Resilience in Transition: Experiences of Transition from Residential Mental Health Treatment Centres after an Unplanned Discharge for Youth in the Child Welfare System

by

Sonya Ogilvie

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ABSTRACT

RESILIENCE IN TRANSITION: EXPERIENCES OF TRANSITION FROM
RESIDENTIAL MENTAL HEALTH TREATMENT CENTRES AFTER AN UNPLANNED
DISCHARGE FOR YOUTH IN THE CHILD WELFARE SYSTEM

Sonya Ogilvie
University of Guelph, 2019

Advisor:
Dr. Michèle Preyde

Committee Member:
Dr. Kiaras Gharabaghi

The strengths and resilience of youth in the care of a Children’s Aid Society (CAS) during transitions out of residential mental health treatment (RMHT) are understudied. The purpose of this project was to explore youth’s perceptions of the factors that influenced their ability to engage in resilience processes post-discharge and experience outcomes that they perceived to be positive. Thematic analysis was conducted on 18 semi-structured interviews with seven youth in the care of CAS who experienced unplanned discharges from RMHT in southern Ontario. Youth highlighted five factors impacting success and struggles post-discharge: relationships, systems and services, stability, mental health, and motivation. Youth-identified strengths included relationships with dependable, caring, and reasonable people, flexible systems and services that addressed youth’s perceived needs, youth’s belief in the power of motivation, as well as youth’s ability to determine which relationship and systems and services were valuable and to engage or disengage accordingly.
DEDICATION

This work is dedicated to the youth of Ontario who have lived in residential mental health treatment centres and to the many people who have walked alongside them in their journeys. May you find joy and fulfillment beyond what you imagined possible.
ACKNOWLEDGEMENTS

To not take the time to acknowledge those who have influenced my life in a thesis that highlights the importance of relationships to human well-being would be an oversight, to say the least.

First and foremost, I must acknowledge the Creator who has given me life, breath, and strength. Without the Creator, I am not and cannot accomplish anything of lasting value. “May the words of my mouth and the meditations of my heart be pleasing to You, O LORD, my Rock and my Redeemer” (Psalm 19:14, NLT).

Second, I acknowledge the 25 youth who dared to share their experiences with us. These youth are the centre of this work. The stories they offer are not just stories to them; they are their lives. May we honour this bravery in living and telling and be in wonder at the survival and successes of these youth.

To my advisory committee and the many others in the academic world who took the time to guide me, challenge me, brainstorm with me, and struggle through questions, theories and drafts, thank you for your perseverance and dedication. Your support and encouragement have been invaluable.

To those I call family, thank you for your love- not only during my master’s degree but across the span of my life. Who you have been in my life is why I am who I am today.

To my little one soon to be born, I cannot wait to adventure through the ups and downs of the future with you. You are loved and anticipated.

To my husband, Cameron, thank you for walking through the daily stuff of life with me. I am so grateful to have had you by my side all these years; it is always better when we are together.

In the words of one of the youth, “If I didn’t have [you] people, I probably wouldn’t be where I am right now” (11 T2). Thank you.
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LIST OF SYMBOLS, ABBREVIATIONS OR NOMENCLATURE

CAS- Children’s Aid Society
RA- Research assistant
RMHT- Residential mental health treatment centre
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1 Introduction

Transitions out of residential mental health treatment (RMHT) for youth in the care of the Children’s Aid Society (CAS) can be difficult, particularly in the event of an unplanned discharge. Much of the current research on “at risk” youth populations is focused on deficits experienced by these populations and their environments rather than strengths, which leaves potentially valuable resources underutilized (Gharabaghi & Anderson-Nathe, 2017). The existence of difficulty and problems are not denied in strengths-based approaches but used as a springboard for exploring what strengths are present in individuals and their environment to address those problems; meanwhile, in deficit-oriented approaches, the identification of difficulties and problems are a springboard for exploring what is lacking in individuals and their environments (Hammond & Zimmerman, 2012). Some of the core elements of a strength-based approach are the belief that the problems- not the people who are experiencing the problems- are the problem, that everyone has strengths as well as the capacity to change and grow, and that people desire good for themselves, have good intentions, and do the best they can with what they have and what they know (Hammond & Zimmerman, 2012).

1.1 Literature Review

Residential mental health treatment centres provide intensive, multidisciplinary treatment in a 24/7 residential setting for children and youth who have been identified as needing high levels of resources to address emotional and behavioural disorders (Canadian Mental Health Association, 2019; Whittaker et al., 2017). The desire for RMHT is that the milieu and client-specific treatments provided would assist residents in obtaining better outcomes than would be expected based on their present functioning (Gharabaghi, Trocme, & Newman, 2016; Whittaker et al., 2017). The plan for these placements is usually that youth would benefit enough from treatment that they could graduate from the program and return home or to a home-like placement (Sunseri, 2005). These centres are often highly structured and supervised and are intended to remove youth from pressing environmental factors and surround them with support and direction from staff; nevertheless, the degree of treatment and quality of care provided can vary greatly from centre to centre as the application of the term “residential treatment” is not strictly defined in Ontario (Gharabagh et al., 2016). At the time of this study, placement in residential services in Ontario could occur through a community placement process funded by the Ministry of Children and Youth Services, now the Ministry of Children, Community, and Social services, or through agencies like the CAS who then oversaw payment (Gharabaghi et al., 2016). Most per diem beds were occupied by youth in child welfare (Gharabaghi et al., 2016), and the ways in which youth were placed and whether their placement was paid for on a per diem basis could impact the likelihood that they would be discharged if they ran away, were incarcerated, or were not present at a residence for other reasons. For youth with emotional and behavioural disorders, RMHT may become the treatment of choice if the identified
emotional and behavioural problems have not been adequately addressed in a community or home setting or if they require longer, more intensive treatment than is available through non-residential settings (Preyde et al., 2018; Preyde, Frensch, et al., 2011).

Within the Ontario context, a lack of information exists around residential services for children and youth. As of February 2016, there was no province-wide mechanism for placement agencies, families, or youth to gather information about residential treatment centres or to gauge the quality of care offered, and the Ministry of Children and Youth Services also had minimal access to basic information such as the age and sex distributions of youth accessing residential treatment, how many placements changes occurred for individuals, where young people went when they left, and what the outcomes of treatment were for these young people (Gharabaghi et al., 2016). Results from Ontario-based RMHT research published in 2011 indicated that youth entered RMHT from a wide variety of living situations such as living with parents, foster families, or other relatives, in correctional institutions, or independently; some youth were homeless before treatment, and about half of the youth entering government-funded RMHT in Ontario were under the government’s guardianship (Preyde, Cameron, Frensch, & Adams, 2011). Treatment stays ranged from a few months to over a year with some of these children attending school in the community and others attending school onsite at the RMHT; many of the youth had multiple disorders (Grosset, Frensch, Cameron, & Preyde, 2018; Preyde, Frensch, et al., 2011). In recent years, major changes have occurred in Ontario’s residential system, and so the applicability of these data to today’s youth is unclear. For example, the “Safe and caring places for children and youth: Ontario’s blueprint for building a new system of licensed residential services” from the Ministry of Children and Youth Services (2017) lays out short and long-term plans for enhancing the safety and health of children and youth in residential care by better incorporating youth’s voices into the planning process, improving accountability, quality of care, consistency across the province and inclusivity, strengthening the workforce that provides care, and respecting the cultures and identities of all children and youth. The passing of the Child, Youth and Family Services Act (2017) has already legislated changes in line with the blueprint such as changes in privacy, protection and sharing of personal information, providing more culturally-appropriate and inclusive residential services, allowing greater involvement and protection of youth’s voices, and increasing the oversight of licensed residential settings. How effective these changes will be in their intended goals and how they will impact the outcomes of youth with emotional and behavioural disorders who access RMHT has yet to be seen.

The term “emotional and behavioural disorders” encompasses a broad spectrum of disorders and difficulties that have been subject to much exploration in the deficit-focused literature. Thus, such disorders range from depression, suicidality, and anxiety to conduct disorder, substance abuse, delinquency and posttraumatic stress disorder (Ogundele, 2018). In the past, males have been more often identified as having an emotional or behavioural disorder than females (Whitley, Lupart, & Beran, 2009), and
youth with emotional and behavioural disorders were often assessed to be less mature than their peers in social and emotional development as well as in their judgement (Davis & Vander Stoep, 1997; Whitley et al., 2009). According to data from the 1990s, these disadvantages, make these youth more susceptible than their peers to poor educational and job outcomes, unstable housing and relationships, and an increase in both victimization and involvement in illegal activities (Davis & Vander Stoep, 1997). Common risk factors for these disorders are as varied as the disorders themselves and can include genetic components, perinatal factors, traumatic experiences, family dysfunction, and personal and community poverty and stress (Ogundele, 2018). These risk factors can be exacerbated or even caused by factors such as racism (Williams, Priest, & Anderson, 2016), system failures, gender bias, and professional lack of cultural competence (Kafele, 2004). Based on the 2014 Ontario Child Health Study, 15.5-33.6% of children and youth ages 0-17 in Ontario have mental health needs related to emotional and behavioural disorders (Duncan et al., 2019). Of these children and youth, those who access RMHT are often admitted due to behaviours related to disruptive, impulse control, and conduct disorders.

Disruptive, impulse control, and conduct disorders officially encompass diagnosable disorders such as Oppositional Defiant Disorder, Intermittent Explosive Disorder, Conduct Disorder, Antisocial Personality Disorder, Pyromania, and Kleptomania (American Psychiatric Association, 2019). As a group of disorders, the common underlying factor is difficulty in controlling emotions and behaviours. Symptoms of these disorders can include the violation of other’s rights, societal norms, and important rules at home, in school, and in the community. Displays of anger, including verbal and physical aggression that are disproportionate to the situation, are common, as well as being easily irritated, argumentative, resentful, and defiant. Environmental factors such as harsh, inconsistent, or neglectful parenting, experiences of physical and emotional trauma, living in institutional settings at a young age, multiple changes in caregivers, and a family history of criminal involvement, psychopathology, or substance abuse are associated with these disorders as well as factors like rejection by peers, socializing with delinquent peers, and high levels of neighborhood violence (American Psychiatric Association, 2019).

