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The strength of youth voice: exploring the influence of youth strength-perspectives on desired outcomes for youth enrolled in system-of-care services

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ABSTRACT
Recent efforts to improve mental health services for young people have called for the inclusion of youth and families in service planning and delivery. When youth strengths are considered within the treatment context, many continue to prioritize adult perspectives of youth strengths. Questions remain about how and why strengths matter for youth from the perspective of youth. The present study explores the relative influence of youth and caregiver assessments of youth strengths across six strength domains to predict emotional and behavioral outcomes. Data were gathered from 49 youth (aged 10–18) and caregiver dyads upon enrollment in system-of-care services and 6 months later. Youth strength assessments predicted changes in delinquency, school attendance, activity involvement, over and above caregiver strength assessments, and 6 months after service enrollment. Results support the inclusion of youth voice in mental health service planning and delivery, and further highlight the value of understanding strengths in a domain specific way.

There is growing recognition of the importance of assessing youths’ strengths to inform mental health service delivery (Rapp, Saleebey, & Sullivan, 2006; Weick, Rapp, Sullivan, & Kisthardt, 1989). Researchers and service providers across disciplines and human service sectors rely predominantly on parent, teacher, and/or clinician assessments of youths’ strengths and competencies (e.g., Barksdale, Azur, & Daniels, 2010; Lyons, Uziel-Miller, Reyes, & Sokol, 2000; Oswald, Cohen, Best, Jenson, & Lyons, 2001). Youths’ perceptions of their strengths are seldom prioritized. There is some concern that drawing only on adult perspectives may not provide a complete or accurate reflection of youth’s strengths and functioning across different contexts (Barksdale et al., 2010). Indeed, attending to a person’s own perceptions of his or her strengths and shortcomings has value, as such perceptions influence the development of self-concept, which has...
implications for well-being, motivation, and other emotional and behavioral outcomes (Oyserman, Gant, & Ager, 1995; Oyserman & Destin, 2010). These outcomes are of particular interest in the realm of mental health services for youth and families. To date, little is known about the relative influence that youth and caregiver strength assessments have on outcomes for youth within the mental health treatment context. This study is the first to examine the unique contribution of youths’ own assessments of their strengths as they relate to emotional and behavioral outcomes for a sample of youth with chronic and severe mental health challenges.

**Strengths-based influence in mental health**

Across human services, burgeoning support for attending to individual strengths, in addition to problems and pathology, has influenced a paradigm shift in service orientation (Cox, 2006; Rapp et al., 2006; Saleebey, 1996). Beyond traditional problem-centered approaches that focus on ameliorating symptoms and/or resolving problems, strengths-based approaches aim to identify and support the development of existing strengths, assets, and competencies of individuals (Cox, 2006; Epstein & Sharma, 1998), adding valuable information for appropriate service planning and delivery (Cowger, 1994; Lyons et al., 2000; Oswald et al., 2001).

Attending to strengths may be particularly important for youth and families who experience serious emotional and behavioral challenges. According to a national estimate in 2003, approximately 5–9 million youth in the United States experience “serious emotional disturbances” that impair their functioning across settings in a given year (Gyamfi, Keens-Douglas, & Medin, 2007; Hogan, 2003). In addition to the specific symptoms they face, youth with emotional and behavioral disorders are also more likely than their peers to drop out of school, receive school disciplinary action, and engage in delinquent behaviors (Blackorby & Wagner, 1996; Panacek & Dunlap, 2003; Quinn, Rutherford, Leone, Osher, & Poirier, 2005; Trout, Nordness, Pierce, & Epstein, 2003). These youth tend to experience multiple system involvement and have needs that have been unmet by traditional problem-focused services (Friedman, Kutash, & Duchnowski, 1996; Stroul & Friedman, 1986).

