

MEASURING THE EFFECTS OF THE TYC GAINESVILLE
RESOCIALIZATION PROGRAM ON JUVENILE
OFFENDER RESILIENCY LEVELS

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An analysis of the effects of resocialization programming on juvenile offender resiliency levels was conducted with 220 juveniles committed to a maximum security facility. Data were examined on the subjects' age, race/ethnicity, length of time at the facility, level of resocialization, and resiliency score. The resocialization programming contains cognitive and social components that would be instrumental in augmenting juvenile offender resiliency levels. Analysis of the variables did not show a significant increase in juvenile offender resiliency levels. The results did display that students who were at the facility longer and who were in the older age groups had higher levels of resocialization.

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CHAPTER 1

INTRODUCTION

The study of personality has been a focus of researchers for centuries. Many theories and hypotheses have surfaced as a result of this interest. Scientific curiosity leads to the investigation of questions regarding human behavior. Some discoveries regarding attempts at identifying and quantifying basic personality traits within individuals have been made such as the identification of various lobes of the brain attending to specific thought processes in human beings, as well as measuring and labeling different psychiatric disturbances. Through these endeavors templates or general categories have been developed to show that if condition “X” and condition “Y” are present, then outcome “Z” will emerge. There are situations that fall outside of those templates, or norms, conditions that defy reasoning. Such as the vast differences between persons of generally the same environment emerging in opposing fields. For a specific example, consider two siblings having the same experiences throughout their formative years and are dramatically opposite in adulthood; one a productive citizen with a promising future ahead and the other unemployed and continually charged with criminal offenses. The focus of this study is on one specific factor that may contribute to one sibling being a “survivor against the odds” and the other sibling not as resilient.

Researchers continue to focus on twin and sibling studies in an attempt to explain these various social science and medical issues. Through these endeavors, striking

differences have been noted regarding the social and behavioral outcomes of siblings reared in a similar manner. Similar observations have been made in regards to non-related youth, from similar backgrounds, that emerge in adulthood at opposing ends of the continuum. A semantic label for those persons coming out of negative life events without succumbing to negative reactions to those events is termed “resilience” or “hardiness.” In the social sciences arena, the term’s resiliency and hardiness are interchangeable.

The term resiliency, in a behavioral context, could be analogous to a protective barrier against negative life influences that could lead to involvement in drugs and crime. Resiliency, more methodologically defined, refers to constructive reactions, rather than destructive reactions to various adversities. The following examples display the utilization of resilient behavior versus destructive reactions; a person living in poverty securing a second job to earn extra money would be considered utilizing resilient behavior, instead of stealing the money which would be a destructive behavior; or an adolescent from a drug abusing single parent home seeking support from teen support groups, which would be a display of resilient behavior, instead of engaging in illegal drugs or joining a criminal gang to gain a sense of belonging to a family, which would be a display of a destructive or non-resilient behavior.

The theoretical foundation for resilience/hardiness can be found in the culmination of the following theories, which have cognitive and social components. In social learning theory it is proclaimed that children will imitate parents and society to gain acceptance through imitating positive or negative behaviors. In order for a child to learn resilient behavior, the child needs positive or resilient role models to imitate. A positive reaction from others around the child imitating positive role models will

reinforce the continued imitation of positive role models, thus continuing to increase resiliency levels. These role models can come from family, friends and the community.

In cognitive and behavioral theories the assertion is that mindsets and modes of thought about oneself can be changed. If a person thinks negatively about themselves, which is a destructive reaction, then this thought can be changed to one of thinking positively about themselves, which is a resilient reaction. If a child views themselves as important and worthwhile they are exhibiting resilient features. Cognitive and behavioral theories indicate that if a person maintains a negative view of themselves, a destructive reaction, then they can be taught techniques to achieve goals that will help them change these negative thoughts, thereby utilizing a resilient reaction.

Health realization theory promotes incorporation of thought, perception and behavior modeling through teaching individuals to recognize a good mood and to make decisions and to take action while in a good mood. The reverse of this would be when an individual is in a low mood, they should refrain from reacting and refrain from immediate decision making until the low mood has subsided to ensure better decisions are made. When a person is in a good mood they are more likely to connect with their common sense, in other words utilize resilient behavior. When a person is in a low mood they are more likely to display insecurity and indulge in habitual behavior which is related to destructive reactions. This theory maintains that each person has a core of health, or some level of resilience, that is always directly accessible but can be influenced by mood at any given moment (Turner, Norman and Zunz 1995).

Maddi and Koshaba (1994) define hardiness as a constellation of personality characteristics that function as a resistant resource in the encounter with stressful life

events. This constellation consists of interrelated self-perceptions of commitment, control and challenge that help in managing stressful circumstances in a manner that convert stressful experiences into developmental rather than debilitating experiences. These researchers determined that “hardy” persons are easily committed to what they are doing in their lives, they believe in truth, importance and value of who they are and what they are doing, thus fully involving themselves in the many events of life. Persons strong in commitment rely on themselves to find ways of turning whatever they are experiencing into something that seems interesting and important to them by getting involved, rather than alienating themselves from others. Persons strong in control believe they have some control over the causes and solutions to life problems, and that through effort they can more often than not influence the course of events around them, rather than passively viewing themselves as victims of circumstances. Challenge refers to the perception that changes in life and adaptive demands are challenges and opportunities for growth rather than barriers. Persons strong in challenge believe that fulfillment will be found from continual growth in wisdom from what is learned from experience, rather than in easy comfort, security and routine. Together these perceptions constitute positivity and resiliency in facing life's' tasks (Kashubeck and Christensen 1992).

Rush, Schoel and Barnard (1995) report the three C's (commitment, control and challenge) to be trainable capacities that can be fostered within an individual to increase levels of resilience. By increasing the level of resilience/hardiness in a person, the person should be more likely to combat the urge to engage in self-defeating and/or illegal behavior. By utilizing “control coping” vs. “escape coping” the individual would be able to problem solve and find an active solution to the difficulties instead of relying on the

use of drugs or engage in a life of crime as an attempt to resolve their situation. In this instance control coping is a resilient reaction where escape coping would be a less resilient or destructive reaction.

To date there has only been periodic research focusing on the resilient child, specifically addressing those children who thrive in the face of adversity vs. those that have succumb to the negative affects of stressful life events. As a result of this sporadic research, the term resiliency has been applied predominantly to those “at-risk” children who thrive in spite of overwhelming negative influences in their lives.

Other resiliency research has focused on such areas as coping with serious illness, the prediction of job success, coping with job loss, prediction of military training success, coping with aging, and the prevention of delinquency with “at-risk” youth, to name a few.

Statement of the Problem

One area of research that has failed to be examined is the relationship between resiliency levels and juvenile offenders in a correctional facility. It is apparent that these offenders could benefit from increased resiliency levels due to the fact that they have committed an illegal act(s), but this avenue has yet to be addressed. Juveniles could clearly benefit from increased levels of resiliency to help them cope with everyday stressors that may lead them to commit illegal act(s). Dr. Stanton Samenow (1984), noted criminal psychologist, concisely delineates this concept by stating that “criminals think differently,” and in order to rehabilitate the offender one must change the thinking patterns. This statement directly addresses the cognitive and social nature required to increase resilience levels. Changing thinking patterns is a cognitive process and

rehabilitation requires the person to learn how to conduct themselves in a lawful manner in society. Thereby improving the social nature of their personality, and achieving a higher level of resilience as the final byproduct.

Adjudicated juveniles have displayed their deficiencies in utilizing higher levels of resiliency by displaying patterns of illegal behavior(s). Adjudicated juveniles are most commonly identified as having characteristics that are also associated with lower levels of resiliency. These commonalties include, but are not limited to: destructive reaction patterns; alienation from society; perceptions that challenges are barriers to their advancement; maintaining that they have little control over the events of their lives; lowered self-esteem; a delay or impairment in developmental and self-help skills; substandard academic achievements; beliefs of being victimized by family and/or society; and deficits in socialization techniques (Wierson 1995; and James 1983).

These deficiencies indicate a need for further research into the possibility of augmenting juvenile offender resiliency levels to help evaluate the most effective techniques in dealing with today's juvenile offenders.

Purpose for the Study

The deficits displayed by adjudicated youth have components of difficulties in the social, cognitive and behavioral arenas. The Texas Youth Commission (TYC) State School at Gainesville, Texas is a maximum-security facility that employs programming for the adjudicated youth. This programming attempts to address these deficits in resiliency levels by focusing on the improvement of the social, cognitive and behavioral skills of each student. The program's goal is to teach the student how to become a productive member of society and to teach the students how to relinquish their criminal

lifestyle. This all-encompassing mandatory programming is integrated into the total functioning of the facility's resocialization program and is based on cognitive and social concepts. TYC describes its' program as having four "cornerstones", correctional therapy, education, discipline training, and work. The goal of this program is to teach juveniles new socialization patterns by learning new "norms", rules and expectations for behavior that allow them to get their needs met without violating the rights of others. The TYC philosophy is that the juvenile must develop both the desire and the knowledge required to change their behavior in order for the change process to be effective (TYC 1995). The focus and the goals of the resocialization program are parallel to the fundamental principles of increasing resiliency in the following ways. Social, learning how to interact appropriately with others; cognitive, learning to change their modes of negative type thoughts; and behavioral, learning to act on the newly acquired set of norms. With these aspects in place one would expect to see an increase in resiliency levels from those who participate in this program.

The resocialization program was developed and implemented in 1995 by the Texas Youth Commission (TYC). This programming was prompted due to TYC's observations of the increase in juvenile violent crime in the 1980's and 1990's. A reevaluation of corrective approaches came to fruition when the correctional facilities of that time were examined and deemed ineffective (TYC 1995). The resocialization programming is reportedly being conducted only within TYC facilities. Since TYC has recently adopted this resocialization programming approach, there has not been adequate time for extensive evaluation of its' efficacy, specifically related to juvenile offender resiliency levels.