Though not all youth who access RMHT have official diagnoses that fall within the disruptive, impulse control, and conduct disorders category, many of them display high levels of symptom severity in conduct disorder at intake (Preyde, Frensch, et al., 2011). This can include behaviours such as truancy and running away, verbal and physical aggression toward humans and animals, property destruction, theft, and lying (American Psychiatric Association, 2019; Cameron, Frensch, Preyde, & Quosai, 2011; Preyde, Frensch, et al., 2011). Common presenting problems at intake can also include conflict with the law (Cameron et al., 2011), attention deficit disorder, anxiety disorders, mood disorders, and self-harm (Patterson, Preyde, Maitland, Penney, & Ashbourne, 2016). In addition, many of the environmental factors listed for disruptive, impulse control, and conduct disorders are salient for youth with emotional and behavioural disorders and even more so for those who access RMHT. For those who access RMHT
in the American context, many have had at least one other out-of-home stay before their placement in RMHT (Griffith et al., 2009). Many of these youth have also experienced physical, sexual, and/or emotional abuse, school and community violence, domestic violence and traumatic loss/bereavement or have lived with impaired caregivers (Briggs et al., 2012; Griffith et al., 2009). Youth’s families of origin have often experienced problems with finances, marital or partner relationship, mental health, domestic violence, drug abuse and/or inappropriate discipline (Griffith et al., 2009). In Ontario RMHT, many of the families of youth whose parents are still their legal guardians have demonstrated significant challenges in family functioning prior to treatment (Preyde, 2011), and many of these families’ incomes were near the Statistics Canada Low Income Cutoff (Preyde et al., 2012). The families of youth who are in the care of CAS often face challenges around poverty, addiction, unemployment, mental health and housing, and the placement of the child or youth in care is likely to be due to their families requesting assistance, children’s exposure to partner violence, physical force or maltreatment, insufficient supervision, or caregivers experiencing problems such as severe addictions or mental health problems (Ontario Association of Children's Aid Societies, 2018a, 2018b). However, significant overrepresentation of both Black and Indigenous children and youth exists among young people in care in Ontario demonstrating that the challenges faced by these youth and their families are likely connected to deeply engrained issues of systemic racism and/or structural marginalization (Ontario Human Rights Commission, 2018). While diagnoses within the disruptive, impulse control, and conduct disorders category have not been given to all youth who access RMHT, many of these youth have experienced associated risks and display behaviours that are similar to the diagnostic criteria for these diagnoses (Preyde, Frensch, et al., 2011).

Despite many young people in RMHT completing the treatment program, a noticeable subset does not. In the American context, up to 30-40% of youth do not complete residential treatment programing before their discharge (Sunseri, 2001, 2005); data from the early 2000s showed that approximately 20-30% of youth experienced unplanned discharges because they ran away (Guest, Baker, & Storaasli, 2008; Sunseri, 2003, 2005), while others experienced unplanned discharges because of placement breakdown due to uncontrollable behaviour or youth incarceration (Sunseri, 2005). Nevertheless, many challenges exist for youth with emotional and behavioural disorders after discharge from RMHT, regardless of whether they leave because of program completion, aging out of the system, or sudden discharges (Cameron et al., 2011). Youth in Ontario often have little support after discharge from the organizations that provided the RMHT services due to lack of programing and/or funding as well as limited communications between service providers (Kinark Child and Family Services, 2105). Unfortunately, referrals to programs in the community or leaving the responsibility of youth reintegration to the community has not seemed to result in well-integrated youth in the Ontario context (Cameron et al., 2011).

During this time of transition, youth may struggle with academics, building social circles and family ties, adjusting to a new school and residence, and managing ongoing
metal health symptoms and addictions (Frensch, Cameron, & Preyde, 2009; Preyde, Cameron, et al., 2011; Preyde et al., 2019). For those seeking to live independently, finding suitable housing can be a major obstacle (Preyde et al., 2019). Some youth leaving RMHT have expressed concerns about pressure from previous peer groups to return to old ways of living, so they may seek to cut these social ties (Cameron et al., 2011). Youth may also continue to struggle with significant levels of impairment in mental health (Preyde, Frensch, et al., 2011), which can impact their ability to navigate interpersonal relationships and maintain housing, school placements, and work (Frensch et al., 2009). In addition to these general concerns, youth experiencing unique circumstances—specifically those related to culture, gender and racial identity or complex special needs—can lack access to appropriate services (Gharabaghi et al., 2016). For example, Black Youth and First Nations, Métis and Inuit youth, who are over-represented in the child welfare systems and residential services in Ontario (Ontario Human Rights Commission, 2018), often lack access to culturally and racially appropriate residential services (Gharabaghi et al., 2016). Factors such systemic racism are also known to play a role in other areas of Ontario’s systems such as justice, education, and mental health services (Government of Ontario, 2017) and may well continue to impact youth as they are leaving RMHT. Despite these challenges, some youth in the post-discharge context have also reported experiencing normative levels of happiness (Patterson et al., 2016), recognition of their personal change and growth, and hope for their futures (Preyde et al., 2013). Other reports have indicated that while some youth do regress post-discharge, others maintain improvements in relational and life skills as well as their management of emotions and behaviours and even continue to make significant improvements (Preyde, Frensch, et al., 2011; Preyde et al., 2019). For example, in one study, youth in RMHT demonstrated statistically significant improvements in psychosocial functioning from admission to discharge as well as statistically significant improvements in symptom severity scores (regulation of attention, impulsivity and activity, cooperation with others, conduct disorder, ability to manage mood, and a total mental health score) from admission to 12 to 18 months post-discharge that were maintained 36 to 40 months post-discharge (Preyde, Frensch, et al., 2011).

The outcomes of youth who experience unplanned discharges from RMHT remain relatively understudied. As a whole, youth who access RMHT are already a hard-to-reach population with barriers such as obtaining consent from both youth and guardians (for example, see Bowden et al., 2018). The difficulty in connecting with these youth only increases when youth suddenly depart from RMHT—the very place where researchers tend to connect with them. Despite the large numbers of youth who experience unplanned discharges, much RMHT outcome research has been conducted on youth who complete treatment (Sunseri, 2001). In some outcome studies, youth who have had unplanned discharges are simply listed as part of the attrition rate (for example, see Smith, Duffee, Steinke, Huang, and Larkin, 2008). For youth discharged suddenly, the difficulties in the post-discharge context listed above may be exacerbated due to the lack of planning time available and the fact that youth have not completed
treatment. Despite the purpose of RMHT, many youth, especially those who experience sudden discharges, still face substantial difficulty and disadvantage after discharge.

Nevertheless, positive outcomes after discharge are dependent not only on youth’s assets but also on the external resources available to youth. Therefore, loss of progress that was made in RMHT and continued difficulties after discharge may not always be indicative of the failure of RMHT as a treatment but of a lack of available resources and continuity of care in the mental health system as a whole (Preyde, Frensch, et al., 2011; Wells, Wyatt, & Hobfoll, 1991). Since youth who are in the care of the CAS in Ontario have been identified as less likely than youth who are not in care to have access to resources and connection to family and community to assist in times of transition (Gharabaghi et al., 2016; Provincial Advocate for Children and Youth, 2011), they may be at a higher risk for poor outcomes than other youth who experience unplanned discharges from RMHT.

1.2 Resilience

Greater attention must be paid to youth’s experiences in the post-discharge context so that factors influencing long-term outcomes and adaptation can be properly identified (Hair, 2005). In general, research with “at risk” populations has been deficit-oriented, focusing mostly on the problematic facets of young people’s lives and environments (Gharabaghi & Anderson-Nathe, 2017). As can be seen in the review of the literature above, the risks and deficits of both youth and their environments are given centre stage in much of the research, providing minimal information about the strengths of these youth and their environments. As at-risk populations are identified by the nature of the risks or deficits they face, the natural inclination to focus on deficits is unsurprising and can be helpful for identifying areas for program improvement; however, one framework that does not tend to follow this deficit-focused pattern is resilience research (Gharabaghi & Anderson-Nathe, 2017).

Resilience research emerged from the field of developmental psychopathology, which is founded on the idea that psychopathologies such as emotional and behavioural disorders are not a fixed condition but rather a developmental process that has deviated from the normal trajectory. As Dante Cicchetti (1984, p. 2) stated in his seminal paper, “All pathology is, strictly speaking, a process.” Developmental psychopathology describes patterns of maladaptive behaviour from their source through their varying manifestations in an individual's life (Sroufe & Rutter, 1984). Seeing psychopathology as a departure from normal development allows the understanding of normal development to inform the understanding of psychopathology and vice versa (Cicchetti, 1984). As the study of developmental psychopathology progressed, researchers began to take note of individuals who seemed to maintain relatively normal developmental trajectories despite extreme circumstances (Garmezy, 1976). Noticing these outliers led to the development of resilience research, which traces the process by which young people overcome adversity and obtain positive rather than negative outcomes (Fergus & Zimmerman, 2005; Kitano & Lewis, 2005; Zimmerman, 2013). Definitions of resilience
tend to centre around the idea of successful adaptation in the face of difficulty (Masten & Coatsworth, 1998; Zhang, DeBlois, Deniger, & Kamanzi, 2008). While factors that increase the risk of negative outcomes are acknowledged and examined in resilience research, a stronger focus is placed on individual and environmental factors that increase an individual’s chances of obtaining positive outcomes. These two concepts are often referred to as “risk factors” and “protective factors” (Fergus & Zimmerman, 2005; Kitano & Lewis, 2005).