Although there is growing support for the idea that strengths-based approaches may enhance the delivery of mental health services, there is still very little evidence about the contribution that strengths make to mental health outcomes. Studies examining strengths for youth with identified mental health needs have shown that youth who have higher levels of strengths tend to have less functional impairment (Barksdale et al., 2010), fewer mental health symptoms (Oswald et al., 2001), and a greater
likelihood of discharge from residential treatment (Lyons et al., 2000). Still, questions remain about the relation between youth strengths and outcomes that extend beyond the goals of mental health treatment, narrowly defined. Moreover, while general attention to strengths supports positive development and wellbeing, there may also be unique relationships between specific strength areas and specific outcomes. Given the primary aim of strengths-based practice to mobilize strengths toward goal attainment, it is possible that certain types of strengths may be more relevant than others for particular goals. How particular strength domains relate to outcomes remains an open question, explored in the present study.

The present study investigates the relation between youth strengths and emotional and behavioral outcomes for a sample of youth seeking treatment for identified mental health needs. This study explores the relations among different domains of youth strengths—affective, career, family, intrapersonal, interpersonal, school—and emotional and behavioral outcomes that reflect the interests of system-of-care efforts to improve outcomes for youth across contexts, including delinquency, school attendance, school performance, coping, and activity involvement.

Youth voice, undervalued

In addition to exploring the relations of particular strengths to particular outcomes, the present study is concerned about the relative contribution of youth-identified and caregiver-identified strengths. Extant research suggests that both youth and caregivers provide unique and related information about youth strengths and difficulties (Achenbach, McConaughy, & Howell, 1987; Sointu, Savolainen, Lappalainen, & Epstein, 2012; Synhorst, Buckley, Reid, Epstein, & Ryser, 2005). In spite of these findings and rhetorical support for youth perspectives, research regarding the importance of strength assessments continues to prioritize adult strength ratings; many studies only employ clinician or caregiver assessments of youth strengths (e.g., Barksdale et al., 2010; Lyons et al., 2000; Oswald et al., 2001). Youths’ own self-reports remain absent or overshadowed by adult reports of youth strengths and difficulties, in part because of beliefs that “[children] are often not good informants in reporting on their own behavior, and as such the diagnostician or researcher must rely generally on others for information on the child’s functioning” (van Dulmen & Egeland, 2011). These views reflect the assumption that adults are a more reliable source of information about youth functioning (Sparks, Miller, Bohanske, & Claud, 2006). A qualitative study of 25 systems-of-care communities revealed that youth experienced feelings of exclusion in their mental health service planning, and did not have a good understanding about if and how they could be
more involved (Gyamfi et al., 2007). Finally, it is likely that the psychological processes that accompany strength assessments are related to positive changes in emotional and behavioral functioning, and prohibiting these processes may impede potential growth in such areas. To date, little has been studied about the impact of youths’ self-perceived strengths on their emotional and behavioral functioning.

**Study aims**

To our knowledge, this is the first study to explore the unique contributions of youth strength assessments in predicting emotional and behavioral outcomes beyond caregiver reports of youth strengths. We hypothesized that youth ratings of their own strengths will significantly predict positive outcomes related to delinquency, school attendance and performance, coping, and activity involvement over and above caregiver ratings. We selected outcomes that reflect the interests of system-of-care efforts to improve functioning for youth across contexts.

Moreover, because little is understood about which particular strength domains relate to desired outcomes, individual strength subscales, rather than an omnibus strength score, were used as predictors. Looking at strengths in a domain specific way may shed light on how supporting certain strengths fosters youth achievement of desired outcomes. While there is reason to think that strengths are partially fungible and would relate to any and all desired outcomes for youth, we offer exploratory hypotheses about which strength domains relate to specific outcomes, detailed in five hypotheses below.

Hypothesis 1: Higher youth ratings of their family involvement and future-oriented career strengths will contribute to less frequent delinquency, over and above caregiver ratings of youth’s family involvement and career strengths.

Research supports the relation between family involvement and career strengths as protective factors against engaging in delinquent behavior. This research suggests that strong family cohesion and functioning relate to lower rates of delinquency (Criss & Shaw, 2005; Huey, Henggeler, Brondino, & Pickrel, 2000; Loeber & Stouthamer-Loeber, 1986) In addition, future-orientation is protective of delinquency. Strain theories posit that delinquency results from barriers to goal-seeking behavior (Agnew, 1985), and research on possible selves suggests that youth with balanced future-oriented self-beliefs also have lower rates of delinquency (Oyserman & Markus, 1990). Thus, it is likely that youth who have strong family involvement and future-oriented career aspirations are less likely to engage in delinquent behaviors.
Hypothesis 2: Higher youth ratings of their career and interpersonal strengths will contribute to greater school attendance over and above caregiver ratings of youth’s career and interpersonal strengths.