The TYC Gainesville State School has a maximum capacity to house approximately 325 juvenile offenders between the ages of 12 and 21 inclusive. The facility is for juvenile male offenders with various ranges of offense. The students at TYC Gainesville are delinquent youth committed to this facility for a minimum length of stay, based on their respective offenses, ranging from 9 to 24 month commitment or more. The assistant superintendent at the TYC Gainesville facility reports that the majority of the offenders in treatment engaged in two or more felony offenses. They typically abused drugs and/or alcohol, came from a non-traditional family, were below standards in educational attainment, had a negative work ethic belief system and possessed criminal values (Shorten, 98). These negative characteristics or behaviors delineate deficits in resilience levels for the adjudicated youth at the TYC Gainesville facility. These deficits in resilience are displayed through failing to recognize they have some control over the events in their lives, failing to address life's challenges as opportunities for constructive growth and by failing to display an active healthy involvement in life events.

The objective of the TYC Gainesville facility is to provide a structured 16-hour day that incorporates discipline training, work, education and correctional therapy. This process has been termed "resocialization" by TYC facilities. The TYC Gainesville facility has medical, chemical dependency and psychiatric in-house professionals available to the students on an ongoing basis to address the varying needs of each student. The desired outcomes from the resocialization programming include; achieving self-discipline, acquiring basic educational levels, realizing positive work ethics, developing a crime-free orientation, experiencing and acknowledging remorse for past crimes, learning

respect for the rights of others and finally identifying goals and objectives for a productive community reintegration and prevention of recidivism (TYC 1995). By acquiring these attributes the students at TYC Gainesville would have the necessary tools to be resilient individuals. By the student applying what the programming has taught them, they should become productive and involved citizens that respect the rights of others and have the skills to problem solve in a legal manner in mainstream society. Through displaying these characteristics, the students' would be considered resilient.

Once a youth is committed to TYC system by the courts they are taken to the Marlin, Texas Orientation and Assessment Unit, spending approximately 60 days for assessment and testing. Physical, psychological, medical, social and specialized needs are evaluated, at which time the juvenile is transferred to a TYC institution at one of the 15 school locations, throughout the state of Texas, that has been determined to best meet their individual needs. Upon arriving at the TYC Gainesville facility, they begin the reception, orientation and evaluation process (RETAP), at this time a treatment plan is developed based on the individual and their needs (TYC 1995). Once this process is completed the student begins basic resocialization.

The resocialization program is designed to enhance personal accountability of delinquent youth by removing any justifications for continued delinquency and to provide skills that will enable pro-social choices for the future. The resocialization program requires the student to detail his life story, identify thinking errors, learn the components of the offense cycle, understand choices that led him to commit the criminal act(s), develop victim empathy and develop appropriate values (TYC 1995). These values are necessary for a resilient individual. A resilient individual possesses the capability to

recognize their errors, correct them, and learn from them as well as the ability to view potential future events as opportunities instead of barriers to growth.

Each phase of resocialization has specific checklists that must be achieved prior to advancing to another level, which affords the student greater privileges. There is an emphasis on personal responsibility for behavior, self-control, academics, vocational and social skill development and providing restitution to the victims and the community.

Each student must display progress in the attainment of the identified resocialization programming objectives before advancing to another of the five levels. A student is typically in level one for the first month of commitment. The goal of the first level is to become oriented to the facility norms, to become comfortable with external agents being in control of them, and become familiar with the introduction of core program concepts. This level can be in increments of .0 to 1.0. Level two is considered to occur in the second and third months and is identified as the discomfort and motivation phase. At this level the student's goal is to recognize the events that led up to their crime, how they use rationalizations to justify hurting others and to identify what their unmet needs are. This level can be in increments of 1.1 to 2.0. Level three is expected during the fourth to sixth months and is identified as the hope and positive expectation phase. The student is to incorporate the ability to recognize that their choices can change lives, accept responsibility for their choices and the impact it had on their victim(s), and to realize how their personal values affect their behavior. This level can be in increments of 2.1 to 3.0. Level four is considered to occur in the seventh and eighth months and is exemplified by the student gaining the ability to get their needs met in pro-social ways, increase their use of coping skills, assume greater leadership responsibilities and begin

restitution efforts. This level can be in increments of 3.1 to 4.0. Level five is expected from the tenth month and beyond and is considered to be the integration and maintenance phase of their programming. The student is to gain the ability to recognize high-risk situations, independently interrupt thinking and behaviors that would lead to relapse, as well as developing a realistic plan for success in the future. This level can be in increments of 4.1 and above (TYC 1995). The level system can be viewed as a gradual system that would serve as a stepping stone system to advance in resiliency skills.

The students can earn privileges by displaying corrections in their criminal thinking and behavior pattern(s) by displaying advancement in the levels of resocialization requirements. A token economy, in the form of monetary rewards and/or increased privileges, such as more free time or weekend passes, is in place for rewarding positive behavior. If a student commits further transgressions while in treatment, their privileges can be removed and they face the potential of being moved back a level in treatment, depending on the nature and severity of the infraction. Once the student has completed the basic resocialization process (levels one through four) they may be placed in the independent living program, which would be the equivalent of level five, where they are able to work outside of the facility, yet continue with the resocialization follow-up training and monitoring from correctional staff. Any infractions at this juncture can also result in a return to a previous stage of treatment. Once the student has successfully completed the stages of treatment and has fulfilled the court mandated length of stay the student can be released on parole. If a juvenile fails to progress in the resocialization process and commits further acts of transgression while in the facility, that offender can

be transferred to an adult correctional facility upon reaching the legal age of adulthood or sooner pending the nature and severity of the crime committed (Shorten 1998).

The adjudicated youth at the TYC Gainesville facility were chosen for this study in an attempt to determine the effect of the resocialization programming on juvenile offender resiliency levels. Resiliency levels are believed to be amplified by cognitive and social based training, therefore resiliency levels are expected to be amplified as well, due to the cognitive and social training that is part of this facility's programming. This programming addresses the three C's of the resiliency concept. The TYC Gainesville facility requires all students to participate in their programming which is designed to teach discipline, positive work ethics, increases in levels of education and education on how and why the criminal act(s) were wrong. Through this process, TYC Gainesville is also laying the ground work for the students to utilize all three portions of the three C's, of resiliency. The three C's can be augmented in an intertwining fashion through various combinations of the tools learned at TYC Gainesville. Each skill acquired by the student touches on some aspect of each of the three C's. The goal of the TYC Gainesville facility is to transform each student into a law-abiding citizen that is more productive, more educated, more empathetic towards others and feels more in control of their lives. If this is the goal achieved, then the student has the potential to feel important, to find value in what they do, to have the ability to influence the course of their lives and appreciate the growth in wisdom from their experiences. These characteristics encompass the three C's necessary for increased resiliency levels.

The purpose of this study is to evaluate the potential relationship between students advancing in the resocialization program and a concurrent increase in the students' resiliency level.

Need for the Study

The need to investigate this issue is of significance given the increase in frequency of crime, severity of offense and younger aged juveniles offending in society over the last two decades (Harris, Welsh, and Butler, 2000). These juvenile offenders could ostensibly be expressing their increasing lack of utilizing higher levels of resiliency through their implementation of greater force, violence, and increased frequency when committing offenses. By augmenting juvenile offender resiliency levels, a concurrent increase in the ability for the juvenile to cope more constructively with negative life events would be expected. Since this delinquent "mode of operation" is more than likely an ingrained response for most of the TYC Gainesville juveniles, an intensive and long-term programming effort is necessary in order to effect long-term cognitive and social changes.

Fein (1990) reveals that if a "bad" role is also a basic role to personality, then change of that role involves a comprehensive reconstruction of the person's established social roles. This role abandonment is equated to the loss of a person since this is to be a terminated portion of their personality. Fein states that this relinquishing process is very painful and time-consuming. He identifies three stages that must be completed in order for a personality change to be established as a new mode of operation. The first stage is one where the dysfunctional role must be identified and experienced. The second is one in which the old "script" elements must be blocked and the dysfunctional role must be

relinquished. The third and final stage is the development of new and more appropriate roles are negotiated to replace the dysfunctional role. This philosophy mirrors the model of the resocialization process in that TYC's model states that "Youth must develop both the desire and the know-how in order to effectively change" (TYC 1995).

The TYC Gainesville facilities resocialization programming provides coverage for these criteria; thus this research should effectively measure the potential for changes in levels of resiliency. TYC resocialization is programming that is inherent to TYC. It was developed by the TYC and has yet to be extensively evaluated in this respect. Consequently, studies relating to resocialization and resiliency are absent. This absence of research simply portrays an even greater need for evaluation through this study.

Thesis Statement

This thesis examines the relationship between the juvenile's participating in the TYC Gainesville resocialization program and the effects of that programming on the students' resiliency levels. The first objective of this study is to examine related research regarding resocialization techniques and research regarding resiliency to identify the factors that affect resiliency. The second objective is to measure the resiliency levels in comparison to levels of resocialization to identify the effect(s).

Chapter two of this thesis provides a literature review of relevant research and information about resiliency and the resocialization program. This chapter provides a definition of resiliency, an overview of various measurements that have been used for resiliency levels, coverage of the instrument used in this study, related research on resiliency and juvenile offenders, coverage of other treatment and intervention attempts, and a conclusion of the various limitations of the literature.

Chapter three of this thesis details the methodology used in this study. It provides coverage of the hypothesis, measurement of that hypothesis and what research design was used. This chapter outlines sample selection, data collection procedures and provides a statistical analysis of the data collected.

Chapter four reveals the findings in this study. This chapter provides distributions of the population by age, race/ethnicity, time served at TYC Gainesville, resocialization level, and resiliency level. This chapter also contains cross-tabulations by resiliency and age, resiliency and time served at TYC Gainesville, resiliency and resocialization level, and resiliency and race/ethnicity. The final portion of the chapter contains the statistical analysis of the independent and dependent variables.

Chapter five concludes this thesis with a discussion and conclusion of the findings in the study. A coverage of the implications of the study is addressed and followed by recommendations for future research based on the findings of this research.

CHAPTER 2

LITERATURE REVIEW

Introduction

The following is a summarization of relevant literature on the issues of resiliency and juveniles or youth. The intent is to give a portrayal of the somewhat cryptic mechanics of resiliency by covering various available research.

The chapter will begin by providing a coverage of the identified characteristics that place youth “at-risk” for delinquency. By identifying at-risk characteristics, it is assumed that a strategy of intervention can be developed. This will be followed by a culmination of the varying definitions of resiliency in an attempt to gain an understanding of what resiliency is, as well as provide a look at various manners that different researchers have attempted to define the characteristics of a person identified as being “resilient.” This allows researchers to identify a baseline to operate from when evaluating what level an individual has reached on the resiliency continuum.