As resilience is a process, placing factors into “protective” and “risk” categories is not straightforward. First, the amount of exposure a youth has to a factor can impact whether that factor is experienced as a protective or risk factor (Fergus & Zimmerman, 2005). According to the challenging model of resilience, the right levels of challenge in a child or youth’s life can help build “immunity” against greater adversity; therefore, protecting children and youth from all stressors may actually hinder their ability to develop resilience as they will lack opportunities to practice overcoming obstacles and dealing with stress (Kitano & Lewis, 2005). Second, a youth’s perception of a factor may also influence whether it is experienced as a protective or risk factor; this difference in perception can lead factors that may normally be considered a risk factor to be experienced as a positive factor in an individual's life or vice versa. For this reason, it is crucial to understand individuals' perspectives on the different factors and experiences in their lives to determine whether a factor is producing a positive or negative effect (Fergus & Zimmerman, 2005).

Third, other factors in the environment or individual can influence whether certain traits or behaviours are protective or not. For example, for some youth living in dysfunctional families, lowering their expectations of their parents' involvement in their lives and emotionally distancing themselves from their families can actually lead to improved outcomes whereas this same lowering of expectations and emotional distancing in a functional family may decrease youth’s chances of positive outcomes (Wyman, 2003). In addition, some factors such as self-esteem and positive coping strategies have protective qualities in the presence of high risk but little impact in times of low risk (Kitano & Lewis, 2005). Fourth, because resilience is a process and not an individual trait, it is fluid and dynamic (Ungar, 2001). Just because youth experience resilience in the face of one risk does not mean they are equally equipped to overcome all the risks they are currently facing (Fergus & Zimmerman, 2005). Fifth, the influence of particular factors can also vary depending on the developmental period in life during which it is experienced (Afifi & MacMillan, 2011); for example, the impact that support from family and friends has on behavioural adaptation changes depending on youth’s age and developmental stage (Jain & Cohen, 2013). Lastly, the cumulative effect of protective or risk factors rather than the specific factors themselves may be of greater importance to youth outcomes (Stoddard, Zimmerman, & Baumermeister, 2012). Overall, understanding the influence of any one factor in the lives of youth requires attention to the specifics of individuals and their contexts.
Another difficulty in determining resilience is the question of who or what defines successful adaptation and positive outcomes. According to Michael Ungar (2004), many of the activities and behaviours defined by mainstream society as dangerous, deviant, disordered, or delinquent can also be seen as children and youth’s demonstrations of resilience— their best attempts at surviving unhealthy circumstances where their options and resources are limited by factors such as economics, race, society, and geography. Though many youth know and may even acknowledge the potential risks associated with their behaviours, they need chances to experience power, control, and competence in order to develop and maintain a positive self-identity (Ungar, 2004). If achieving these goals in conventional ways and institutions appears too low, youth may find themselves more likely to survive if they seek these in alternative settings and ways (Ungar, 2004). Therefore, the definition of resilience or successful adaptation and positive outcomes must take into account the perspective of the individual and the context in which they are situated (Ungar, 2011).

According to the social-ecological definition of resilience, resilience is not simply measured as individuals’ capacity to thrive after trauma or despite adversity but also the capacity and willingness of individuals’ social ecologies to support movement toward recovery and growth that is meaningful to the individual (Ungar, 2011). Ungar (2013b) summarizes the above-mentioned variations in resilience by providing three principles that describe the interaction between individuals and their social-ecological environments: 1) Nurture trumps nature— in most cases, environmental factors have a greater impact on individual functioning than individual factors; 2) Differential impact— both differences and similarities in what can be defined as resilience will exist between individuals in the same and different populations depending on the individuals and their context and culture; and 3) Cultural variation— the importance of any one factor in a person’s life is dependent on the amount of exposure to risk the individual is facing as well as the context and culture of that particular individual (Ungar, 2013b). Ungar’s principles underscore the importance of understanding the meaning that individuals make of their attempts to survive and even thrive in their current context as opposed to using outside definitions or measurements for resilience (Ungar, 2004, 2013b). These principles also demonstrate the ways that individuals’ social-ecological contexts can influence the creation of meaning and support or hinder individuals in their pursuit of that resilience.

1.3 Adolescent Development

An important consideration when studying topics that pertain to youth’s perceptions is that youth’s brains undergo substantive change from approximately 10-24 years of age (Arain et al., 2013). In general, adolescence is a time of great change that is distinct from both childhood and adulthood; changes begin in early adolescence with the onset of puberty leading to sexual maturation, decreased dependence on caregivers, increased influence from peers, and an increasingly defined sense of personal identity and capacity for abstract and complex thought (National Research Council, 2013). In particular, adolescents’ prefrontal cortexes are still in development;
therefore, their ability to exercise good judgement, problem solve, perceive risk, control impulses, and think abstractly are not fully developed, especially in relation to social and sexual behaviour (Arain et al., 2013). While brain development is guided by heredity and sex hormones, it is highly susceptible during adolescence to environmental influences such as drug, caffeine, and alcohol use, nutritional status, and sleep habits—areas of life which interestingly are regulated in part by the prefrontal cortex (Arain et al., 2013). The typical adolescent difficulties with exercising good judgement, perceiving risk, and understanding social interactions may be further compounded in youth who access RMHT as many of them are experiencing mental illness, which can diminish capacity and impair function in many domains, including perception and judgement (Davis & Vander Stoep, 1997; The Standing Senate Committee on Social Affairs, Science and Technology, 2004; Whitley et al., 2009). Therefore, youth in RMHT experience multiple factors that could inhibit the reliability of their perceptions and judgements. However, viewing adolescents’ experiences within the social-ecological resilience framework, allows the focus to be less on whether youth’s perceptions or judgements match with an outside standard of reality and more on the meaning they make of their perceptions as influenced by their personal traits, context, and culture (Ungar, 2004, 2013b). Therefore, allowing youth who are exiting RMHT to share their perspectives can help reshape society’s understanding of these youth and this time of transition; hearing youth’s stories may help re-make the understanding of what benefits these youth and builds resilience into their lives (Lavie-Ajayi & Krummer-Nevo, 2013; Ungar, 2001).

1.4 Resilience in Transition

In the past, little research has been focused on the role of individual and environmental factors that impact the resilience of youth in RMHT and even less on these factors during transitions out of treatment; of the research that has been conducted, a greater emphasis has been placed on risk as opposed to protective factors (Tabone, Thompson, & Jordan, 2016). Protective factors that have been identified during treatment include psychological strength, appropriate sexual development, and spiritual/religious strengths for boys and positive recreation activities and no chronic illness for girls (Tabone et al., 2016). One narrative analysis of 20 youth transitioning out of residential care to independent living specifically addressed resilience (Schofield, Larsson, & Ward, 2017). A sense of personal agency, quality connection with others, engagement in constructive activities such as education and extracurriculars, and youth’s ability to understand their lives as a cohesive story were identified as protective factors (Schofield et al., 2017).

In terms of risks, one study was focused on comparing the degree of restrictiveness of discharge locations to risk factors in youth’s lives; factors such as low intelligence quotient and grade point average, high levels of internalizing and externalizing behaviours, youth’s stays being publicly funded, shorter stays in RMHT, departures being initiated by the staff or the program, and low completion of family and individual goals in treatment were associated with increasingly restrictive placements
after discharge (Trout et al., 2010). In another study, high environmental stress, low family support, and low residential stability were associated with low self-esteem, high substance abuse, and increased use of restrictive psychiatric services one to three years post-discharge (Wells et al., 1991).

According to outcome research in general, the less severe youth’s problems are at intake, the more likely they are to maintain gains after discharge (Cameron et al., 2011; Cox, Baker, & Wong, 2010; Cuthbert et al., 2011). In some Canadian research, youth who had been in RMHT or intensive home-based treatments in Ontario continued to struggle with depression, anger management, intense emotions, peer pressure, and drug and alcohol use; however, these youth also reported experiences of happiness in their current circumstances, recognition of their own personal growth, and hope for their futures (Preyde et al., 2013) and maintained statistically significant improvements in symptom severity from 12 to 18 months post-discharge to 36 to 40 months post-discharge (Preyde, Frensch, et al., 2011). Similarly, some youth self-reported normative levels of happiness 12-18 months post-discharge despite ongoing struggles with emotional and behavioural difficulties and challenging circumstances; this juxtaposition of poor functioning in one area and normative functioning in another demonstrates that positive factors do exist in these youth’s lives, though they are often overlooked (Patterson et al., 2016). Knowing youth’s perspectives on what is or is not beneficial during their transition out of RMHT and what outcomes they perceive to be desirable may lead to a deeper understanding of how to improve resilience for this vulnerable population.

Overall, there exists a lack of attention to the role protective factors play in youth’s resilience after discharge from RMHT (Lou, Taylor, & Di Folco, 2018; Tabone et al., 2016), and more strengths-based research on these kinds of transitions is needed (Gharabaghi & Anderson-Nathe, 2017). Therefore, it is important to highlight the perspectives of youth transitioning out of RMHT not only to deepen understanding of already-identified risk and protective factors but also to identify factors and processes that have yet to be acknowledged for this population.

1.5 Research Purpose and Questions

The purpose of this research was to explore the perceptions of youth in child welfare about factors that influence their resilience after an unplanned discharge from RMHT. To gather information about resilience in this context, a subset of interviews from a larger study following youth in transition out of RMHT was analyzed. The subset was composed of the interviews conducted with youth in the care of CAS who experienced unplanned discharges. The guiding research questions were:

1. Do youth identify any factors that they see contributing to their self-identified success during the first 12-18 months after discharge (protective factors)?
2. Do youth identify any factors that they see contributing to the self-identified struggles they faced during the first 12-18 months after discharge (risk factors)?
3. Do youth identify any hypothetical protective or risk factors that they think would influence their situation if they were present?