It is likely that youth in general who aspire to achieve future career goals are motivated to attend school; a link supported by research with college students (Hull-Blanks et al., 2005). In addition, existing literature suggests that classroom belongingness and school engagement are related to school attendance and academic resilience (Finn, 1989; Goodenow, 1993). It is plausible that youth who have strong interpersonal strengths to control their emotions and behaviors in school also experience less stigmatization, and more school engagement and classroom belongingness, leading to greater school attendance.

Hypothesis 3: Higher youth ratings of their school functioning and intrapersonal strengths will predict better school performance over and above caregiver ratings of youth’s school functioning and intrapersonal strengths.

We predict that youth who study for tests, pay attention in class, and complete homework assignments will perform well in school. In addition, research suggests school performance may also be bolstered by feelings of self-competence and achievement (Caprara et al., 2008; Carroll et al., 2009). These attributes are captured by the domains of school functioning and intrapersonal strengths, respectively. Youth perceptions may be particularly important in this domain given that they relate to school, a setting that caregivers do not directly observe.

Hypothesis 4: Higher youth ratings of their intrapersonal and interpersonal strengths will predict better coping over and above caregiver ratings of youth’s intrapersonal and interpersonal strengths.

Coping is the process of attempting to manage, tolerate, or ameliorate the demands of a stressful situation (Taylor & Stanton, 2007). Research suggests that psychological control, self-esteem, and optimism are helpful resources in coping processes (Taylor & Stanton, 2007). In this study, interpersonal strengths include a youth’s ability to recognize and control emotions and behaviors, and intrapersonal strengths capture feelings of self-competence and achievement, as well as self-esteem and enthusiasm for life. Thus, we postulate that these strengths are related to coping skills for youth with serious mental health challenges.

Hypothesis 5: Higher youth ratings of their affective and intrapersonal strengths will predict increased involvement of activities over and above caregiver ratings of youth’s affective and intrapersonal strengths.

There is little empirical support for the strengths that directly contribute to prosocial activity involvement for youth with identified mental health needs. With regard to the strength domains in this study, we postulate that
strong affective strengths and intrapersonal strengths are related to involvement in activities and organizations. Youth who are able to accept affection from others and express emotion (affective strengths), as well as those who experience feelings of self-competence and optimism (intrapersonal strengths), may be more involved in prosocial activities wherein self-esteem and communion with others is fundamental. Youth with lower self-esteem, who are less able to accept affection or express themselves, may experience more difficulty building relationships and engaging in social activities.

**Method**

Data for this study were collected as part of a large, ongoing national effort to evaluate the development of systems-of-care and their impact on youth and families. Trained community interviewers conduct structured interviews with assenting youth and consenting caregivers enrolled in a local system-of-care initiative through the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, funded by the Substance Abuse and Mental Health Services Administration. Youth and caregivers participated in structured interviews about their experiences with system-of-care services, in addition to other life domains (e.g., school, neighborhood, emotional and behavioral functioning and impairment, stress and coping) upon entry into services (baseline) and at 6-month intervals up to 24 months. Data for the present study include interview data from the baseline and 6 month interviews (N’s at subsequent time points were too low to be used).

**Participants**

Inclusion criteria required that eligible youth (between 10 and 18 years) have a diagnosable serious emotional disturbance (SED) and demonstrate risk of out-of-home placement. The present sample consists of 49 youth and caregiver dyads from a small urban community and a surrounding rural county, who met these criteria and were interviewed at upon enrollment in services and 6 months later. Data are incomplete for some youth and caregivers.

The demographic characteristics of our sample reflect a central aim of the local system-of-care initiative to improve mental health services for predominantly low-income African American youth and their families. African American male youth and their African American female caregivers comprised a majority of caregiver-youth dyads in our sample. Most of the caregivers (60%) were biological parents (93% of whom were mothers). Youth participants were identified as having a variety of presenting problems that
met diagnostic criteria upon enrollment in system-of-care services. Demographic data are represented in Tables 1 and 2.