A review of related resiliency research is presented that expands on the delineation of how resiliency presents itself in an individual. The variables that are believed to promote resiliency will provide a look at various conclusions different researchers have drawn regarding the social, environmental, psychological, and personality factors within resilient individuals. These variables are multi-faceted and provide an overview of what factors may contribute to higher levels of resiliency. This

identification allows a concentrated focus of characteristics for professionals to evaluate and determine possible intervention strategies.

Next will be coverage of various successful community intervention attempts and juvenile facility treatment program attempts. The successes of others can possibly give other professionals an example to operate and expand from, as well as provide comparison treatment modalities for this research.

Following this will be a report of the various psychometric measures different researchers have utilized when attempting to measure the level of resiliency an individual has achieved. These attempts include using numerous measures and using only a single subjective technique. A review and description of the instrument used in this study, PVS-II, is presented following the other measures. This chapter will conclude with limitations of literature and summary and conclusions of the literature.

“At-Risk” Characteristics

The characteristics of resilience have been the focus of many researchers. Each study yields varying yet similar results. A synopsis of the cognitive, social and behavioral indications are as follows.

A 40 year longitudinal study of “at-risk” children on the island of Kauai, Hawaii displayed a significant effort to provide behavioral and cognitive indications regarding what characteristics a resilient child would exhibit. The sample size of the study consisted of 698 children. The subjects were followed from birth to adulthood, and all of the children were considered to be living in poverty. The children were evaluated on a level of resilience continuum ranging from most resilient to least resilient. The most resilient children grew to become productive members of society, and were examined in

comparison to the least resilient children, identified as those that went on to become delinquent or exhibited other deleterious life outcomes such as mental illness or chemical dependency. The most resilient children displayed an attitude of self-confidence, a more positive view of life, felt more self-empowered, and felt they had more control over their own destinies. The children with lower levels of resiliency exhibited delayed or impaired developmental and self-help skills, substandard reading, writing and verbal skills, they displayed external locus' of control, lowered self-esteems, and decreased socialization skills (Burchard and Burchard, 1987).

Amato and Keith (1991) determined that children of intact high-conflict homes had a poorer prognosis in comparison to those in low-conflict intact or low-conflict divorced homes. Therefore, children who were residing in homes with both parents present and minimal tension between the parents, or children in single parent homes with minimal tension, had a better prognosis for having higher rates of resiliency than their counterparts who lived with both parents under high levels of tension. Neighbors, Forehand and McVicar (1994) found resilient individuals to have high self-esteem, a good relationship with their mothers and possessed lower levels of depression and anxiety than their less resilient counterparts. Beardslee (1989) identified resilient children and adults, who were under long-term severe life stress, as exhibiting the ability to adequately appraise their situation on a cognitive level and realistically determine their possible course of action. They were able to take action, realize the consequences of their actions, view the events objectively and develop an understanding of their situation. Valentine and Feinauer (1993) identified resilient persons as displaying the ability to access external support systems, involve themselves in school and display competence.

Resilient persons viewed trauma as a challenge to overcome and possessed a belief that they could control their own fate.

Another focus by professionals and society has been from an intervention standpoint. Attempts are being made to identify precursors to maladaptive reactions to stressful life situations with persons who have already displayed lowered resiliency levels. In order to determine how to intervene, researchers have examined characteristics or “risk” factors of juvenile offenders. By examining these persons, they hope to determine what measures can be taken to prevent future occurrences.

James and Johnson (1983) report, “current research has failed to establish that criminal behavior is the result of brain malfunction, abnormal biochemical processes, or chromosomal patterns. Criminal behavior is commonly perceived to be the result of multiple causes including, poverty, frustration, alienation, poor family experiences, and family instability”. Fabelo (1996) found that almost half of the recidivist criminals have identifiable mental health disabilities such as learning disabilities or emotional and behavioral disorders. Whereas, Krovetz and Speck (1995) found that the incidence of juveniles requiring special education services is at least three times higher than the public school ratio.

Huey and Weisz (1997) termed two classifications as predictors of behavioral and emotional problems that would place a child at “risk.” The first is termed Ego Undercontrolled, exhibiting patterns of delinquency, demonstrating deficits in delay of gratification, and engaging in frequent hard drug use. The second is Ego Brittle, marked by decreased capability to control their impulses, expression of depressive symptoms and can be linked to hard drug use.

Turner, Norman and Zunz (1995) identify gender specific risk factors. The risk factors for boys included prenatal stress and more physical vulnerability during infancy. Within the first 10 years of life, emotional vulnerability, adverse affects of poverty, a presence of disharmony in the family and an absent father are identifiable. During the teenage years the risk factors were an absence of the mother, conflict with the father and failure in school. These factors place children at greater risk of being deficient in resiliency levels.

Brooks (1994) reports that victims of abuse and/or neglect have a 40% chance of becoming victimizers as adolescents or adults, they are four times more likely to steal and to get arrested. Severe violence victims are three times more likely to abuse drugs and alcohol, become aggressive, and damage property.

In an interview with Dr. Theodore Shorten (1998), assistant superintendent at TYC Gainesville, he expressed that the students at the TYC Gainesville facility possess many, and in some instances, all of the preceding characteristics. Dr. Shorten reports that the majority of the students came from single parent homes, abused drugs and or alcohol, had delays in educational achievements and had been victims themselves prior to adjudication. By examining these commonalties between TYC Gainesville students and other juvenile offenders, and also noting that these characteristics are displaying low levels of resilience as displayed in other research, the TYC resocialization programming is a prime program for evaluating the effects of this program on juvenile offender resiliency levels. Clearly, the TYC Gainesville students have been identified as possessing numerous “at-risk” characteristics according to other researchers in this field. These “at-risk” characteristics provide a baseline to operate from to determine if an

individual possesses these characteristics and can validate the subjects' appropriateness for this study.

Defining and Operationalizing Resiliency

Before an assessment of resiliency can be achieved, it is necessary to define what resiliency is and to identify specific characteristics that are displayed in a resilient person. This is necessary for the quantifying of the concept and components for measurement in a statistical manner. Therefore, the following breakdown of the components is necessary to achieve this goal.

Essentially, "at-risk" characteristics will reveal what a non-resilient person possesses and a resilient person is the reverse of that. The following at-risk characteristics summarized will help to clarify and quantify the definitions of resiliency. At-risk persons can display delayed or impaired developmental, educational and self-help skills. They may possess impaired socialization skills, low self esteem, feel little control over their environment and display maladaptive reactions to stressful situations (Brooks 1994; Wierson and Forehand 1995). These characteristics will shape the definitions of resilience as outlined in the following.

There is no one concise and accepted definition for resilience, rather there is an array of characteristics that are used to identify what a resilient person is, this section will provide various definitions by different researchers. This will provide specific characteristics researchers can focus on to determine the course of action to evaluate resiliency in others. These characteristics enable researchers to develop a "formula" that allows for calculations, or operationalization of resilience levels.

Garmezy (1991) defines resilience/hardiness as a psychosocial construct referring to personal and environmental protective factors that reduce the effects of risk to a person's well being during times of stress. Florian, Mikulincer and Taubman (1995) expand on this by defining resilient individuals as being more focused on coping with a problem instead of becoming emotionally focused and preoccupied with problems. Several other researchers report that resilience is an interplay between negative stressors and protective factors that will fluctuate from time to time, given individual varying levels of ability to resist or rebound from negative life events, and the ability to successfully adapt in the face of adversity (Kaufman, Cook, Arny, Jones and Pittinsky 1994; Mothner 1984; Plummer and Knudson-Martin 1986; Turner et al. 1995).

Turner, et al, (1995) believe that self-esteem and self-efficacy are possibly the most important traits in resilient individuals. These researchers define self-esteem as having no discrepancy in one's ideal self image (the person they would like to be) and actual self-image (the person they perceive themselves to currently be), and self-efficacy as possessing the belief that they have the ability to perform specific tasks. These persons possess good verbal skills, ease in getting along well with others, good social and problem solving skills, the ability to laugh at oneself, the ability to separate themselves from toxic situations and realize that a situation does not define who they are, as well as have the ability to express empathy and compassion towards others.

Huey and Weisz (1997) define/operationalize resilience through a comparison of two models, psychoanalytic and behavioral. The models overlap and describe resilience as the ability to control impulses, display social competence, display at least a moderate

level of extraversion (outgoing personality), agreeableness, conscientiousness, display a low level of neurotic type behavior, and exhibit openness to new experiences.

Although a consensual definition of resiliency/hardiness has not been operationalized, common threads can be noted within each attempt to define the concept. Maddi (1994) and Rush et al. (1995) attempt to operationalize hardiness through what they term as the three C's, Commitment, Control and Challenge. These three qualities are said to enable a person to manage stressful circumstances to the extent that the person turns a difficult situation into a developmental process rather than a detrimental situation. The quality of "Commitment" allows a person to rely upon themselves to become involved in their life by becoming an active participant in taking action to achieve their goals rather than by allowing circumstances to debilitate them into passivity.

The quality of "Control" is contended to be the internal belief system that a resilient or hardy person will possess. This belief system mandates a person to actively impact their life, which prevents them from succumbing to a "victim stance."

The quality of "Challenge" enables a person to view change and new experiences as learning experiences; events to seek out and utilize as opportunities for growth, instead of hiding from them (Maddi 1994; Rush et al. 1995).

Although the various definitions of resilience are different, common themes are noted. Each addresses the cognitive abilities to view situations in a more positive light and the ability to exact behaviors in a pro-social way regardless of the life situation one is involved in. The three C's defined, is comprehensive and encompasses much of what other researchers have outlined to describe resiliency. Due to the comprehensiveness of this definition/model, the three C's has been utilized for this study.

Related Resiliency Research

Past research has identified variables that promote increased resiliency in individuals. The following identified variables are outlined as a comparison to the variables that exist at the TYC Gainesville facility. These variables are “built in” the resocialization programming and are being presented to further delineate the support system(s) intact that affect resiliency levels.

Brooks (1994) identifies that the presence or lack of supportive persons in the individuals' life (environment) affects an individuals resiliency levels. The TYC Gainesville has 24-hour staff to provide support along with corrections. Lam and Grossman (1997) express characteristics of promoting resilience by reporting that there should be a sense of physical self-efficacy, feeling of hope, self-esteem, internal locus of control (a belief that people can impact the course of their lives), and the presence of family and/or social support. The TYC Gainesville facilities goal is to target and improve these attributes through the resocialization process.