2 Methods

This research was part of a larger study in which case studies were conducted with 25 youth (12 in child welfare). The youth, their guardians, and youth’s primary mental health workers from RMHT were interviewed after youth’s discharge from RMHT. Interviews were conducted between the Fall of 2015 and Summer of 2018. Three interviews were conducted with each youth: once shortly after discharge from RMHT and again at approximately 6- and 12-months post-discharge. With youth permission, guardians were interviewed at discharge and 12 months and mental health workers at discharge. All interviewees, including guardians and mental health workers, were asked to comment on change, adaptation, successes, and struggles in areas of the youth’s lives such as school, work, family, friends, romantic relationships, living situations, community involvement, involvement with the law, and future aspirations (see Appendix A for the youth interview guide; the same questions were used for the guardian and mental health worker interviews but were re-worded accordingly). The interview guide was developed based on the Personal Well-Being Index (Cummins & Lau, 2004) which was used in previous phases of research conducted by the same group of investigators with this population. The intent of using this index as a guide for the interviews was to explore the main themes of the index in greater depth (Preyde, Adams, Cameron, & Frensch, 2009). Throughout the course of the year, if youth were inaccessible or no longer wished to be interviewed but had not asked for their information to be withdrawn from the study, additional interviews with legal guardians were conducted to supplement missing youth interviews. If guardians or mental health workers were not available or declined participation or if the youth did not want them to be interviewed, youth were asked to identify alternative people to be interviewed.

Interviews were offered either in person or over the phone, with phone interviews being reserved as a backup plan for those who either could not or did not want to take part in an in-person interview. All interviews were conducted in English. Most interviews took between an hour and an hour and a half, and with participants’ permission, interviews were audio recorded. In-person interviews were conducted in the community at a location of the participant’s choosing; considerations were also made for interviewer safety. Participants were asked to select quiet places such as their current living situation (when appropriate), public libraries, or private office spaces. Interviews completed over the phone were conducted from a private research office on a university campus. All participants were offered $40 per interview as a token of appreciation for their time. This token was delivered in the form of cash to participants who completed interviews in person and in the form of a mailed cheque to participants who completed the interview over the phone. The interviewers stressed that the token was meant to
honour the value of the participants’ time and perspective as well as the possible
difficulty of answering personal questions.

As mentioned above, this analysis was focused on youth in care of a CAS who
experienced unplanned discharges. While any youth who were discharged from
participating centres were eligible to take part in the broad study regardless of their
discharge or care status, only interviews with youth under the care of CAS who had
unplanned discharges were included in this analysis. For this research, “unplanned
discharges” is defined as discharges that were not part of the original co-created goals
established during treatment between youth, caregivers and the centre; it will include
youth who are moved to another centre because their behaviour became
unmanageable for staff, youth who ran away or refused to return from home visits,
youth who were discharged due to incarceration, and youth who were withdrawn from
the program by their legal guardians. Cases where youth completed the programing,
age out of the system, or were being temporarily housed at a centre were not included.
This classification of “planned” vs “unplanned” highlights the lack of time available for
creating and implementing a comprehensive discharge plan that includes the
involvement and input of all parties - youth, caregivers, RMHT, and community supports.
It also acknowledges that some of these “unplanned” discharges, such as a youth
refusing to return to RMHT or running away, may have been planned for some time by
one or more of the parties. Based on previous analysis of this same data set (Preyde et
al., 2019), eight of the twelve CAS youth in the overall study were identified as having
experienced unplanned discharges. These eight cases were re-examined using the first
round of interviews with guardians, mental health workers, and youth to determine
eligibility of these youth for the analysis based on the definition of “unplanned
discharges” laid out above. As one of these eight youth had been discharged because
he aged out of the system, he was not included in the analysis.

Ethics clearance was obtained through the University of Guelph, Wilfrid Laurier
University, and participating children’s mental health agencies (see Appendix B). For an
overview of the entire project, please see Preyde et al. (2019).

2.1 Procedures

Youth 12 years old or older who were placed in any one of six centres in
southern Ontario for residential mental health treatment were invited to take part in the
interviews once they were discharged from their current placement. Treatment and
quality of care provided between each of the centres likely varied due to the lack of
definition of what constituted a residential mental health treatment centre in Ontario and
the minimal oversight within the province at the time; however, all sites were assumed
to provide RMHT as they were directly or indirectly funded by the ministry for emotional
and behavioural treatment. As such they claimed to provide residential treatment
services and developed treatment plans for the youth included in this study. Youth who
were non-verbal, did not speak English, had a severe developmental disability, or were
otherwise determined by RMHT staff to be unable to take part in an in-depth interview
were excluded. While the research team attempted to ensure consistent application of
these criteria, first contact with youth was required to occur through staff at the centres, so individual staff members were ultimately the ones determining how eligibility criteria were applied to youth.

For youth 16 years old or older, staff at the centre asked eligible youth if they were interested in meeting with a research assistant (RA) to hear about a study of youth’s transitions out of RMHT. If youth expressed interest, an RA went to the centre to explain the study to the youth in person and review the consent form (see Appendix C). If youth were interested in being contacted after they had been discharged, they provided contact information such as cellphone numbers and e-mail addresses as well as at least one key contact person in case the research team had difficulty connecting with them. Whether or not youth agreed to take part in the interviews, all youth who requested to hear more about the study and meet with an RA were given a $10 Tim Horton’s gift card as a token of appreciation for their time. For youth under the age of 16 years, guardian consent was required for contact with youth. Staff at the centre asked guardians of eligible youth if they would be interested in speaking to an RA about the study and transmitted contact information of interested guardians to the research team. RAs then contacted guardians, explained the study and reviewed terms of confidentiality before requesting permission to speak with youth (see Appendix D for guardian consent form). If permission was granted, then the same protocol was followed as with youth over 16 years of age.

2.2 Data Analysis

Interviews were audio recorded and then transcribed verbatim by RAs. Identifying information such as the names of people and places were replaced in the transcripts with non-identifying descriptions that retained as much of the context as possible (e.g., the name of a specific school was replaced with [public high school] as opposed to [school] or a youth’s workplace was referred to as [fast-food restaurant] instead of [workplace]). The interviews of youth in the care of CAS who experienced an unplanned discharge were then thematically coded (Braun & Clarke, 2006) using NVivo software.

Thematic analysis was used for this project as it is a flexible qualitative data analysis method that can be used alongside a wide variety of theoretical frameworks (Braun & Clarke, 2013). The six steps laid out by Braun and Clarke (2006) were followed with reference to Maguire and Delahunt’s (2017) practical, step-by-step guide. First, the analyst familiarized herself with the data by conducting most of the interviews and reviewing transcripts for mistakes. Second, she identified and created initial codes for units of text where youth discuss factors that influence their adjustment. Third, the analyst began creating themes for the identified codes. Fourth, she reviewed and refined candidate themes and the codes that fit within them. Fifth, she defined and named the final set of themes, and finally, she produced a report (Braun & Clarke, 2006). Throughout the process, peer-debriefing as described by Creswell and Miller (2000) was utilized to improve the trustworthiness of the developed codes and themes. The peer-debriefer, who was also familiar with the dataset, was consulted throughout
the analysis process and provided a thorough review of themes at the start of step four, followed by a discussion with the main analyst to refine existing themes. Also as part of the fourth step, the main analyst performed a member check with the youth whose interviews were analyzed, provided they said researchers could contact them again after the last interview (Braun & Clarke, 2013). These youth were offered the opportunity to review the themes that had been developed and provide comments (See Appendix E). Two of the seven youth could not be contacted; for one youth (52), the only personal contact information she had given the research team was the contact information of the group home from which she ran away during the data collection time, and the research team never regained contact with her personally afterward. For the second youth (11), the cellphone number the research team had been using to connect with her was no longer in service. Of the remaining five youth, three responded to the member check with positive feedback. The feedback received from two of the youth (23 and 62) directly confirmed the analysis, while the third youth (29) properly identified that at the time of the interviews, he had not seen himself as instrumental in determining his own future. A review of the quotes associated with theme “motivation” confirmed that his interviews had not been a contributor to this theme.

As described above, categorizing factors as risk or protective factors is not straightforward; therefore, the social-ecological definition of resilience theory was used as the framework for the analysis and discussion section of the report. Since this analysis was a theoretical analysis, only the sections of the interviews that were relevant to the research questions were coded (Maguire & Delahunt, 2017). Open coding was used, allowing the codes to be data-derived rather than researcher-derived to promote the identification of factors that have not yet been acknowledged in the literature. Semantic rather than latent analysis allowed the focus to be on the content of the youth’s answers rather than their wording or underlying assumptions. As analysts cannot know if participants answered truthfully or not, care was taken to write the final report in a way that simply reports what participants said without claiming to be a perfect representation of what participants think (Diefenbach, 2008). Direct quotes from youth interviews were used to support themes in the final report, and references to individual youth are followed by a number in parentheses indicating to which case the references are associated. The same case numbers are used with the quotes, thought quotes have an additional marker of “T1” for the first interview, “T2” for the second interview, and “T3” for the third interview.
3 Results

3.1 Youth Demographics and Discharge Context

Of the twelve youth in CAS care, eight had previously been determined to have experienced unplanned discharges (Preyde et al., 2019). Of these eight youth, one discharged herself because she no longer wanted to be in RMHT and was old enough to do so legally (11), one was discharged because a no-contact order was issued between him and another resident whom he assaulted (23), three were discharged because of staff difficulties with behaviours (29, 52, 53), and one refused to return from a home visit (62); for one youth the Crown determined that the CAS worker needed to find a new placement because the youth did not seem to be responding well to the centre and had multiple assault charges and stays in youth detention centres due to interactions with staff (67), and one was discharged because he aged out of the system (21). Only the first seven of these eight youth were included in the analysis as the final youth listed aged out of the system which allowed for his discharge to be anticipated and planned even though he had not graduated from the programming.