**Measures**

**Emotional and behavioral strengths**

Youth and caregiver assessments of strengths were measured via the youth and parent rating scales of the Behavioral and Emotional Rating Scale Second Edition (BERS-2). Both rating scales comprise 57 items, rated on a Likert-type scale from 0 to 3, describing the extent to which the behaviors are not at all like me/the child (0) to very much like me/the child (3). The six rating subscales assess emotional and behavioral strengths across six domains. The Interpersonal Strengths subscale measures a youth’s abilities to control emotions and/or behaviors in social contexts, including accepting responsibility for actions and respecting others. The Family Involvement subscale measures a youth’s ties to and relationship with family and community, including relationship with parents and siblings and involvement
in religious activities. The Intrapersonal Strengths subscale measures a youth’s sense of competence and achievement, including self-confidence and enthusiasm about life. The School Functioning subscale measures a youth’s competencies with school and classroom activities, such as paying attention in class and completing school tasks on time. The Affective Strengths subscale focuses on a youth’s emotional relationship with others, specifically accepting affection and expressing emotions. The Career Strengths subscale assesses a youth’s propensity toward future goals and career aspirations (Epstein, 2004; Epstein & Sharma, 1998).

Research supports the strong psychometric properties of the BERS-2 (Epstein & Sharma, 1998; Epstein, Ryser, & Pearson, 2002; Epstein, Mooney, Ryser, & Pierce, 2004; Epstein, Hertzog, & Reid, 2001). Cross-informant parent-student correlations in the norming sample on each of the subscales ranged from .50 to .63. Cronbach’s alpha (herein termed internal consistency) for youth and caregiver-rated strengths subscales ranged from .79 to .93, consistent with the present sample wherein internal consistencies ranged from a low of .72 (affective) to a high of .91 (interpersonal) strengths for youth and caregiver assessments (Epstein, 2004).

**Delinquency**

An omnibus delinquency score, including 22 youth-reported delinquent behaviors from the Delinquency Survey-Revised, was used to measure youth delinquency. The DS-R, developed for the National Evaluation, measures contact with law enforcement and the frequency with which youth have engaged in illegal or delinquent behaviors in the last 6 months, such as bullying or vandalism. All 22 items that tapped legal violations and were rated on a frequency scale from 1 (no times) to 5 (more than 10 times) were summed to generate the composite delinquency score. A log transformation adjusted the skewed distribution of this composite delinquency variable to weight variability at the low end of the scale more than the high end. Internal consistency for this measure was .82 at baseline and .86 at 6 months.

**School attendance**

School attendance was measured by a single item from the Education Questionnaire-Revision 2, developed by the National Evaluation Study (Phase VI Data Manual, 2010). The item asked caregivers to rate the frequency of absences typical for their child in the past 6 months on a scale from 0 to 5, ranging from 0 = Less than 1 day a week, to 5 = 3 or more days per week.
**School performance**

Four items from the school competence subscale of the Child Behavior Checklist, a caregiver report of youth emotional and behavioral problems and competencies. The CBCL inquires about school performance in four school subject areas (Reading, English or Language Arts; History or Social Studies; Arithmetic or Math; Science) on a scale from 1 (failing) to 4 (above average), with demonstrated reliability and validity (Achenbach & Rescorla, 2001). An overall school performance score was created using the mean responses of school performance for these four subject domains. Internal consistency for the school performance measure was .92 at baseline, and .87 at 6 months.

**Coping/self-advocacy**

Coping/self-advocacy was via the Youth Information Questionnaire Revised, developed by the National Evaluation Study to gather youth self-reported information about different facets of their life (Phase VI Data Manual, 2010). A mean composite score was created using four items that asked youth about the frequency with which they manage their mental health challenges and emotions, and how often they work with service providers to meet their mental health and emotional needs. Items were rated on a scale from 1 (never/almost never) to 5 (always/almost always). Internal consistency was .78 at baseline and .83 at 6 months.