Mothner (1984) concurs with the above variables, yet elaborates on the above to include promoting critical and creative thinking, and promoting increased social and scholastic success. TYC Gainesville’s goal is also that of improving the above mentioned skills, by teaching the student a marketable skill and providing education. Turner et al. (1995) agrees with all of the above protective factors and includes the presence of firm boundaries within the family. TYC Gainesville is a maximum-security facility and clearly provides firm boundaries in the student’s temporary “home” environment. Bruner (1996) takes a more comprehensive approach to include economic and physical safety and security in the home and environment, adequate health care, decent schools, and access to

professional services to various conditions that arise and require professional care. The TYC Gainesville facility provides security, health care, schooling and other professionals needed to address individualized issues. Beardslee (1989) expresses resilient individuals to have a “total organizing conceptualization of who they are and how they came to be,” which provides the ability to choose an action orientation to problem situations. TYC Gainesville’s resocialization program addresses this issue in requiring the student to identify the events leading up to their crime and identify the circumstances of their lives up to that point in order to identify how their behavior was influenced environmentally and socially. By identifying these factors they are then assisted in the task of changing who they are through recognizing how they came to be.

Related Research on Juvenile Offenders and Offender Programs

Of the sparse research specifically addressing the relationship between juvenile offenders and resiliency levels, Born and Humblet (1997) conducted a study of 363 delinquent youths. The findings of this study suggested that resilience is uncommon among delinquents, however the prognosis for the individuals desisting from further delinquency continues to improve with the increase in the length of time the individual remained in the facility, the greater the recognition of feelings of guilt for their crime, the higher the level of self-image achieved and the forming of a pro-social attachment to one or more persons.

James and Johnson (1983) studied 62 juveniles in an institutional setting to evaluate the level of the juvenile’s sense of social interdependence and that relationship to psychological health. They found that more positive attitudes toward cooperating with

others promoted; better social adjustment, utilization of fewer justifications for their criminal acts, and more interactive and trusting with authority figures.

The following are some treatment approaches that bare similarity to the TYC Gainesville resocialization programming. Boggs' (1993) research measured the effects of treatment programming in a Tennessee juvenile correctional facility. This facility utilized counseling, specialized treatment for chemical dependency and sexual crimes, psychiatric consultation for the seriously disturbed and behavioral reinforcement systems. He determined that the most beneficial length of stay to achieve the maximum personality change within the juvenile population was 8.5 months. His research also indicated that juveniles 17 years of age and older benefited the most from treatment, and that the treatment needed to be tailored to the individual to gain optimum impact. Since the minimum sentence at TYC Gainesville is a nine-month commitment and over 61% of the presented population was 17 years of age and over, Boggs' (1993) 8.5-month marker, age identified and individualized approach is represented in this population.

James and Johnson's (1983) results report evidence that by utilizing long term use of cooperative, competitive, and individualistic situations, a positive impact can be effected within criminal populations. The number and quality of the cooperative experiences can increase the desired outcomes, depending on the characteristics of the individual. James and Johnson (1983) found a direct connection between social interdependence and psychopathology among criminal populations. They determined that the more positive attitudes towards others effected the increase in social adjustment, a decrease in lower class values, decrease in distorting reality according to their own needs and desires, an increase in trust and involvement with authority figures and others. They

also reported an increase in the level of cooperativeness related to an increase in maturity, increased satisfaction with self and their relationships with others, and more positive attitudes toward competition positively correlated with psychological health. TYC Gainesville's resocialization has the component of fostering cooperativeness within its' population. One of the objectives of the programming is for the student's to learn to work together in a cooperative setting to achieve a common goal whether that be through the work or recreational environment (TYC 1995).

Corrections and Community Intervention Attempts

There are prevention programs intact within communities and schools throughout the country that attempt to intervene prior to a child or adolescent reaching the critical stage of delinquency. Those programs that are not directly based on resiliency do utilize methods that are believed to augment resiliency levels. The characteristics in these attempts are also in place at the TYC Gainesville facility.

Cantelon, LeBoeuf, and Lindenberg et al, identify four basic needs that a school system should incorporate in order to keep children in school. They identify the necessity of providing a mentoring program, a safe environment to learn and grow, providing meaningful and useful skills, and providing opportunities for the child to give something back to their peers and community. Krovetz and Speck (1995) concur with the four basic needs mentioned previously and include that the student's evaluation should be an individual performance based assessment. Grossman and Garry (1997) elaborate on mentoring; stating that mentoring enhances communication and relationship skills that support positive decision making skills for the present and future. These can be aligned with the three C's of resiliency/hardiness in the following ways. Providing a mentoring

program ensures the individual will experience support and encouragement, which will help them enjoy what they are doing and provide a sense of “commitment” for their life. Providing a safe environment fosters the sense of security that will allow for success in tasks, when success is achieved, one can gain a sense “control” over what happens to them. Providing useful skills and opportunities to give back to their community sets the stage for the desire to overcome obstacles to succeed again, which is “challenge”.

Gager and Elias (1997) found that in order for a facility to be truly successful, there must be a clear mission and goal statement that is adhered to by all involved. They also report positive results with serious anti-social youth, by utilizing the above intervention techniques and incorporating a focus on pro-social skills. Their research noted significant decreases in self-reported offenses, arrests, cost of services, and recidivism, when compared to traditional methods. The TYC Gainesville facility is fulfilling the attributes just noted through clear program guidelines for students and staff. This facility provides staff and volunteers that serve as mentors, they provide a safe environment for the student, provide for the attainment of useful and meaningful skills, and have the requirement of giving back to the community through restitution efforts.

A factor that cannot be ignored or overlooked when dealing with groups of youth is the potential for conflict and violence. Lockwood (1997) identified some predominant reasons for violence erupting in youth as, 40 percent were seeking retribution for a peer or themselves against another youth they felt had wronged them, 22 percent were attempts to gain compliance from the another party, 21 percent were in an effort to defend themselves or others, and the remaining 8 percent were to promote their own self-image. Each of these reasons for violence are clear expressions of failing to utilize

resiliency in stressful situations, yet are the “norm” in the correctional settings as justifications for offending.

When disputes arise LeBoeuf and Delany-Shabazz (1997) found a 42 percent decrease in in-school suspension and a 97 percent decrease in out-of-school suspensions. This was achieved by utilizing a goal achievement dispute resolution program within the school system. The conflict management program promotes process curriculum, peer mediation, peaceable classrooms and peaceable schools. The program was reported to teach problem-solving skills, promote the identification of individual interests, expression of self and views, and sought mutually acceptable solutions for the parties involved. O’Donnell, Hawkins, Catalano and Abbott (1995) add to this by relaying that teachers need to declare clear boundaries, consequences and utilize consistency in enforcing them. Carbone and Lynch (1993) support this by adding that inconsistencies in staff behavior may diminish the effectiveness of the treatment, as applied in correctional settings.

This program addresses the augmentation of resiliency behavior through its’ process of promoting peaceable conditions to allow for the enjoyment of an activity instead of focusing on one’s safety or well-being and not having the opportunity to discover what is enjoyable (commitment), enable self-expression and problem-solving skills affording the student the opportunity to feel more in charge of their life (control), and through goal dispute resolution introduce the student to the opportunity to overcome an obstacle in a constructive way and allow for the embracing of enjoying learning from one’s mistakes (challenge).

Measurements of Resilience

The measurement of resilience specifically is not common; typically researchers will include resilience as a subscale and measure it indirectly. Researchers have utilized varying approaches. Kaufman et al. (1994) utilized a battery of tests to measure resilience in school children that were identified as being “maltreated”. These measures included reports from students and teachers and a combination of six measures to evaluate resilience in three domains, academic achievement, social competence and clinical symptomology. Examples of the measurement combination used are the Child Behavior Checklist and the Kaufman Assessment Battery for children.

Lam and Grossman (1997) identified 16 protective factors that constituted resiliency and utilized an extensive battery of tests to measure each factor among survivors of childhood sexual abuse. Each measure alone would not evaluate resiliency so the full battery of instruments were administered to each subject. An example of some of the measures include: the Physical Self-Efficacy Scale, Personality Five Factor Inventory, Rosenberg Self-Esteem Scale, Hope Scale, Internal – External and Chance Scale, and Social Adjustment Scale – Self Report to name a few.

In the Kauai, Hawaii longitudinal study of at-risk youth several measures were combined to determine a resiliency level of the individuals. The researchers used a group of scholastic aptitude and achievement tests, the California Psychological Inventory and the Nowicki Locus of Control Scale. There was not a single measure that specifically addressed resilience for this study (Werner and Smith 1982).

Mothner (1995) used the measure Resiliency-Values Personal Profile to assess the level of resiliency in school-aged youth to develop health promoting rather than health

compromising behaviors. This measure consisted of a total of ten questions and was not presented as a fully validated or highly reliable instrument, rather a tool to initiate discussion regarding key issues of resiliency in the school.

The Personality Views Survey II (PVS-II) is a measure of hardiness/resilience that has been applied with various populations. The most comprehensive utilization of this measure was used in a longitudinal study of business managers undergoing major industry changes that created severe stress for the individuals involved. This study, using the PVS-II, helped provide support for the concept that hardiness/resilience had a large protective effect on stress over other factors, including attempts at engaging in physical exercise to reduce stress (Maddi 87). The PVS-II has also been used in the following studies: to predict burn-out in nursing professionals (Keane, Bucette, and Adler 85), used as a positive predictor of the quality of life for persons with serious illness (Pollock and Duffy 1990), in a study of women to indicate that hardiness/resilience improved one's tendency to view life events as less stressful (Rhodewat and Zone 1989), and was used to indicate that hardiness/resilience increased the usage of more effective coping strategies (Maddi 1995). The PVS-II has also been tested to confirm that it is not gender or aged biased for high school aged persons and above (Holohan and Moos 1985; Rhodewalt and Zone 1989).

Personal Views Survey II (PVS-II)

The Personal Views Survey II (PVS-II) was chosen for this study due to its' relative ease in administration, brevity in completion time and for its' specific measurement of resilience/hardiness. Dr. Salvatore R. Maddi with the Hardiness Institute

developed the PVS-II in 1994. The PVS-II is a fifty-question measure that can be self-administered and completed in 10 to 15 minutes by the literate person.