The interviews with these seven youth took place between Winter 2015 and Spring 2018. Interviews with youth spanned the first 4-18 months post discharge depending on the number of interviews in which youth took part. First interviews with youth took place from less than one month after discharge to five months after discharge depending on how soon the research team learned of the treatment termination and whether youth were accessible at that point in time. A total of 18 interviews were completed with this subset of youth (see Table 1).

<table>
<thead>
<tr>
<th>Case</th>
<th>Completed interviews</th>
<th>Reason for unique interview structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>T1, T2, T3</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>T1, T2, T3</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>T1/T2, T3</td>
<td>research team was not able to connect with youth until 5 months post-discharge so one interview was conducted to cover the first 5 months and was counted as both the Time 1 and Time 2 interview.</td>
</tr>
<tr>
<td>52</td>
<td>T1</td>
<td>Youth completed first interview at 4 months post-discharge but then ran away and was missing for the duration of the study</td>
</tr>
<tr>
<td>53</td>
<td>T1, T2, T3</td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>T1, T2, T3</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>T1, T2, T3</td>
<td></td>
</tr>
</tbody>
</table>

The average age of youth at discharge was 15.42 years (SD 1.45) with youth having spent an average of 6.31 months (3.78 SD) in RMHT during that stay. Three youth self-identified as male and four as female. All youth spoke English as their first language and were born in Canada except for one who spoke Czech and was born in Europe. None identified as visible minorities or as First Nations, Aboriginal, or Métis. All youth were in care throughout the entirety of the project, though before discharge one
(11) seems to have already been in continued care and support, transitional services provided for youth who are 18 and transitioning out of CAS care (Ministry of Children, Community, and Social Services, 2018), and one (62) transitioned into continued care and support shortly after discharge.

The youth in the care of CAS who experienced unplanned discharges were discharged from three of the six centres. Youth had differing opinions on the usefulness of the RMHT they had experienced. One said, “they said that it’s a mental health group home when it’s really the opposite. They uh, they caused so much stress on me that I started self-harming” (29 T1/T2). Another (62) claimed there was no treatment component to the centre she had attended. One said she learned some things, but that "They taught me... stuff anybody could teach me" (11 T2), while another said that she learned a lot living at RMHT; "I learned to walk away from things. Because before, I used to just like... punch people, and I used to do a lot of crazy shit" (53 T1).

In terms of the unplanned discharges, most youth seemed to fall into one of two categories: those who thought they were emotionally ready to leave even though their discharge was technically unplanned (11, 29, 62, 67)- two left on their own accord (11 and 62)- and those for whom the move was a shock and difficulty (23, 52 and 53). Discharge locations included group homes (23, 29, 52, 67), an intensive one-month treatment program at a locked facility followed by a group home (53), independent living arrangements (11), and for one youth though she was technically still in care, renting an apartment with her mother (62). Involvement with family around the time of discharge varied from one youth who had no regular contact with her family and did not seem to desire it (11) to one who had bi-weekly passes to visit his mother and siblings on the weekend (67) and the one who was renting an apartment with her mother (62).

3.2 Youth-identified aspirations and successes

3.2.1 Aspirations

To avoid imposing a predetermined definition of what outcomes are acceptable or not for youth, it is necessary to begin with an examination of what youth said they were aiming to achieve throughout their first year to year-and-a-half after discharge and what successes they identified in their own lives (Ungar, 2004). Near the end of each interview, youth were asked about their hopes and dreams for the coming year (see Appendix A). In these sections of the interviews, along with spontaneous statements throughout, youth described some of the aspirations they had for themselves. Many of these aspirations centred on school, relationships, work, mental health, and housing. For school, youth expressed desires to get back into the school system, pass courses, catch up with their peers, obtain their high school degree or General Education Development Certificate (GED), or go into postsecondary education. Many of youth’s hopes pertaining to relationships were about developing new relationships and maintaining and/or improving relationships with family, CAS workers, friends, and romantic partners. As one youth said, “I just want like to have that relationship with my
family again" (53 T2). However, there were also some youth who expressed the desire to end relationships or minimize contact with certain people, like one youth who was trying to switch CAS workers. Hopes for housing often related to the desire to maintain placements that were perceived as good or good enough or to move out of placements that were perceived as poor; hopes about work mostly centred on finding part-time employment. Some youth also expressed the desire to obtain their driver’s license, purchase a car, open a bank account, contribute more to cleaning and maintaining their living space, and leave CAS care.

It is important to note that not all youth desired the same things as each other and that sometimes youth’s desires changed over time. For example, one youth (11) was not interested in pursuing further education at T1- she was content to have her GED, but by T3 she was en route to entering college that fall. Meanwhile another youth (23) moved the opposite direction. At T1 he was convinced that he needed his education and was going to force himself to get through no matter how boring it was, but by T3 he was not in school.

“I don’t have the time for it right now (yeah), you know, I’m working every day, have stuff to do (mhm, mhm), so school is my last priority right now. When I’m 18, I want to go back; school is my last priority right now.” (23 T3)

Overall, youth expressed goals and aspirations for themselves in a wide variety of life areas that were subject to change over time.

### 3.2.2 Successes

Youth highlighted many self-proclaimed successes throughout the study period. Some of the youth indicated an increase in stability in terms of living arrangements and emotional and mental health over the first 12-18 months as well as improvements in relationships with family and romantic partners.

“well, I think it’s going pretty well. I mean like, this is like one of the group homes that I haven’t like got into dumbest trouble (hmm) like, come on *laughs.* It’s like a big like step, I think it’s like a big step for me.” (53 T2)

Some youth celebrated re-engaging with the school system, finishing high school and getting into college, being drug-free, having access to more resources and increased independence, or working their “dream job” (23 T3). Some even expressed an overall sense of improved well-being as compared to the past. As one youth said:

“I don’t really have any problems in my life right now (hmm). Considerably like first time ever I haven’t really had that many problems (hmm)... [It feels] Relieving. I’m not waking up on the floor of a drop-in. That’s all that matters right now. Like, you know. I’m uh, I should be happy with what I have, so I’m pretty happy (hmm). Cause like I’ve had a lot less.” (11 T2)
Another youth said that he was doing “Better than if I was at [RMHT] right now… I’d probably be in and out of jail all the time (hmm), that’s what I was like when I was at [RMHT]” (67 T3). Youth also expressed pride in themselves for times they helped others especially when there was some associated inconvenience for them.

“I volunteer for a group home actually (Oh). I love it... so like I volunteer by taking [boy with Fetal Alcohol Syndrome] out places. Uhm (That’s cool) he doesn’t have many friends, right. So, he was actually texting me. Uhm he’s awful at texting; it’s so annoying. But I can’t be like, ‘Stop texting me’ because I always wanted a friend when I lived in [RMHT] right, and (Mhm) uh [Friend 2] was always there for me. Uhm so I’m kind of like [boy with Fetal Alcohol Syndrome]’s person.” (62 T3)

In the end, all seven youth identified ways in which they saw themselves succeeding during the first year to a year-and-a-half post-discharge.

### 3.3 Youth Identified Factors Impacting Successes and Challenges

The five major factors youth identified as contributing to their struggles and successes in the post-discharge period were relationships, systems and services, stability, mental health, and motivation. A total of thirteen subthemes were identified within these factors and are presented in Table 2.

**Table 2: Themes and Sub Themes**

<table>
<thead>
<tr>
<th>Relationships</th>
<th>Systems and Services</th>
<th>Stability</th>
<th>Mental Health</th>
<th>Motivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependable</td>
<td>Address</td>
<td></td>
<td>Understanding and expression of emotions and mental health</td>
<td>Change current circumstances</td>
</tr>
<tr>
<td>Caring</td>
<td>perceived need</td>
<td></td>
<td>Access to supports and use of coping strategies</td>
<td>Visions of the future</td>
</tr>
<tr>
<td>Reasonable</td>
<td>Flexible</td>
<td></td>
<td>Facing stressors</td>
<td>Other’s belief that youth can succeed</td>
</tr>
<tr>
<td>Youth’s relational skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3.3.1 Relationships

Youth experienced both benefits and challenges related to the relationships in their lives. The relationships youth described included friends, family, romantic partners, service providers, classmates, coworkers, and bosses. Concrete benefits youth said they experienced from their relationships included access to housing, food, and transportation, help applying for jobs or connecting to job networks, physical care when they were unwell, and help navigating systems like taxes, ODSP, the court, and school. Some youth also had help moving and learning independent living skills and were provided physical protection and monetary support through relationships. Emotional benefits youth reaped from their relationships included having people with whom they
could “vent” and process emotions, receiving advice on how to deal with emotionally triggering situations, feeling loved and supported, being praised, celebrated, and encouraged, and having people they could trust to tell them when they were being unreasonable or not seeing things properly. As one youth reflected of the people who had helped her, “If I didn’t have those people I probably wouldn’t be where I am right now” (11 T2).

However, relationships were not without challenges. Some youth faced controlling behaviours, verbal and physical abuse, sexual harassment, and relational instability. As one youth expressed,

“Well, I knew a couple of people around the area (oh okay), so you know, I was kind of safe in a way. But there’s always that chance that somebody you know can come through the window and pop off or whatever, you know?” (23 T2)

While relationships were the access point to support in many circumstances, relationships were also a barrier in others.