**Activity involvement**

The Activity subscale of the CBCL was administered to caregivers, who responded to questions about their child’s involvement in organizations, clubs, employment, and recreational activities (e.g., sports, hobbies) (Achenbach & Rescorla, 2001).

**Results**

**Strength assessments**

Descriptive statistics for youth and caregiver strength assessments on the Behavioral and Emotional Rating Scale (BERS2) are presented in Table 3. Compared to norming data, youth self-assessments for each strength domain in the present sample fell within the average range. Caregiver assessments of youth strengths fell within the below average range of strengths, with the exception of career strengths which fell within the average range (Epstein, 2004).

Paired sample t-tests revealed that youth rate their strengths significantly higher than their caregivers for five of the six strength domains.
To better understand the relation between youth and caregiver ratings of youth strengths, Pearson product-moment correlation coefficients were computed both within and between raters for each strength domain. As expected, moderate to strong positive relations were found, except for the non-significant youth-caregiver assessments of youth career strengths (see Table 5).

### Emotional and behavioral outcomes

The primary purpose of this study was to test the hypothesis that youth self-assessments of their strengths predict positive emotional and behavioral

| Table 3. Summary of mean strength ratings at baseline (caregiver and youth). |
|--------------------------------|-----------------|-----------------|
|                               | Caregiver assessment | Youth assessment |
|                               | N     | Mean (SD) | Range | N     | Mean (SD) | Range |
| Interpersonal strengths       | 47    | 6.62 (3.35) | 16    | 42    | 8.86 (3.13) | 18    |
| Family involvement            | 47    | 6.91 (3.17) | 15    | 42    | 9.21 (2.82) | 16    |
| Intrapersonal strengths       | 47    | 7.26 (3.49) | 16    | 42    | 9.83 (2.76) | 15    |
| School functioning            | 43    | 5.86 (2.99) | 15    | 42    | 8.95 (2.94) | 16    |
| Affective strengths           | 47    | 7.60 (2.95) | 15    | 42    | 10.46 (2.77) | 16    |
| Career strengths              | 42    | 9.90 (3.19) | 15    | 42    | 10.50 (2.24) | 13    |

| Table 4. Summary of paired samples t-test. |
| -----------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                                          | Mean difference (Caregiver-Youth) (SD) | t    | df |
| Pair 1 Interpersonal strength            | −2.024 (4.193) | −3.128 | 41    |
| Pair 2 Family involvement               | −2.238 (3.489) | −4.147 | 41    |
| Pair 3 Intrapersonal strength            | −2.381 (4.102) | −3.762 | 41    |
| Pair 4 School functioning               | −3.000 (3.296) | −5.610 | 37    |
| Pair 5 Affective strength                | −2.548 (3.473) | −4.755 | 41    |
| Pair 6 Career strength                  | −0.730 (3.761) | −1.180 | 36    |

| Table 5. Summary of correlations between caregiver and youth baseline strength ratings. |
|--------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Interpersonal strengths          | .165            | .776            | .765            | .557            | .734            | .538            |
| Family involvement               | .343            | .363            | .825            | .533            | .797            | .574            |
| Intrapersonal strengths          | .594            | .640            | .183            | .457            | .774            | .518            |
| School functioning               | .419            | .372            | .441            | .371            | .538            | .506            |
| Affective strengths              | .323            | .540            | .553            | .611            | .259            | .441            |
| Career strengths                 | .545            | .360            | .593            | .485            | .526            | −.009           |

Note: Caregiver assessment inter-correlations are above the diagonal, youth assessment inter-correlations are below the diagonal, and caregiver-youth inter-correlations are along the diagonal and underline.
outcomes over and above caregiver assessments of youth strengths. A series of hierarchical linear regression analyses were conducted to test five hypotheses comparing the predictive influence of youth and caregiver strength assessments on delinquency, school attendance, school performance, coping skills, and involvement in prosocial activities at 6 months, controlling for baseline reports of these outcomes. Descriptive statistics for each desired outcome are presented in Table 6.