The PVS-II measures the three components, commitment, control and challenge. Each of the three C's is presented in statement form for the subject to indicate what level of agreement they have with the statement. The respondent chooses from a range of 0 to 3 for their response with 0 indicating complete disagreement and 3 indicating complete agreement. Examples of the questions that measure commitment are, "I really look forward to my work," and "Ordinary work is just too boring to be worth doing"; for control examples are, "What happens to me tomorrow depends on what I do today," and "Most of what happens in life is just meant to happen"; and for challenge examples are "It's exciting to learn something about myself," and "The tried and true ways are always the best."

Limitations of the Literature

The most glaring limitation of the above literature is the lack of resiliency research specifically relating to juvenile offenders. This arena of research appears to have been sparsely researched to date; as a result there is inadequate baseline data for comparison in this study. The current literature does review treatment programming that addresses cognitive, behavioral and social skills training but not on an in depth level and not as it applies specifically to the augmentation of resiliency levels with committed juvenile offenders.

Summary/Conclusions

To summarize, most of the relevant research reveals what the characteristics of a resilient person is more so than what defines the characteristics of a non-resilient person.

As a consequence the subjects studied will most commonly be described as “not” having the specified traits. The subjects in this study do not fit the definition of being resilient due to their lack of ability to cope with life stressors, displaying this through their criminal acts. The TYC Gainesville students have not shown the very basics of resilient behavior, the ability to resist or rebound from negative life events. They typically have engaged in detrimental behavior, become debilitated by circumstances and have taken a “victim stance” in life, which has led to their commitment to TYC Gainesville.

CHAPTER 3

METHODOLOGY

Hypothesis and Research Questions

This study is designed to examine the relationship between participation in the TYC Gainesville resocialization program by the juvenile offenders committed to the program and the impact of that program on those juvenile offender resiliency levels. The goal of this study is to answer the question; “Does participation in the TYC Gainesville resocialization program increase the participating juvenile offenders resiliency levels?” The hypothesis to be tested in this study is that successful increases in the level of resocialization achieved by the students will have no effect on the student’s resiliency scores.

Research Design

This study utilized a within groups design since the population is considered to be one group, adjudicated juveniles to the TYC Gainesville facility, and the differences measured are within that grouping of persons. Every student receives the same treatment condition, resocialization, and there was no control group for comparison. The comparison is examining the group cross-sectionally. The participating students had been residing at the TYC Gainesville State School for varying lengths of time allowing for a comparison of varying resocialization levels achieved to be compared to varying levels of resiliency measured.

There was no existing data on resiliency levels for this population. The measurement Personal Views II (PVS-II) was chosen for the collection of primary data of resiliency/hardiness for the students. The PVS-II is a 50-question survey that measures resiliency/hardiness in an individual. This measure has three subscales; commitment, control and challenge when totaled make up the total resilience/hardiness score. Examples of the specific subscale statements on the questionnaire for commitment are, “I really look forward to my work,” and “Ordinary work is just too boring to be worth doing”; for control examples are, “What happens to me tomorrow depends on what I do today,” and “Most of what happens in life is just meant to happen”; and for challenge examples are “It’s exciting to learn something about myself,” and “The tried and true ways are always the best.”

The 50 questions in the PVS-II are in statement form requiring the respondent to indicate whether they feel the statement is true or not, on a response continuum. The response continuum range begins at 0 which indicates that the respondent felt the statement was “not at all true” for them. A response of one indicates that the respondent feels the statement is “a little true,” a response of two indicates the respondent feels the statement is “quite a bit true,” and a response of three indicates the respondent feels the statement is “completely true.” Each response is marked by the respondent as the question was presented.

A diskette-scoring program specifically designed for this questionnaire scores the PVS-II. The diskette produces total scores that are immediately available for import into a SPSS software program. In scoring and interpreting the PVS-II, the score percentile ranges are zero percent corresponding with a score of 71 and below, at the 100 percent

level the corresponding score is 120 and above, the raw score range is from 0 to 150, the remaining percentiles are displayed in Table five. These norms are based on adolescents and adults, ranging in age from 15 to 74, males and females inclusive. An average range of score should be considered in the 40% to 60% range, or a raw score of 95 to 102. Scores below this range indicate an insufficient ability to cope effectively with changing, stressful times and scores above this range indicate an ample ability to cope effectively with changing and stressful times.

This measurement has undergone psychometric analysis that indicates this is a highly reliable tool for measuring resilience/hardiness, producing Coefficient Alphas from the high .70's to the low .90's for total resilience/hardiness (Bartone, Ursano, Wright and Ingraham 1989; Maddi and Hess 1992). For validity this measure has undergone studies that have shown, "that when people experience stressful circumstances, those who are hardy remain physically and mentally healthier, perform better, and have a more positive outlook, than do those who are not hardy" (Kobasa, Maddi and Kahn 1992; Westman 1990).

The measure is reported as yielding scores that are internally consistent between scales, moderately intercorrelated with each other and substantially correlated with the total hardiness/resilience score. The PVS-II is reported to have an adequate internal consistency of .88 for total hardiness/resilience and a stability of .77 for total hardiness/resilience. It has been shown to be a reliable measure for adolescents and adults (Maddi 1994). A reliability test was performed for this study and yielded an alpha of .8242, well within acceptable range for reliability.

Statistical Analysis

The subjects' questionnaires were scored using the PVS-II scoring diskette program. The Hardiness Institute provided the scoring program, along with the questionnaires, at the time of purchase. The scoring program was designed specifically for the PVS-II as an automated scoring device to produce useable output ready for use with the Statistical Package for the Social Sciences. Once each score was obtained, the automated scoring program (Maddi 1994) created an individual file. This compilation was then imported into an SPSS program for analysis. Frequencies of age, race, and level of resocialization was then performed.

Variables

The independent variables identified for this study are, the level of resocialization assigned by the TYC Gainesville State School, the subject's age, race and length of commitment time completed at the facility. The dependent variable is identified as the individual resiliency levels as measured by the PVS-II. The age variables were grouped into four categorical representations; age 15 and under, age 16, age 17, and ages 18 and over. The race/ethnicity variable groupings are white, black, hispanic and other. The other category of race/ethnicity contained two cases, which were deleted from the study since this was an insufficient number of cases to test for significance. The time served at TYC Gainesville variable was condensed into four groupings; less than one month, one to six months, six to nine months and over nine months. Resocialization variables were categorized into four groupings; level one contains .0 to 1.0, level two contains 1.1 to 2.0, level three contains 2.1 to 3.0, and level four contains 3.1 to 4.0. There were no cases in

the level five category. Resiliency variables were categorized into two groupings; below normal and normal or above normal.

The variables of age and race have been identified as being independent factors of resilience/hardiness. Indicating that regardless of age or race a person can augment their resilience levels without those two factors impeding that progress (Maddi 1997). Boggs (1993) identified an 8.5-year marker as necessary for true change in the individual to be realized. The variable of the length of commitment time completed at the facility is a minimum of nine months for the TYC Gainesville facility and is a necessary amount of time for the student to progress through the resocialization program and attain higher levels of resocialization. Based on Boggs' research compared with the time line at TYC Gainesville, one would expect to see a gradual rise in resilience in the first 8 months of programming, with a plateau of level 4.0 forming after the 8.5-month marker.

The subjects were categorized according to the level of resocialization they had achieved at TYC Gainesville. These levels were accessed through the facility's main computer database under the supervision of the assistant superintendent of the facility. The possible range of levels was from .0 to 5.0. Level one can be in increments of .0 to 1.0 and are expected during the first month of commitment; level two can be in increments of 1.1 to 2.0. and are expected during the second and third months, level three can be in increments of 2.1 to 3.0 and are expected during the fourth and sixth months, level 4 can be in increments of 3.1 to 4.0 and are expected during the seventh and eighth months, and the final level, level five can be in increments 4.1 and above and are expected to occur in the tenth month and beyond.

The subjects race and age was accessed through the facilities main computer database and had been pre-assigned by the Marlin, Texas “intake unit” prior to coming to the TYC Gainesville facility. It is not known how the Marlin facility assigned the individuals’ information. The individual length of commitment time completed was calculated by accessing the date of admission and subtracting that date from the date that the student completed the survey. The admission date was also accessed from the TYC Gainesville main computer database.

Sample Selection

The TYC Gainesville facility is the only maximum-security level facility for juvenile offenders available in the North Texas area and was selected on this basis. At the time of the survey distribution the TYC Gainesville facility housed 286 juvenile male offenders varying in range of offenses. The resocialization program is the treatment basis for the offenders in this facility therefore, every person committed in this facility must participate and by doing so each is receiving the treatment.

The population attempted for this study was all of the residents at the TYC Gainesville State School. The goal was that all members of this population were to be given the opportunity to participate in the study, including the newly arriving students.

Data Collection Procedures

The data were collected over a two-week time frame, between the dates of May 30, 1998 and June 7, 1998, during the weekend day hours that had been scheduled as “free-time” for the students. This scheduling arrangement was designed to defer any interruption in regiment the facility had in place during weekdays. Of the 286 available participants, 222 participated in the study, a 77.62% response rate. The students who did

not participate were either not on campus at the time of survey administration; for example students who were working outside the facility at a paid job or students who were issued a weekend pass and had left the facility for the weekend; or students who were not allowed contact with the general population at the facility for security reasons; for example, those students who were in psychiatric or security “lock down” and were not allowed in the common areas; or those persons who were read the informed consent release and chose to leave the testing area. The informed consent release form states that they could voluntarily leave and that there would be no negative nor positive effects for that choice, as a result no explanation was requested (see Appendix A).

The students at the TYC Gainesville State School were each given the opportunity to voluntarily participate in the study. The students were assembled in groups of twenty or fewer, coordinated by facility staff. At this point the students were then addressed by the principal investigator to explain the purpose of the study. A TYC facility staff member was present at all times to ensure safety and maintain order of the group.

The TYC facility staff organized these meetings in a common area, typically the living area of each respective dorm. The principal investigator read a pre-printed explanation of the study and an explanation that the individuals’ anonymity was guaranteed. It was explained to each student that confidentiality would be maintained and that there would be no repercussions for their participation or non-participation in the study. Each student was given a written copy of the statement of the study’s purpose and an informed consent release for each subject to sign if they chose to participate in the study (see appendix A). Those subjects agreeing to participate were then asked to place their name and TYC identification number on the survey. The TYC number was used to

match the variables with the corresponding respondent through the TYC facilities database. Each group was informed of the purpose of coding the TYC number prior to consenting to participate.