“Well, I knew a couple of people around the area (oh okay), so you know, I was kind of safe in a way. But there’s always that chance that somebody you know can come through the window and pop off or whatever, you know?” (23 T2)

The instability of some relationships impacted youth’s housing, work, schooling, and mental health, especially if these unstable relationships had been the original source or connection to related benefits. As one youth explained about her living accommodations with her boyfriend’s aunt,

“I was worried that it wouldn’t work out. You know I was worried about a lot of things. Also, because it’s my boyfriend’s aunt right, (yeah) so if something happens between me and him, something happens between me and her, you know?” (11 T1)

Youth indicated that whether the people with whom they were in relationship were dependable, reasonable, and really cared about them influenced whether the relationship helped them succeed or created challenges for them in the post-discharge context. In addition, youth explained that their own ability to identify whether a relationship was beneficial and to navigate relational challenges also influenced the successes and challenges they faced post-discharge. Quotes supporting the themes regarding relationships can be found in Table 3.

3.3.1.1 Dependable

Youth placed a strong value on the reliability of the people with whom they were in relationship across the context of friends, family, alternative caregivers, workers, and romantic relationships; reliability included whether or not people had been consistent in
the emotional and concrete support they provided across situations and time and whether or not youth could trust them to complete tasks on their behalf. In some relationships, consistency seemed to matter more than quantity of support provided. For some youth avoiding deep relationships and remaining independent was a way to protect themselves from the potential pain of betrayal or loss of relationship.

3.3.1.2 Caring

Whether youth perceived relationships to have a positive or negative impact on their experience of the post-discharge environment seemed closely linked to whether or not youth perceived the person in that relationship to genuinely care about the youth themselves. Whether someone truly cared about the youth seemed to be more closely questioned if the person was filling a role as a service-provider.

3.3.1.3 Reasonable

Youth indicated that whether people’s actions and interactions were helpful or not depended on whether people had realistic expectations for the youth and appropriate responses toward their behaviours, took the time to understand what was impacting youth’s situation/behaviour, and respected youth as individuals. Youth expressed that when people were not reasonable, they could make bad situations worse. Youth also suggested that having personal experiences with struggles similar to what the youth were facing contributed to people’s ability to understand and interact with them in a reasonable manner.

3.3.1.4 Youth Relational Skills

Youth used a wide range of strategies to deal with the relational challenges they encountered post-discharge. Youth acknowledged the importance of judging the value of relationships, and many presented themselves as active in determining which relationships were valuable and whether they were maintained, developed, or abandoned. In order to cultivate and maintain relationships that youth perceived as beneficial or good, youth expressed that they withdrew when interactions were going poorly- especially if they or the other person were emotionally upset. Nevertheless, they also pursued open communication in valuable relationships in order to work through problems. On the other hand, youth intentionally disengaged from relationships that had or had the potential to have negative effects on them.

3.3.1.4.1 Access to technology

For many youth, a lack of access to technology formed a barrier to maintaining relationships that were important to them. This lack of access to technology was often due to rules in youth’s new residences or through their CAS or a lack of money to pay for a phone plan or purchase a new phone, computer, or SIM card.
<table>
<thead>
<tr>
<th>Theme: Dependable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consistent support</strong></td>
</tr>
<tr>
<td>“When I call my sister it really calms me down, she helps me through it… like honestly she’s been keeping me going throughout my life.” (23 T2)</td>
</tr>
<tr>
<td>“[My friends have] been there for me since day one (hmm) and like, they haven’t left (hmm). Like, they have plenty of reasons to, but they haven’t – and that means a lot.” (52 T1)</td>
</tr>
<tr>
<td><strong>Task completion</strong></td>
</tr>
<tr>
<td>“my foster parent actually tries to help me… I mean…she gets things done… Gets appointments. Well, the reason why I’m actually trying to get into [school 3] so quick is because of her and the agency (oh…) and uh, yeah, so she’s getting that rolling pretty quickly… I’ve only been there for a week, and I’m pretty much getting into school.” (29 T1/T2)</td>
</tr>
<tr>
<td><strong>Consistency over quality</strong></td>
</tr>
<tr>
<td>“Her mom was talking to my mom a while ago and she goes, ‘You know, if I knew how hard things were for you a while back, then we would have stepped in, we would have done all we could.’ But you know, they always had me over for dinner when things were really tough too. And it was a place that I could always escape to.” (29 T1/T2)</td>
</tr>
<tr>
<td><strong>Distrust as self-protection</strong></td>
</tr>
<tr>
<td>“I fucking don’t trust anybody no more (hmm), like, I just noticed that I’m fucking a lot more wiser than before… that’s why I, like I said, I’m independent, you know? (mhm) I do my own thing because nobody cares. Like this world is so cold it’s not even funny, nobody gives a fuck, literally… [I learned] not trust NOBODY no matter what. (hmm) and to always, you know, no matter what, I always got to, you know, look over my back, literally. Like, always, I always got to watch out – can’t trust nobody, you know? Can’t be too nice to anybody, you know? (hmm) can’t put all my trust into somebody, can’t be too kind-hearted, you know?” (23 T2)</td>
</tr>
<tr>
<td>“I’m like…you know, like really like just trying to not get close to [the staff]. Because like, you…you know like you’re going to leave, right? (mhm) and then you know that you’re like probably not going to see these people again and they’re just here to freaking help you, you know? Like, some actually get to ruin your life (“laughs”). No, no, no. I’m actually being serious… you don’t really know if they’re going to like want to stay and to like have their relationship with you, right? But like in my old group home, would… I actually had like the staff, and we were so close, right? Like, me and him were so close, I’m telling you…like, this, this this and this…so like, when I left, she didn’t freaking talk to me. Like, there’s other staff that “stutters” they’re still freaking talking to me and like she’s not, you know what I’m saying? So I don’t really like trust people, I just don’t like…because like, they can be fake, do you know what I’m saying? (mhm) so I try not to get there.” (53 T2)</td>
</tr>
<tr>
<td><strong>Theme: Caring</strong></td>
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<tr>
<td>“it’s cause he didn’t like me; he doesn’t like any of the kids there… He’s like ‘That’s what you’re eating.’ I’m like, ‘What do you mean? Isn’t it my right to actually have food in my system, like I just came back, and I’m hungry for dinner.’ And then, he’s like, ‘Oh well I gave you food that’s, that’s what it says in the rules’ and then I was stuck with, I, I didn’t eat the sandwich I threw it at him (Yeah) <em>Sighing</em> None of the staff care. The staff here though? They actually care about you. (Yeah). Like, they want me to get a job. Every day they, they’re getting on me <em>laughing</em> like for stuff ya know? They’re helping me out a lot here.” (23 T1)</td>
</tr>
<tr>
<td>Theme: Reasonable</td>
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<tr>
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<tr>
<td><strong>Expectations for youth</strong></td>
</tr>
<tr>
<td><strong>Understand youth’s situation</strong></td>
</tr>
<tr>
<td><strong>Respect youth</strong></td>
</tr>
<tr>
<td><strong>Unreasonable responses make situations worse</strong></td>
</tr>
<tr>
<td><strong>Experience-based understanding</strong></td>
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<td><strong>Experience-based understanding</strong></td>
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<td><strong>Experience-based understanding</strong></td>
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<td><strong>Experience-based understanding</strong></td>
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</table>
really nice to kind of talk to her (hmm); she gets it. Other counsellors are kind of like ‘from the book’ (Right), she’s from real life with the book.” (62 T2)

<table>
<thead>
<tr>
<th><strong>Theme: Youth’s relational skills</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judging relationships</strong></td>
<td>“the only thing I struggle with is relationships (hmm). I’m a really bad judge of character (hmm) – I need to learn how to judge character more, you know? And I need to learn how to not trust people as fast as I do and stuff like that.” (11 T3)</td>
</tr>
<tr>
<td><strong>Taking space</strong></td>
<td>“most of the time I really just need fresh air (hmm) because like when I’m mad, I get like really hot and like really hot-headed, and I just need to cool off and like take space from everyone and like be away from anyone just for a minute and then go back.” (52 T1)</td>
</tr>
<tr>
<td></td>
<td>“[When there is conflict with staff] I just, I just excuse myself. That’s it. And like, I know that, that I, to like, drop the frickin’ conversation.” (53 T1)</td>
</tr>
<tr>
<td><strong>Open communication</strong></td>
<td>“[When things aren’t going well with friends] Well, obviously I try to work it out first (Yeah). Try and see what the problem is. See their point of view, see my point of view. And, try and work it out.” (23 T1)</td>
</tr>
<tr>
<td></td>
<td>“[Dealing with it maturely is] Like, yell at people for like a quick second (mhm), like, get out what you need to get out, and then drop it. <em>laughs</em> Just say like your first statement and don’t add on anything (hmm), and that’s what I do, and don’t say anything back to me – I try not to respond. All I have to say is that I need to get out, and then I’m done.” (52 T1)</td>
</tr>
<tr>
<td></td>
<td>“[My aftercare worker] said it’s been better because she was like, ‘You were kind of a bitch before.’ I was like, ‘Yeah, I know, but you were too’ (<em>laughs</em>) … so you know, we figured out how to talk with each other and act to each other and talk (hmm), yeah <em>sigh</em>.” (62 T2)</td>
</tr>
<tr>
<td><strong>Disengaging from negative relationships</strong></td>
<td>“me and [ex best friend] were friends since we were 11. (Okay). We’re not friends anymore because she got into drugs. (Oh okay). So that was her way of her life, right; she chose that path, she’s on it now. But (mhm) um I didn’t choose that path, so I didn’t really wanna be around that path” (11 T1)</td>
</tr>
<tr>
<td></td>
<td>“I only talk to him sometimes (hmm). You know, I’m trying to stay out of trouble right now so … (<em>laughs</em> so…) and it’s kind of best not to associate with him.” (23 T2)</td>
</tr>
<tr>
<td><strong>Sub theme: Access to technology</strong></td>
<td>“she’s probably thinking, “Where is [youth]? Why hasn’t he called me? I’ve been texting him. I’ve been calling his cell phone. Why hasn’t he answered?” (23A T1)</td>
</tr>
<tr>
<td></td>
<td>“my phone broke, so I don’t even know her number and I can’t even go on Facebook to freaking message her, like <em>laughs</em>. So, I can’t even go and freaking see her. Like, how am I supposed to go and freaking see her?” (53 T2)</td>
</tr>
</tbody>
</table>
3.3.2 Systems and Services

Youth were involved with a wide variety of services and systems across the first 12-18 months post-discharge including mainstream and alternative school programs, the CAS, the court system, group homes, mental and physical health professionals, and job support programs. Youth described the services and systems with which they engaged as beneficial so long as they actually addressed needs that youth identified in their own lives and so long as the ways in which they addressed those needs were flexible enough to accommodate the unique needs, strengths and circumstances of the individual youth. A selection of quotes from youth about their interactions with systems and services can be found in Table 4.