All linear regression models were built using a hierarchical input method to predict desired outcomes at 6 months. Independent variables were entered into the prediction models with baseline reports of the outcomes entered first as a control, followed by caregiver and youth strength assessments in succession. Two theoretically chosen strength domains were explored for each outcome. Tables 7–11 provide information about the unique contributions of each independent variable (baseline outcomes,
caregiver strength assessments, and youth strength assessments) for each step in the hierarchical linear regression modeling. Results are described for the full linear regression models (Model 3).

Almost all significant results for the linear regression analyses were in the expected direction, wherein higher strength scores were related to desired outcomes (i.e., lower rates of delinquency, fewer school absences, increased school performance, increased coping skills, and increased activity involvement). In addition, for all outcomes except coping, the autoregressive effect (i.e., effect of baseline outcome on outcome at 6 months) was significant in the full model (Model 3) at the \( p < .05 \) significance level.

In the regression model for delinquency, youth self-assessments of family involvement and career strengths were significantly predictive of lower...
rates of delinquency at 6 months ($\beta = -0.39, p = .02$ and $\beta = 0.31, p = .04$, respectively). The significant relation between youth self-assessments of career strengths and delinquency rates was in the opposite direction of our hypothesis; higher career strength scores were significantly related to higher rates of delinquency ($\beta = 0.31, p = .04$). Caregiver strength assessments were not significantly related to youth delinquency (see Table 7). Youth strength assessments explained a greater proportion of the variance than caregiver assessments of youth strengths (change in $R^2$ for caregiver input = .02, change in $R^2$ for youth input = .15).

In the regression models predicting school-based outcomes, both youth and caregiver strength assessments were related to school attendance and school performance at 6 months. Specifically, youth assessments of their career strengths and caregiver assessments of youth interpersonal strengths were related to school attendance at a level approaching statistical significance given the directional hypothesis ($\beta = -0.26, p = .11$ and $\beta = -0.24, p = .12$ respectively; see Table 8). Both youth and caregiver assessments of school functioning were significantly predictive of school performance at 6 months ($\beta = 0.34, p = .05$ and $\beta = 0.6, p = .01$ respectively; see Table 9). Moreover, youth strength assessments explained more variability than caregiver assessments of youth strengths for school attendance (change in $R^2$ for caregiver input = .04 vs. change in $R^2$ for youth input = .13), but not school performance.

Finally, only youth self-assessments of their strengths were significantly related to coping/self-advocacy and activity involvement in the full models. Specifically, youth reports of their interpersonal strengths were significantly related to coping/self-advocacy skills ($\beta = 0.39, p = .04$; see Table 10), and youth self-assessments of their intrapersonal strengths were significantly predictive of involvement in activities ($\beta = 0.28, p = .05$; see Table 11). Additionally, both youth and caregiver strength assessments explained significant variance for youth coping skills/self-advocacy (change in $R^2$ for caregiver input = .16 vs. change in $R^2$ for youth input = .13), while youth-rated strength assessments explained a greater percentage of variance for activity involvement than did caregiver assessments (change in $R^2$ for caregiver input = .04 vs. change in $R^2$ for youth input = .07). Coping at baseline was not predictive of coping at 6 months.

**Discussion**

The primary purpose of this study was to investigate the relative contributions of youth- versus caregiver-evaluations of youth strengths in predicting emotional and behavioral outcomes in a treatment-seeking sample of youth with identified mental health needs. A second, more exploratory aim was
to understand how particular strength domains relate to different outcomes. Results indicate that, in the face of significant differences between youth and caregiver strength assessments, youth perspectives contribute toward positive outcomes with regard to delinquency, school attendance, coping/self-advocacy and activity involvement over and above caregiver strength assessments. Moreover, strength assessments within particular domains contributed differentially toward these outcomes. This study is a first step in establishing a relation between youths’ perception of their own strengths and specific outcomes. Our results provide preliminary evidence that youth strength perspectives, within the mental health treatment context, uniquely predict positive outcomes of emotional and behavioral functioning.