Any student who chose not to participate was free to leave the assembly without further questioning. The remaining students were then given pencils to complete the questionnaire. The principal investigator read the printed introduction on the questionnaire and then read each question aloud to the group. When it was observed that each subject had finished marking their answer, the investigator proceeded with reading the next question aloud until all 50 questions had been administered. At the end of administering the questionnaire, all pencils and questionnaires were collected, and the subjects were asked if they had any questions regarding the questionnaire. The subjects were given names and phone numbers of appropriate persons to contact in the event the participation in the study created questions or concerns.

Analysis

The data collected for this study are compared according to age group, race/ethnicity, time served in the TYC Gainesville facility, resocialization level and resiliency level. Frequencies of the variables are outlined on each variable to establish distributions of each variable. Cross-tabulations were then analyzed on resiliency level and age group, resiliency level and time served at the TYC Gainesville facility, resiliency level and resocialization level, and resiliency level and race/ethnicity to denote any significant relationship between the variables. A Chi-square function was performed on resiliency level and race/ethnicity to determine independence of race/ethnicity from resiliency, and finally a Spearman's rho correlation was performed on the variables of age

group, time served at the TYC Gainesville facility, resocialization level and resiliency level to determine levels of significance on interactions between these variables.

Human Subject Review

Due to the legal age of criminal culpability beginning at the age of ten, the ability to give informed consent is implied. The assistant superintendent of the facility provided written consent for the subjects to be measured. Previous research with incarcerated youth has addressed problem areas regarding the ability of an incarcerated person to give informed consent (Senese 1997). Therefore a verbal explanation to the subjects of their rights and information about taking the study, prior to their decision to participate, was provided.

Since this study involved interaction with human subjects, this study was submitted for approval with the University of North Texas' Institutional Review Board for the protection of human subjects and was approved on April 21, 1998. A renewal form for multi-year research was submitted on September 27, 2001 and was approved on October 11, 2001.

Limitations

The limitations of this research include problem areas such as the inability to conduct a pre-measurement to obtain a resiliency level for the individuals prior to commitment to the TYC Gainesville facility. This study achieved a cross sectional measurement on persons who had been in the facility for varying lengths of time. A baseline score on each individual's resiliency level at the time of commitment could have provided a more definitive picture of the efficacy of the resocialization program on positively impacting resiliency levels. The participants may have entered the program at a

more advanced resiliency level than some of their counterparts which could skew the results. In other words, did the subjects' scores change while in the facility, or did they simply start at a more advanced resiliency level prior to commitment to TYC Gainesville.

There was not a control group for comparison in this study to help determine whether the effects were related to resocialization programming or a simple representation of the general population of this aged and personality type of person. A longitudinal study of this type would be more comprehensive yet very time consuming and costly for the purposes of this study.

Another limitation of the research would include the inability to measure all persons committed to the facility. Those persons who were not present during the time of administration and those who chose not to complete the survey were not represented. The persons not at the facility who were not surveyed were typically those students who were given greater liberties and were possibly of the highest levels in the resocialization program. These individuals were either at a paid job outside of the facility, independent living persons, or off campus on a weekend pass. By potentially eliminating the higher scoring resilience persons, these results could be misleadingly under-representative of the resocializations' effects. The other students who were not given the survey were either confined due to psychiatric or corrective reasons, or chose not to take the survey, which could indicate antisocial attitudes of lower levels of resilience. By potentially eliminating the lower scoring resilience persons, these results could misleadingly over-represent the effects of resocialization. In spite of this missing data, the results can still be useful considering the measurements did include persons at all ranges of resocialization.

CHAPTER 4

This chapter contains an analysis of the variables under study to determine what relationships may exist between resiliency levels in comparison to age, race/ethnicity, time served at TYC Gainesville and the resocialization level achieved by the subjects. For this data analysis, the subjects were classified according to age, race/ethnicity, time served at the TYC Gainesville facility, resocialization level and resiliency scores. These variables are grouped into categories for the purposes of data analysis. Frequencies of the variables were calculated. Cross-tabulations of resiliency and age, time served at TYC Gainesville, and resocialization level were then calculated. A chi-square was performed on resiliency and race/ethnicity, and finally a Spearman's rho was performed on age, race/ethnicity, resocialization level and resiliency level.

Descriptive Statistics

The subjects' were categorized in four age groups; 15 years of age and under, 16 years of age, 17 years of age, and 18 years of age and older. The subjects' ages ranged from 13 years of age to 21 years of age. The largest age representation of the students was in the 17 years of age category which comprise 39.5% of this population. The other three age groupings comprised about 20 percent of the population for each grouping (see Table 1).

Table 1
Age
n = 220

	<i>Age</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Valid	15 and under	43	19.5	19.5
	16	43	19.5	39.1
	17	87	39.5	78.6
	18 and over	47	21.4	100.0
Totals		220	100.0	

The subjects' race/ethnicity was comprised of 35.9 percent African Americans, 34.1 percent Hispanics and 30.0 percent White. The distribution of race/ethnicity was relatively evenly distributed with only a 5-point percentile difference between classifications of the three categories (see Table 2).

Table 2
Race/Ethnicity
n = 220

	<i>Race</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Valid	White	66	30.0	30.0
	Black	79	35.9	65.9
	Hispanic	75	34.1	100.0
Totals		220	100.0	

The number of days served at the TYC Gainesville facility was collapsed into four categories for comparison; less than one month, one to six months, six to nine months and over nine months. The minimum number of actual days served was one day and the maximum number of actual days served was 1,369. The “over 9 months” length

of time served category was the highest representation (27.3%) of the population. The distribution of time served at the TYC Gainesville facility was relatively even in distribution, with each category falling closely together in the 20 to 30 percentile ranges (see Table 3).

Table 3
Time served at TYC Gainesville
n = 220

	<i>Time Served</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Valid	Less than 1 Month	59	26.8	26.8
	1 – 6 Months	47	21.4	48.2
	6 – 9 Months	54	24.5	72.7
	Over 9 months	60	27.3	100.0
Totals		220	100.0	

The resocialization levels are based upon the levels assigned by the TYC Gainesville facility. According to TYC Gainesville identification of levels, the subjects had a minimum resocialization level of zero and a maximum of 4.0, the average level was 2.83 with the most common level being 4.0. Of the total population, 84 subjects were at level four (38.2%). The subjects on level one were the fewest in number (15.5%), yielding a raw number of 34 (see Table 4).

Table 4
Resocialization Level
n = 220

	<i>Level</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Valid	Level 1	34	15.5	15.5
	Level 2	52	23.6	39.1
	Level 3	50	22.7	61.8
	Level 4	84	38.2	100.0
Totals		220	100.0	

The subjects' resiliency scores were separated into two categories, either below normal, or normal/above normal. There was a significant number of (86.8%) in the below normal category, yielding a raw number of 191 and only 13.2%, or 29 subjects, scored in the normal or above normal category (See Table 5).

Table 5
Resiliency Level
n = 220

	<i>Level</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative Percent</i>
Valid	Below Normal	191	86.8	86.8
	Normal or Above Normal	29	13.2	100.0
Totals		220	100.0	

Cross-tabulations

The characteristics of the subjects were compared according to resiliency levels, either above or below normal, and specific age ranges. The most dramatic results of this comparison are within the 16-year old group. Of all the 16-year olds that participated, 95.3% of the 16-year olds fell in the below the norm in resiliency scores, the 17-year old group follows the 16-year old group with 90.8% of all 17-year old subjects scoring below the norm in resiliency. The 18 years of age and above group represented the fewest number of subjects (72.3%) within that age range that fell below the norm in resiliency levels. When comparing all aged subjects below the norm in the sample, the 17-year old group represented the highest percentage of all individuals in the “below the norm” in resiliency (41.4%). The 17-year old population consists of 79 subjects in the “below the norm” in resiliency levels, which is 35.9% of the total population measured in the study. The 18-year old and older group had the highest representation in the normal or above

normal category of resiliency levels. This 18-years old and older group had the highest percentage (27.7%) of persons within their own age range scoring normal or above normal. The 18-years old and older group also represented the highest concentration (44.8%) scoring in the normal or above normal resiliency score range within the total population (See Table 6).

Table 6
Resiliency and Age
n = 220

Resiliency Level	Age				Total
	15 years of age and under	16 years of age	17 years of age	18 years of age and over	
Below Normal Raw number	37	41	79	34	191
Below Normal % within Resiliency Level	19.4	21.5	41.4	17.8	100.0
Below Normal - % within Age	86.0	95.3	90.8	72.3	86.8
Below Normal % of Total	16.8	18.6	35.9	15.5	86.8
Normal or Above Normal - Raw number	6	2	8	13	29
Normal or Above Normal - % within Resiliency Level	20.7	6.9	27.6	44.8	100.0
Normal or Above Normal - % within Age	14.0	4.7	9.2	27.7	13.2
Normal or Above Normal - % of Total	2.7	.9	3.6	5.9	13.2
Totals – Raw number	43	43	87	47	220
Totals - % within Resiliency Level	19.5	19.5	39.5	21.4	100.0
Totals - % within Age	100.0	100.0	100.0	100.0	100.0
Totals - % of Total	19.5	19.5	39.5	21.4	100.0

In comparing subjects' time served with resiliency levels, the respondents who scored below normal in resiliency was the group who had 6 to 9 months of time served (94.4%). This group only represented a slightly higher percentage compared to their peers in other groupings of time served. The next highest representation was the 1 to 6 months of time served group, which represented 89.4% of the population of 1 to 6 months of time served. Of the individuals that scored normal or above normal in resiliency, the over 9 months of time served group was slightly higher than other groupings. This group represented 44.8% of all persons scoring in the normal or above normal levels of resiliency. The next highest percentage was represented by the less than one-month group, comprising 27.6% of the total population of normal or above normal scorers (See Table 7).