3.3.2.1 Address perceived need

When youth felt that a system or service was addressing a need that the youth themselves identified, they were willing and even eager to engage. However, when services and systems failed to give youth the skills and resources necessary to navigate challenges that they faced post-discharge, youth often disengaged from them. However, some youth chose to remain involved in systems and services with which they were discontent because they saw themselves benefiting enough to outweigh the negative consequences of involvement.

3.3.2.2 Flexible

Youth described services and systems that were flexible and took into account their unique needs, strengths, and circumstances as aiding them in achieving their goals while those that were inflexible were described as creating barriers to the youth’s success. Youth experienced unwelcome moves due to no contact orders with housemates in group homes, difficulties with transitioning into adult services when they turned 18, difficulties re-entering the school system and transferring credits between schools, and rules in group homes, shelters, and the CAS that interfered with their ability to maintain relationships and work. On the other hand, youth also talked about alternative timeframes, assignment, and working arrangements provided to them in the school context as well as the freedom they experienced when in group homes or working with CAS workers who minimized the number of strict rules placed on the youth.

3.3.3 Stability

As youth in the care of CAS, all these youth had experienced significant changes with caregivers during their lives. Six of the seven youth mentioned multiple placements before their placement in RMHT; the one youth (29) who had not had previous out-of-home placements went into care around the time he was discharged from RMHT. During the first 12-18 months post-discharge, only one youth (67) remained living in the
same place during post-discharge period during, while the other youth moved anywhere from two to eleven times.

Youth described stability in their lives, especially in terms of living situation, as important. As one youth said,

"I just realized that like, well I’m moving thinking that I’m moving forward, I’m actually just staying in the same place, just in a different city (hmm). It wasn’t fun. I didn’t start moving forward until I moved into here… a stable place in this fluctuating life." (11 T2)

Moving was expressed as having a negative impact on youth’s mental health, particularly when the moves were not part of the youth’s plans- when they felt they had no choice and would rather have stayed where they were. Moving was also seen as disrupting their ability to develop and maintain relationships as well as to be involved in schooling, work, and the community. For some youth, repeated experiences of moving decreased their motivation to engage in relationships and the community.

On the occasions when youth did indicate that a move was beneficial, youth had often initiated the move or were clearly in agreement with the change; they generally perceived the previous placement to have been impeding their ability to succeed in areas they valued. Quotes from youth about stability can be found in Table 5.
<table>
<thead>
<tr>
<th>Theme: Addresses a perceived need</th>
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<tbody>
<tr>
<td>Willingness to engage</td>
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<tr>
<td>“I have a doctor that comes every 2 weeks, he helps me… I literally told him, I told this man, I’ve never told anyone about my whole life (hmm). I told him everything about my life cause he’s a doctor, and there’s shit in, there’s shit in my life that I need help with (mhm), and I know I need help with, but I won’t admit to myself, and I told him this, and he said he’s going to help with it.” (23 T1)</td>
</tr>
<tr>
<td>Discontent and disengagement</td>
</tr>
<tr>
<td>“I kind of got a counsellor… but then I stopped calling her, and I feel really bad, but like I was at a point in my life where I really didn’t need to talk. An-and she <em>sighs</em> I would tell her like ‘Hey I’m cutting again. By the way I really like this band.’ And she’d be like- she’d talk about the band rather than like cutting (Hm). I don’t really think we talked about music. But that’s still just like a general example of what it is. So, like I’m looking for like suggestions of how to not do it, and she’s like, ‘Well you just need to put your mind to it and not do it’ and I’m like, ‘Well thank you. Like you’re so great.‘” (62 T3)</td>
</tr>
<tr>
<td>Sufficient benefit</td>
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<tr>
<td>“the only reason why I’m still here is cause I, I don’t wanna leave foster care cause I wanna get the benefits from it. I’ve been in foster care for so long I’m not just gunna leave and not take any of the money or anything (Yeah). I’m gunna stay for the, for uhh, for the rest of my time, then I’m gunna take all their benefits.” (23 T1)</td>
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<table>
<thead>
<tr>
<th>Theme: Flexible</th>
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<tbody>
<tr>
<td>“Like, the house, it’s like…there’s a lot of crisis (As in, with the other youth living there? ) – yeah, and there’s a lot of things that staff could be doing to help prevent those crisis (hmm) and…(like what?) – like literally, people get mad in this house, they will have a big crisis over someone not handing the phone to them (hmm), and if they would say, “Okay fine, just take the phone and call your mom,” then it would’ve resolved a whole issue.” (52 T1)</td>
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<tr>
<td>“I went to CAS instead with the permission of my teacher, and it made a difference, it was amazing. They…I got…sometimes there were three workers there, and they were all so helpful. If they didn’t know, they would Google it with me and try to explain it to me. (uh huh). So, it was the support I needed with school.” (62 T2)</td>
</tr>
<tr>
<td>“(What makes [your current group home] a good place?) A lot of freedom, not too many rules – I like that (hmm), like, a lot of group homes have way too many rules…Like, other group homes they have the policy that they’re allowed to take away electronics; this one – they can’t at all (hmm), and stuff like that …they’re mainly really strict on like getting home on time pretty much (okay), that’s really the only thing they’re strict about.” (67 T3)</td>
</tr>
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</table>
Table 5: Stability

<table>
<thead>
<tr>
<th>Impact on mental health</th>
<th>&quot;Like, people’s brains are very sensitive …Like, everything affects them. Moving affects them. They, they might <em>stuttering</em> people might just think, ‘Oh it’s another group home’ but, in their brain it really does affect them you know?” (23 T1)</th>
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<td></td>
<td>&quot;[It] takes me about 3 weeks [after moving] to get out of vertigo…it takes me a while to actually get comfortable in a place (hmm). That, and it takes me a while to figure things out.&quot; (29 T1/T2)</td>
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<td></td>
<td>&quot;I actually lost like a lot, a lot of weight because I was so frickin’ depressed [after leaving RMHT]. So, I lost a lot of weight… It was hard. I was depressed. I was crying… It’s the change. It’s because every time I move, and it’s fucking pissing me off.&quot; (53 T1)</td>
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<td></td>
<td>&quot;when I went to [RMHT centre 2], [my coping mechanisms were] like playing cards, playing guitar, playing videogames, going for a walk…and now it’s…I lost that kind of moving through all the homes (mhm); I was kind of giving up.&quot; (62 T1)</td>
</tr>
<tr>
<td>Disrupts relationships</td>
<td>&quot;I don’t feel like he should’ve moved me out in [City 2] cause I don’t know anybody here (yeah). And, [City 1]'s my hometown that’s where I, that’s where I grew up, that’s where all my friends are. I don’t, I don’t have one friend here.&quot; (23 T1)</td>
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<td></td>
<td>&quot;I wasn’t in a stable house. So, none of the relationships I had were stable.&quot; (11 T3)</td>
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<td></td>
<td>&quot;I feel like if me and my boyfriend don’t get out of care (uh huh), then we’re just going to be moving around so much that we’re eventually just going to drive each other away …and then we’re just going to like, end up with no relationship (hmm) …the relationship is so different when you’re like with someone and when you’re not with someone.&quot; (52 T1)</td>
</tr>
<tr>
<td>Disrupts engagement</td>
<td>&quot;I tried really hard, and I got 8 credits that were supposed to be granted to me, and he never granted to me (Any of them?) because I never stayed…I completed them all; he had it written down on a piece of paper in front of me. He said, &quot;These are the courses that you’re going to be granted.&quot; You know? It’s cause I didn’t stay for the year, like I was supposed to. I was supposed to stay a certain amount of time, (okay) but I didn’t end up staying cause I ended up moving… And leaving my job and my school.&quot; (11 T2)</td>
</tr>
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<td></td>
<td>&quot;I used to freestyle with him cause I’m, I’m pretty decent at freestyling too (Yeah). You know that, that’s an interest I have and just like rapping, freestyling (Huh) and all that. And I, I didn’t get a chance to go to the studio with him because I ended up getting arrested [and moved to another home].&quot; (23 T1)</td>
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<td></td>
<td>&quot;[The staff] were looking for things to get me involved in but I wasn’t there actually long enough for them to get me involved in something.&quot; (52 T1)</td>
</tr>
<tr>
<td>Decreased motivation</td>
<td>&quot;I feel like it’s kinda harder to get like, connections with some of the foster kids. Cause like, (Hmm), once you move, and you move, and move you build connections but then, you start like building a little wall, you know?” (23 T1)</td>
</tr>
<tr>
<td></td>
<td>&quot;It’s just that I moved a lot and I just didn’t really want to go to-t-t-to a new school where there’s new people.&quot; (53 T3)</td>
</tr>
<tr>
<td>Moving as beneficial</td>
<td>&quot;I just feel like it wasn’t… [the place I moved to] that changed me, I feel like it was just getting out of [RMHT] (hmm) and like having a new start there.” (52 T1)</td>
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3.3.4 Mental Health

Youth continued to face challenges coping with the mental and emotional stresses of the past, present, and future in the post-discharge context. Youth indicated that they struggled with anger management, anxiety, depression, and diagnoses like bipolar disorder (11) and borderline personality disorder (62). However, several youth also indicated that their overall mental state and emotional control improved over the post-discharge period.