**Strengths assessments from multiple informants**

Rhetorical endorsement of youth perspectives in mental health treatment planning has accompanied efforts like the system-of-care initiatives that value youth and family involvement. Many support the inclusion of multiple perspectives in mental health treatment planning (Cowger, 1994; Malysiak, 1998; Whitbeck et al., 1993); however, making sense of input from multiple informants can present challenges when informant reports differ (van Dulmen & Egeland, 2011). In our study, youth and caregiver ratings differed across strength domains; caregivers uniformly rated fewer strengths for youth than youth-rated for themselves. At the same time, correlations between youth and caregiver strength assessments were moderate and significant. Together, these results support previous research on youth-caregiver cross-informant agreement (Achenbach et al., 1987; Sointu et al., 2012; Synhorst et al., 2005), suggesting that youth and caregivers provide different, yet related information about youth strengths.

There are several theoretical reasons to explain the distinct, yet related strength ratings from youth and caregivers. First, compared to the relatively limited set of contexts in which caregivers can observe youth strengths, youth views of themselves likely incorporate an understanding of their strengths across a broader range of contexts. Second, youth and caregiver expectations may influence their strength ratings; higher expectations from caregivers may contribute to their lower strength ratings. Similarly, comparisons to other youth may influence strength ratings in the same way. Finally, previous research indicates that more depressed or stressed parents reported higher levels of behavior problems than did their children (Youngstrom, Loeber, & Stouthamer-Loeber, 2000), a phenomenon that may translate into lower strength ratings as well. These reasons help explain why caregivers see fewer strengths in their youth than the youth
see in themselves. In the event of differing reports, people tend to prioritize adult perspectives over youths’ (Sparks et al., 2006); however, we agree with the views of Synhorst et al. (2005) that one informant’s perspective is not necessarily more valuable than another’s. Interpreted from this perspective, these results revealed that both youth and caregiver strength ratings are useful in explaining unique variance in emotional and behavioral outcomes, supporting the value of both, divergent perspectives.

**Strength assessment domains and outcomes**

The finding that youth strength assessments explained more variability in delinquency than did caregiver assessments of youth strengths highlights the importance of youth perspectives in understanding delinquent behavior. In further support, results revealed that youth ratings of their family involvement and career strengths were significantly related to delinquency, while caregiver ratings of these youth strengths were not. It is worth noting the unexpected direction of the relation between youth ratings of career strengths and self-reported delinquency rates. Unlike the expected negative relation between youth ratings of family involvement and delinquency, higher ratings of career strengths were related to more delinquent behavior. One potential explanation for this finding, inspired by research on youth delinquency (Williams, 1989), is that youth engaged in frequent delinquent behaviors do so with an entrepreneurial drive and may view their delinquent behavior as enterprising, contributing toward a viable future goal. The relatively high rates of theft in our sample support this conjecture. This finding should be viewed with caution, however, as it possibly due to common method variance (delinquency was youth reported).

Our results also revealed that the proportion of variance explained by youth strength assessments was larger than that explained by caregiver assessments for school attendance, but not for school performance. Both youth and caregiver assessments of school functioning were significantly predictive of school performance. In addition, as it relates to interpersonal strengths, our conjecture that they contribute to classroom engagement by ameliorating stigma and facilitating classroom belongingness, subsequently leading to better school attendance, may not operate in the way we hypothesized. A larger sample size may reveal significant effects for school attendance, allowing us to better understand these relations. Nonetheless, together these findings support the idea that even when they differ, youth and caregiver assessments of youth strengths provide valuable information for school-based outcomes.

In further support of youth voice, youth strength assessments explained a significant proportion of the variance for coping/self-advocacy and a
greater proportion of the variance for activity involvement than did caregiver ratings of youth strengths. Only youth strength assessments were significantly related to coping skills/self-advocacy and activity involvement 6 months after enrollment in system-of-care services. Youth reports of their interpersonal strengths were significantly predictive of coping skills/self-advocacy, and youth assessments of their intrapersonal strengths were significantly related to involvement in activities. It is plausible that the processes involved in developing coping skills are similar to those involved in emotional and behavioral control (interpersonal strengths). Both skills may require some degree of emotional intelligence to identify emotions as well as generate plans to manage them. In a study of emotional intelligence, Velasco, Fernández, Rovira, and Campos found a positive relation between emotional intelligence and positive emotion regulation as well as higher social involvement, outcomes that are closely related to both coping skills and interpersonal strengths. With regards to activity involvement, it is not surprising that intrapersonal strengths significantly predicted involvement in activities; intrapersonal strengths, relating to feelings of self-competence and achievement, are qualities that are typically valued in organizations, activities, and employment. Additionally, youth who believe in themselves and their abilities may be more likely to become involved in activities in which they believe they will excel. Alternatively, youth who are involved in activities (both before and after the baseline assessment) may have fostered these strengths through their participation in activities.

