this will take away from some
classwork and that the students may be hesitant to
answer questions that they will not get credit for.
I will be prepared to give each student and teacher
as well rewards (snacks) for participating in my
study.

Sincerely,

Rachel Henson

Appendix E

Dear Parent/Guardian,

The purpose of this questionnaire is to get some information about your child and how s/he feels about his or her life. Your child's thoughts are very important and I ask that all questions are answered openly and honestly. The responses will not identify your child nor will anyone be aware of how s/he personally answered the questions. There will be no penalty involved in answering the questions honestly. There will also be no harm if you or your child choose to decline or withdraw from this study at any time.

By granting your permission for your child to participate in this study, you will be helping us to better understand your child and his or her classmates' attachment to a significant adult and how that relates to their resiliency. These findings will enable us to determine the steps necessary for improving community programs.

I ask that the enclosed permission slip be returned to school within one week and I thank you for your prompt response.

Sincerely,

Rachel Henson

I give my permission for my child
_____ to participate in this
study and understand that s/he will not be
identified in any way nor will this questionnaire
have any bearing on his/her grades.

                    _____   _____
                    parent signature   date

Appendix F

DEMOGRAPHIC INFORMATION:

Age: _____

Gender: Male____ ; Female____ .

Grade in school: _____ .

Ethnic group or race:
      African-American___ ; Hispanic___ ; Asian___ ;
       White Non-Hispanic___ ; Native American___ ;
       Other (specify)_____ .

Who is your legal guardian:
       Both parents____ ; Father____ ; Mother____ ;
       Other relative___ ; DFS___ ; DYS____ ;
       Other (specify)_____ .

Which adult has influenced you most in your life:
       Mother____ ; Father____ ; Grandparent____ ;
       Aunt____ ; Uncle____ ; Neighbor____ ;
       Teacher/Educator____ ; Pastor____ ;
       Counselor____ ; Community leader____ ;
       Guardian/Foster parent____ ;
       Other(specify)_____ .

What is the quality of your relationship with this person:
       Very good__ ;Good__ ;Fair__ ;Poor__ ;Very poor__ .

How much time per week do/did you spend with this adult:
       1-2 hrs.__ ; 3-4 hrs.__ ; 5-6 hrs.__ ;
       7-8 hrs.__ ; 9-10 hrs.__ ; More than 10 hrs.__ .

What is the education level completed by this person:
       Elementary school__ ; GED__ ; High school__ ;
       College/University graduate__ ; Unknown__ .

What is the occupation/work of the individual mentioned above: _____

_____ .

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