Table 7
Resiliency and Time Served at TYC Gainesville
n = 220

Resiliency Level	Time Served				Total
	Less than 1 Month	1 – 6 Months	6 – 9 Months	Over 9 Months	
Below Normal – Raw number	51	42	51	47	191
Below Normal - % within Resiliency Level	26.7	22.0	26.7	24.6	100.0
Below Normal - % within Time Served	86.4	89.4	94.4	78.3	86.8
Below Normal - % of Total	23.2	19.1	23.2	21.4	86.8
Normal or Above Normal - Raw number	8	5	3	13	29
Normal or Above Normal - % within Resiliency Level	27.6	17.2	10.3	44.8	100.0
Normal or Above Normal - % within Time Served	13.6	10.6	5.6	21.7	13.2
Normal or Above Normal - % of Total	3.6	2.3	1.4	5.9	13.2
Totals - Raw number	59	47	54	60	220
Totals - % within Resiliency Level	26.8	21.4	24.5	27.3	100.0
Totals - % within Time Served	100.0	100.0	100.0	100.0	100.0
Totals - % of Total	26.8	21.4	24.5	27.3	100.0

A comparison of the subjects' resiliency levels and resocialization levels reveal that the subjects on level two have a slightly higher representation in higher levels of resiliency than their counterparts on levels one, three and four. Of all the subjects falling in the normal or above normal status of resilience, 41.4% of those individuals were on level two of the resocialization program. Subjects on level four represented 37.9% of the normal or above normal resiliency population, yet they only represented 13.1% of all

subjects who were on level four at the time of the study. Subjects on level three had the second smallest number of persons scoring in the normal or above normal resiliency category representing only 10% of subjects who were on level three at the time of the study. Persons on level one bore the smallest representation of subjects scoring in the normal or above normal resiliency population, 2.9% of all persons on level one at that time (See Table 8).

When considering the total population of subjects on all four resocialization levels, the smallest percentage of subjects scoring in the normal or above normal resiliency levels were on level one (0.05%). Level three subjects scored next with 2.3% of the total population in the normal or above normal range, level four comprised 5.0% of the total population in the normal or above normal range, and level two contained the most subjects scoring in the normal or above normal range, 5.5% of the total population (See Table 8).

The subjects in the below normal resilience range, considering the total population of below normal and normal or above normal, ranked in percentage from greatest represented to the least represented as follows: level four comprised 33.2% of the total population, level three consisted of 20.5%, level two represented 18.2% and level one represented 15.0% of the total population (See Table 8).

Of all the subjects' on level two of resocialization, 76.9% scored below normal in resilience, compared to the level four subjects' scoring below normal representing 86.9% of that levels population, level three subjects' scoring below normal represented 90.0% of all level three subjects, and of all level one subjects', 97.1% of that level's subjects scored in the below normal resilience range (See Table 8).

In the below normal range population 38.2% were on level four, 23.6% were on level three, 20.9% were on level two and 17.3% were on level one (See Table 8).

Table 8
Resiliency and Resocialization Level
n = 220

Resiliency Level	Resocialization Level				Total
	Level 1	Level 2	Level 3	Level 4	
Below Normal – Raw number	33	40	45	73	191
Below Normal - % within Resiliency Level	17.3	20.9	23.6	38.2	100.0
Below Normal - % within resocialization level	97.1	76.9	90.0	86.9	86.8
Below Normal - % of Total	15.0	18.2	20.5	33.2	86.8
Normal or Above Normal - Raw number	1	12	5	11	29
Normal or Above Normal - % within Resiliency Level	3.4	41.4	17.2	37.9	100.0
Normal or Above Normal - % within Resocialization Level	2.9	23.1	10.0	13.1	13.2
Normal or Above Normal - % of Total	.5	5.5	2.3	5.0	13.2
Totals - Raw number	34	52	50	84	220
Totals - % within Resiliency Level	15.5	23.6	22.7	38.2	100.0
Totals - % within Resocialization Level	100.0	100.0	100.0	100.0	100.0
Totals - % of Total	15.5	23.6	22.7	38.2	100.0

The characteristics of race/ethnicity were compared to resiliency levels and no noted differences were discovered. There was an approximate one percent increase among the African American subjects compared to Caucasians and Hispanics. African Americans scoring below normal in resiliency levels were 87.3% of the total African American sample, compared to 86.7% of the total number of Hispanics scoring below

normal resiliency scores and 86.4% of the total number of Caucasians scoring below normal resiliency scores. Conversely, African Americans and Hispanics had a slightly higher representation of all persons scoring in the normal or above normal resiliency scores with each race/ethnicity representing 34.5% of that population. Caucasians represented 31% of the total number of normal or above normal resiliency scores (See Table 9).

Table 9
Resiliency and Race/Ethnicity
n = 220

Resiliency Level	Race/Ethnicity			Total
	Caucasian	African American	Hispanic	
Below Normal - Raw number	57	69	65	191
Below Normal - % within Resiliency Level	29.8	36.1	34.0	100.0
Below Normal - % within Race/Ethnicity	86.4	87.3	86.7	86.8
Below Normal - % of Total	25.9	31.4	29.5	86.8
Normal or Above Normal - Raw number	9	10	10	29
Normal or Above Normal - % within Resiliency Level	31.0	34.5	34.5	100.0
Normal or Above Normal - % within Race/Ethnicity	13.6	12.7	13.3	13.2
Normal or Above Normal - % of Total	4.1	4.5	4.5	13.2
Totals - Raw number	66	79	75	220
Totals - % within Resiliency Level	30.0	35.9	34.1	100.0
Totals - % within Race/Ethnicity	100.0	100.0	100.0	100.0
Totals - % of Total	30.0	39.5	34.1	100.0

Bivariate Analysis

A two-sided Pearson Chi-square was performed on the variables of race/ethnicity and resiliency to determine whether resiliency was independent of race/ethnicity. The Chi-square indicates a .984 level of significance, which indicates that there is no relationship between resilience and the race/ethnicity of the subject (See Table 10).

Table 10
Chi-Square - Resiliency and Race/Ethnicity
n = 220

	<i>Value</i>	<i>Df</i>	<i>Asymp. Sig. 2 Sided</i>
Pearson Chi-Square	.032	2	.984
N of Valid Cases	220		

The Spearman's rho was performed on the variables of age, time served, resocialization level and resiliency level to identify any potential relationships these variables had, specifically on resiliency levels. There were no significant relationships discovered in regard to resiliency and the other variables. The correlations did indicate a slightly significance (0.177) between age and time served, a slight significance (0.182) between age and resocialization level and a moderate significance (0.422) between time served and resocialization level.

Table 11
Age, Time Served at TYC Gainesville, Resocialization and Resiliency Levels
Spearman's rho Correlation's
n = 220

<i>Spearman's rho</i>	<i>Age</i>	<i>Time Served</i>	<i>Resocialization Level</i>	<i>Resiliency Level</i>
Age	1.000	.177**	.182**	.121
Time Served	.177**	1.000	.422**	-.043
Resocialization Level	.182**	.422**	1.000	.073
Resiliency Level	.121	-.043	.073	1.000

** Correlation is significant at the .01 level (2-tailed).

Conclusions/Summary

The most frequent age (39.5%) of the subjects in this study was determined to be 17 years of age with a relatively equal distribution among the remaining age groups. The distribution of subjects' race/ethnicity was relatively equally distributed between the three classifications of Caucasian, African American and Hispanic with African Americans representing slightly more than the other two groups. The subjects' ranges of time served were distributed evenly among the four groupings of less than one month, one to six months, six to nine months and over nine months.

The resocialization levels were also distributed closely together with subjects on Level one containing the fewest number of subjects (15.5%) and Level four containing the highest number of subjects (38.2%). The vast majority of subjects scored below normal on resiliency (86.8%). The 16 years of age group represented the smallest percentage of normal or above normal resiliency scores (0.9%) compared to the total

population. There was an increase in number of subjects identified as scoring normal or above normal in resiliency. The subjects serving less than one month were higher (27.6%) in scoring in the normal or above normal resilience levels in contrast to the one to six months (17.2%), and six to nine month groups (10.3%). The over nine-month group was the highest percentage (44.8%) of those in the normal or above normal resiliency scores. The issue of resiliency and resocialization level was addressed and of the persons scoring in the normal or above normal resilience level, 41.4% of those individuals were on level two of the resocialization program. There were no significant differences in race/ethnicity in contrast to resiliency and a Chi-square indicated that those two variables are independent of each other. This study did not find significant relationships between the studied variables and resiliency. This study did however discover relationships between age and time served, age and level of resocialization, as well as a significant relationship between time served and level of resocialization. Interpretation of these findings will be addressed in Chapter 5.

CHAPTER 5

Discussion

This study was designed to measure the effects of the TYC Gainesville resocialization program on juvenile offender resiliency levels by using the PVS-II questionnaire to evaluate whether or not students at higher levels of resocialization achieved higher resiliency levels. The significance of the study is indicated in levels of resiliency compared to resocialization levels. If the student's achieved higher levels of resiliency due to the resocialization programming they underwent, then ostensibly the student would be better prepared to deal constructively with stressful life events in the future.

After administering the questionnaire and qualifying 220 subjects for evaluation, statistical analysis on the variables was conducted. This analysis determined that there was no detected effect on resiliency levels by level of resocialization, age, race/ethnicity or length of time served at TYC Gainesville within the study population. The significant finding discovered revealed that the vast majority of the subjects (86.8%) scored in the below normal range. This was derived by using Bivariate analysis with the Spearman's rho and Pearson's Chi-square as well as cross-tabulations of the variables. The Spearman's rho was used to detect any relationship or influence by age, time served and resocialization level on resiliency levels and did not indicate a significant relationship by these variables. The Pearson's Chi-square was used to determine whether resiliency

levels were predetermined or influenced by race/ethnicity, and indicated that resiliency is independent of race/ethnicity. Cross-tabulations were performed between the variables of age, race/ethnicity, time served, resocialization level and resiliency level to determine the effects of each of these variables on the other variables. The cross-tabulation did not indicate a significant relationship between resiliency and any of the other three variables. This lack of significance indicates that resiliency levels were relatively unaffected regardless of the age of the student, the length of time they had served at TYC Gainesville and level of resocialization the student had achieved.

When the Spearman's rho was performed on the variables of age, time served, resocialization level and resiliency level, the analysis of the data did indicate relationships between the independent variables. This analysis indicated modest relationships between age and time served, age and resocialization level, and between time served and resocialization level. These findings suggest that; the students who are older tend to have higher levels of resocialization; that students with longer periods of time served at the TYC Gainesville facility have higher levels of resocialization, and that the student's who had been in the facility for longer periods of time tend to have higher resocialization levels. The Spearman's rho also did not indicate a significant relationship of age, time served or resocialization level on the student's level of resiliency.