Youth voice, valued

Taken together, these results provide support for the value of youth perspectives as they predict positive emotional and behavioral outcomes over and above caregiver perspectives about youth. The significant influence of youth self-assessments is especially compelling in the context of caregiver-rated outcomes (i.e., school attendance, school performance, and activity involvement), suggesting that the relations between strength ratings and outcomes are not simply a function of rater consistency. In 3 out of 5 outcomes, the proportion of variance explained by youth strength assessments was larger than that explained by caregiver assessments of youth strengths. Although results provide empirical support that youth strength assessments generally explain more variability than caregiver assessments, it is important not to discount the influence of caregiver perspectives. In many cases, caregiver ratings of youth strengths were also significantly related to outcomes. Additional research is needed to better understand how or why strength assessments are related to these and other outcomes of interest.
Strength assessment utility in mental health

To date, the literature across disciplines in human services overwhelmingly supports the practical utility of paying attention to strengths for the reasons previously outlined (Cowger, 1994; Rapp et al., 2006; Weick et al., 1989). Literature on youth mental health services is also replete with rhetorical support for including youth perspectives in treatment planning (Sparks et al., 2006). Until now, no studies have empirically examined the added value of youth perspectives about their strengths for understanding outcomes. Our results offer statistical support that youth perspectives of their strengths provide more information across a range of outcomes than do caregiver assessments of youth strengths. As it relates to practice, we now have evidence that youth perspectives have implications for certain emotional and behavioral outcomes, providing a platform for inviting youth voice into services.

Limitations

The relatively small sample size and low retention of participants from baseline to 6 months are study limitations. A bigger sample size may likely reveal significant effects for relations that were approaching significance in our study. Given our sample size, we could not adjust p-values for multiple comparisons thus study findings should be considered preliminary. In a similar vein, the results of our study represent associations found in a sample of youth who not only have identified mental health needs but also who have also actively sought treatment. Replicating these findings in broader youth samples will strengthen generalizability. Because we could not account for treatment effects, we cannot eliminate the possibility that treatment had an impact on our findings. Future research should attend to the possibility that treatment may affect youth who have higher strength assessments differentially. Finally, while we explored the relation between particular strengths and particular behavioral outcomes, we did not have sufficient power to examine the strength of these associations relative to each other. Our decisions to include particular variables were guided by theory, but we cannot rule out that other youth- or caregiver-reported strengths would be associated with particular behavioral outcomes.

Future directions

This study offers support for the relation between youths’ self-evaluations of different strength domains and positive emotional and behavioral outcomes beyond caregiver assessments of youth strengths, yet the nature and function of strengths for youth within the mental health treatment context
remain unexplored. However, it remains uncertain whether positive outcomes for youth are a function of the possession of strengths, the identification of strengths, or the process of being asked about strengths. Indeed, the direction of effect may be the reverse of what we have hypothesized—strengths may be an outcome of positive emotional and behavioral experiences. Future research should extend our analyses by comparing how strengths function for youth with identified mental health needs who have or have not actively sought treatment. As studies begin to incorporate and learn more about youth self-assessments of their strengths across groups and contexts, future research should also explore the services and supports that contribute to higher strength ratings and better outcomes for youth. Given the significant differences between youth and caregiver ratings of youth strengths in our sample, this study begs the question whether convergence between youth and caregiver strength ratings support better outcomes for youth. Furthermore, additional research should also focus on better understanding different domains of strengths, and developing theories about how strengths operate within a domain structure. Perhaps a different partitioning of strength domains would contribute to outcomes and results that differ from the present study. This study contributes a first step in a program of research around the importance of youth strengths, from their perspective. Yet, countless open questions remain about the nature and function of youth strengths across contexts.

References