Considering the available research on factors that contribute to augmenting resiliency within an individual and comparing these factors to the programming in existence at TYC Gainesville which incorporates similar training, an expectation would be to see resiliency levels increase along with a concurrent increase in resocialization levels. Research on resiliency identifies specific protective factors that are required to

resist or rebound from stressful life events. According to the resiliency research these students advancing in resocialization should also increase in levels of resiliency by acquiring resilient protective skills through the resocialization program. This study has not provided evidence to support that assumption.

Implications

The limitations of this research include problem areas such as the failure to obtain pre and post test measurements at the TYC Gainesville facility. A pre and post test measurement would have provided greater detail regarding each subject's resiliency level upon admittance into the facility and what their resiliency level was at their discharge from the facility. The pre and post test design would have provided a more precise evaluation of the subjects' potential change in resilience after completing the resocialization programming. The participants may have entered the program at a more or less advanced resiliency level than some of their counterparts, which could skew the results. For example, a subject enters the facility with a zero resiliency score and exits the facility with a 30 resiliency score, this improvement would have been statistically significant but was not detected due to the failure to obtain pre and post tests. A subject enters the facility with an 80 resiliency score and exits with an 85 resiliency score, in this study that person shows as significant when there was not a significant change in resilience.

A more detailed composite of the subjects' background information would have increased the specificity of the evaluation by narrowing the classification of each individual. Additional information on each subject that could have enhanced the study would be; data regarding the type or severity of the offense, the number of times an

offense was committed, and familial background information to determine what level of a support system was intact prior to the offense. This data would have further clarified the picture of which type of serious offender displays the most resilient behavior and which type of serious offender displays the least resilient behavior. In this study, those variables are not provided. It is likely, for example, that serious offenders with a drug charge may be more resilient than serious offenders with charges of murder or manslaughter.

Considering that TYC Gainesville is a maximum security facility, it is likely that the juveniles at this facility have abnormally low baselines of resilience and any incremental increases are undetectable in this study's design, due to those changes occurring severely below the range of normal or above normal.

Another limitation of this study was the elimination of two potential extremes of subject types in the study's evaluation. This elimination was those subjects unavailable for participation, that typically fell into one of two groups. The first group represented a small portion of the population that were in a "lock down" status and did not have the opportunity to participate. Those individual's were incapacitated for either medical, psychological or rule infraction violation reasons. The elimination of that section of the population could have potentially eliminated the least resilient individuals and caused an under-representation of the lower level resilient persons. The second group represented another small portion of the population that were unavailable for participation because they were not on the campus during the two weekends the measure was administered. Those individual's were either working at a paid job off of campus or were on weekend passes that are only given to individual's at higher resocialization levels. The elimination

of that section of the population potentially eliminated the most resilient individuals and caused an under-representation of the higher levels of resilient person.

This study did not accommodate a control group for comparison to help determine whether the effects were related to resocialization programming or a simple representation of the general population of this age of person. A control group would help assess whether most adolescents/juveniles, statewide or nationwide, in the identified age ranges, progress or fail to progress at the same rates regardless of criminal activity.

The findings in this study imply that the resocialization programming is not effective at increasing juvenile offender resiliency levels. This may in fact be the case, however that assumption should be made with caution. This study could be adjusted for better coverage of the many variables that may influence a juveniles acquisition of resilience by completing a more detailed background of the participating subjects. Without a more comprehensive background analysis of each subject, (i.e. severity of offense, number of offenses, familial support levels prior to adjudication) and a control group for comparison, the results cannot be generalized to other juvenile populations at state or national levels.

Another cautionary note is required while reviewing these findings; the TYC Gainesville resocialization programming possesses components that theoretically would enhance resiliency levels (cognitive, social and behavioral programming), however the resocialization programming main objectives are not designed to specifically impact the juvenile offenders' resiliency levels. The resocialization programming focus is on the rehabilitation of the juvenile offender with the goal of decreasing recidivism within that population.

These results indicate further investigation into possible policy changes that could be effected at the TYC Gainesville facility. There is an indication that the TYC Gainesville facility may need to address additional programming specifically designed to target resiliency within their population of persons served. It is possible that the facility needs to focus on changing behavior and thinking processes on a long-term basis, in addition to the current programming that appears to effect change on a somewhat temporary basis. Resiliency is viewed as a skill that can be learned and is a long-term benefit for the person acquiring this skill.

A possible explanation for the students at TYC Gainesville not having increased resiliency levels and having advanced periods of time served, could be that these individuals have learned how to emulate the expectations of the facility without having gained true resiliency skills. It is possible that the students are only responding in an expected manner in accordance with the TYC Gainesville facility requirements, with the ulterior motive of gaining greater freedoms or privileges while in the facility and/or to achieve the goal of being released from the facility without any delays when they have fulfilled their sentence. The students may be accomplishing this by not engaging in arguments or physical interactions only because they realize that this type of behavior would be considered an infraction and cause them to lose privileges or to be punished for their infractions. The TYC Gainesville resocialization program requires that the students give their “lay out”, which is a statement of their life events leading up to the criminal act. This “lay out” requires that the student verbalize what events were pivotal moments that could have been handled differently and motivated them to commit a crime. The students are also expected to detail their crime, express remorse and regret for

their actions and relay their future plans to avoid entering into these situations in the future. The “lay out” characteristics are clearly defined to each student and is measured subjectively by the facility staff. There is the potential that the students that failed to achieve higher levels of resiliency, yet succeeded in attaining higher levels of resocialization, were simply providing a contrived “lay out” to satisfy the facility requirements necessary to advance in resocialization levels and to be released when their commitment time is completed.

Call for Future Research

Before any major conclusions are made based on this study, future studies are necessary to help illuminate this relatively new area of focus. A future study ideally would incorporate a full family background to incorporate all possible variables, i.e. single family home, parental attentiveness to the juvenile’s activities, illness at birth or in childhood that would affect development, etc. This type of study would utilize a full battery of testing that could measure other attributes that may be impeding the augmentation of resiliency in this population, similar to the methodology in the Kauai, Hawaii evaluations on at-risk youth (Werner and Smith 1982). The tests ideally would involve psychometric, cognitive, aptitude and vocational abilities to begin with. This comprehensive evaluation of the subject would provide greater accuracy in comparisons, an increased probability of predictiveness of the results and ensure the generalizability of the study to other adolescents local or nationwide, as was conducted in Lam and Grossman’s study (1997) that evaluated multiple factors associated with adjustment.

A longitudinal study would be the most comprehensive and appropriate to enable the researcher to evaluate individual resiliency levels over a long period of time. This

type of study would be useful for more concise detection of resiliency change while concurrently considering a multitude of independent variables. This would require research that follows the adjudicated youth, in more than one facility, throughout their time served at the facilities. This would provide baseline data from a pre-test situation for availability at the end of time served for comparison with post-test results.

In addition to a longitudinal study, a control group of comparable, non-adjudicated youth in society would provide a baseline of comparative data for measurement. This configuration of study would help indicate whether adjudicated persons are more or less resistant to increasing resiliency than their non-adjudicated counterparts over a substantial period of time. It could also provide information regarding the effects of commitment vs. non-commitment on adolescents, specifically addressing the issue of the affects of confinement on resiliency levels vs. non-confinement on resiliency levels.

Although the PVS-II passed a reliability analysis in this study with an alpha of .8242, well within acceptable parameters, it is possible that another measure designed specifically for adjudicated youth might be more appropriate. At this time, there is no known measure. A more specific measure addressing adjudicated youth in terminology more close resembling the current dialect, may provide an in depth analysis of resiliency increases if it were “tailor-made” for this population. This research lends support for the potential need for one to be developed in the future.

Conclusion

In conclusion, although this study did not elicit the expected results at completion, it did provide valuable introductory information for a new venue of research to expand

upon. Considering that only 13.2% of the total participating population scored normal or above normal, it seems evident that this is a significant statement that this issue needs to be under consideration in future research.

Research has confirmed that resiliency is an important skill to have when faced with adversity for any person regardless of age, race/ethnicity or gender. A prudent course of action would be one of further investigation into this issue, specifically among the adjudicated population. This action should be taken by researchers and correctional staff, while considering additional avenues or programming that is designed to target resiliency within this population.

APPENDIX A

INFORMED CONSENT RELEASE

This is a study conducted by Veronica L. Kronvall with the University of North Texas, graduate candidate with the Department of Criminal Justice. My research committee members include Dr. John Holman, Dr. Eric Fritsch, and Tory Caeti, all professors with the University of North Texas. The purpose of this study is to see how the Gainesville State School’s Resocialization program is working. The only thing I am asking you to do for this study is to sign this release and then fill out the attached survey. This survey will take about 20 minutes to fill out, and there is nothing in the survey that is harmful to you. Your name and any information about you will not be revealed to anyone including the TYC staff. Any information about you will be locked up and only I, Veronica L. Kronvall, along with my committee members named above, will be able to see your individual information. When I have finished the study, I will shred the survey and this form at the University of North Texas, and the only information that will be revealed is group average responses. The group information I gather will be used for educational and/or publication purposes. You do not have to fill out the survey and no one can force you to. Whether you fill out the survey, start filling out the survey and then choose to stop at any time, or do not fill out the survey at all, nothing good or bad will happen to you because of any of those decisions. If you have any questions or problems because of filling out the survey, please contact your TYC counselor.

I _____ agree to fill out the survey called Personal Views Survey II given to me by researcher Veronica L. Kronvall from the University of North Texas. I understand that the only thing asked of me is to fill out the survey and this release, which will take about 20 minutes. I understand that this survey is to help the Gainesville State School see how their “resocialization” program is working.

I understand that my name or any information about me will not be told to anyone outside of the study, including the TYC staff, and that after the study is done all of the papers with my name or information on it will be destroyed.

I understand that there is nothing harmful to me in taking this survey and I can refuse to fill it out anytime I want to, without anything good or bad happening to me because of stopping.

I agree that any information gathered from this research may be used in anyway that is thought best for education or publication, without using my name.

If I have any questions or problems because I filled out the survey, I should contact my TYC primary counselor.

Signature of TYC participant and TYC number

Date

Signature of primary investigator

Date

THIS PROJECT HAS BEEN REVIEWED BY THE UNT COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (940) 565-3940

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