“Emotionally and mentally I’m doing a LOT a lot better! (hmm) I am…I…don’t feel…when I was in [RMHT] and when I went out, I’d get like social anxiety, and now that I’m here, I’ve been like out in the community more often now (really?!). I don’t have social anxiety now, yeah and like…my freak outs don’t even happen often, when I get mad it’s for like a quick second and it doesn’t happen very often (mhm) and like I don’t go like full out with it – I don’t flip couches and I don’t break shit anymore, I, like…I deal with it maturely for the most part “laughs*.” (52 T1).

Youth described their mental health as impacting a wide variety of areas in their lives including the quality of their relationships and their engagement in school, work, and other areas. They said that their ability to understand and express their emotions and ongoing mental health concerns as well as their access to supports and use of coping mechanisms impacted the degree to which their mental health influenced their success and created challenges. In addition, youth described a number of stressors related to instability, experiences of past trauma, and poor-quality relationships that negatively impacted their mental health. Quotes from youth on the following themes regarding mental health can be found in Table 6.

3.3.4.1 Understanding and expressing emotions and mental health

Youth talked about how their ability to both understand and express their emotions impacted the ways in which their emotions and mental health concerns affected their success, particularly in connection to relationships. A few youth mentioned that an inability to understand and properly manage their emotions had resulted in consequences such as the loss of relationships.

3.3.4.2 Access to supports and use of coping strategies

Youth described a wide variety of coping strategies that they used to deal with their ongoing struggles with mental health and emotional well-being such as engaging in hobbies and physical activities, listening to music, use of drugs (prescribed or illicit), drawing comfort from religious beliefs, and talking with trusted people including friends, family, and professional supports. Some youth acknowledged the difference between having access to supports and actually using them and recognized their personal
responsibility in maintaining their own mental health. At times, youth also showed awareness that their current methods of coping may not be optimal, but that they saw them as better than the available alternatives.

3.3.4.3 Facing stressors

As mentioned in the section on stability, youth spoke about their mental health and emotional well-being being negatively impacted when an undesired change in placement occurred. Relational challenges with caregivers, friends, and romantic partners as well as past trauma were also described as having ongoing influence on youth’s mental health.
### Table 6: Mental Health

<table>
<thead>
<tr>
<th>Theme: Understanding and expressing emotions and mental health</th>
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<tbody>
<tr>
<td>“a year ago, I wasn’t really able to express myself, so I could lose friends from that (hmm). I have, you know, because I wasn’t able to express myself. And I didn’t know how.” (11 T2)</td>
</tr>
<tr>
<td>“I keep most of my feelings inside like I don’t really (hmm) like express them, you know? I’m the guy that just bottles them and puts them away until somebody really… until my anger builds up (yep) builds up, and then that’s why I get like, people are scared of me when I snap because I literally, all those emotions I bottle up, and I can’t express them. I’ve tried to express them (mhm), but I can’t no matter what.” (23 T)</td>
</tr>
<tr>
<td>“I don’t get as angry anymore (hmm) and I know how to safely deal with it, which…it’s some…it includes sometimes by like just doing something that would get my anger out…like, punching something, not someone, or breaking anything.” (29 T1/T2)</td>
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<table>
<thead>
<tr>
<th>Theme: Access to supports and use of coping strategies</th>
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<tbody>
<tr>
<td>Coping mechanisms</td>
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<tr>
<td>“I just have ways of dealing with it that I actually feel like I’m upset about being in care (mhm); I listen to music a lot (yeah?) – Eminem especially, I just feel like Eminem, he touches the heart when he raps (hmm), like, he doesn’t rap about like drugs and all that, he raps about like real life situations.” (52 T1)</td>
</tr>
<tr>
<td>“Actually, what I do is I go in my room, and I listen to some Eminem music to get out my frickin’ anger.” (53 T1)</td>
</tr>
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<td>“Usually just chill in my room, use my phone (okay), play PS3 because we have two PS3s here.” (67 T3)</td>
</tr>
<tr>
<td>“I don’t do anything. I don’t freak out. I don’t do anything, I just sit there, and I basically make the trucker’s mouth a real thing, real fast (<em>laughs</em>). And I’m just walking around the house, pacing back and forth venting.” (11 T2)</td>
</tr>
<tr>
<td>“My CAS worker (okay) she’s been able to provide me with like any kind of like minimal help for counselling as she can (mhm). Like not like, she doesn’t really like help me with counselling or anything, but she has helped me with like… if I need someone to talk too, she’s able to talk to me.” (11 T2)</td>
</tr>
<tr>
<td>“one of [my friends] is more into mental health than the other one is (okay), the other one just gets stuff off my mind and stuff like that.” (29 T1/T2)</td>
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<table>
<thead>
<tr>
<th>Accessing supports</th>
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<tbody>
<tr>
<td>“But overall, I think I can do it, and I’m good with that… Yeah, as long as I can, you know, utilize my supports and know when to reach out (hmm), and you know, not leave it to the last minute when I’m like in a crisis (ha…), do that before I’m in a crisis.” (62 T2).</td>
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<tr>
<th>Less than ideal coping</th>
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<tbody>
<tr>
<td>“Yeah cuz that’s my way of coping right, it’s caffeine and cigarettes. (Mhm) Cuz how else am I supposed to cope, (mhm) you know, responsibly? (Right) Cuz this is as responsible as it gets for my age. Do you know what I mean? …So, my way of coping when I’m stressed out is having a crap load of Monsters or a crap load of coffees and smoking a couple of cigarettes, and then (mmm) um hoping I don’t have a heart attack.” (11 T1)</td>
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<tr>
<td>“I just smoked a little weed and just fucking…the pain went away, you know? …now I just came to a conclusion where it’s not really doing anything for me, you know? like, it helps me get through some hard times (mhm), but other than that, you...”</td>
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</table>
know, it’s not really doing anything on a daily basis and I don’t really need it, you know? (yeah) It’s just making me lazy, it’s not motivating me to do anything.” (23 T2)

“You know, you’re so stressed after work, your body is aching, you need to relieve stress in two ways — you can’t go to the gym and work out and relieve stress because your body is done, so there’s only one way (hmm). And that one way is to smoke weed.” (23 T3)

<table>
<thead>
<tr>
<th>Theme: Facing stressors</th>
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<tr>
<td><strong>Instability</strong></td>
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<tr>
<td>“Cause when you move to foster home to foster home to foster home and group home, group home it’s like, ‘This is normal, this is what happened in my last home,’ it’s so hard to explain. Like you just feel so confused and so lost.” (23 T1)</td>
</tr>
<tr>
<td><strong>Past trauma</strong></td>
</tr>
<tr>
<td>“I still deal with the trauma from foster care (mhm). It is a traumatic situation… From all the homes, from all the moves…the physical trauma from the emotional and mental stuff with the [foster family 1] and [foster family 2] (mhm), is to like keep working with that and, you know, it happened, I don’t want to ignore it (mhm), but to move on, I guess, because I haven’t moved on, right? It’s still there every day.” (62 T3)</td>
</tr>
<tr>
<td><strong>Relational challenges</strong></td>
</tr>
<tr>
<td>“I was taking a mental health day because I was getting through some struggles with ah, [ex-boyfriend 1] (okay), and I just wanted to make sure that I was okay because I didn’t want to go to work when I was depressed about [ex-boyfriend 1].” (11 T3)</td>
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</table>
3.3.5 Motivation

Many of the youth described their motivation, initiative, and efforts as instrumental in the progress and change that happened during the first 12-18 months post-discharge. As one youth put it, “if anybody wants anything you can get it no matter what. It’s all motivation (Hmm) that’s what it is” (23 T1). Youth said that motivation impacted their decision making in many areas of their lives like whether they went to school on a particular morning, carried on with schooling at all, found employment, spent time with certain people, remained in CAS care, made changes to their living situation, purchased a vehicle, or used drugs. They also expressed that their efforts helped determine the level of success they achieved in school and at work. The main areas youth indicated impacting their motivation included the desire to change their current circumstances, the desire to avoid or obtain certain futures, and whether other people seemed to care about their success. Quotes related to motivation are presented in Table 7.

3.3.5.1 Change current circumstances

Youth indicated that many of their behaviours were motivated by the desire to make changes to their current circumstances. They felt motivated to avoid boredom, gain independence, make or save money, relieve stress, or improve their self-image.

3.3.5.2 Visions of the future

Some youth had a clear picture of what they did and did not want for their futures. As one youth mused,

“Foster kids are very different. Like they have a lot of similarities but their- their goals like… I was a foster kid that was very motivated to like get out of the system (Mm), t-to do… better. Uhm and to do something for myself. Whereas their goals were like ‘Drugs, alcohol, party hard. (Hm) Get like as much dick as you can.’ Uhm so I guess I learned that like people ar-are different” (62 T3).

Youth described several specific wake-up moments where they began to consider their future. For some youth, this wake-up was associated with recognizing their age and the need to begin taking more responsibility for the direction of their lives. For other youth, specific events like almost dying, doing drugs with their mother, or needing to pay bills helped them clarify what they did or did not want in life. Examples youth had seen from other's lives also helped clarify their visions of what their lives could become in a negative sense. On the other hand, youth’s desires for certain futures also motivated them. Many youth cited specific careers as their reason to continue with their education and to disassociate with people who might keep them from attaining that goal. In addition, the desire to maintain and further relationships, be able to achieve certain standards of living, or provide an example for future children also
motivated youth. Visions ranged from as simple as “I actually want to be able to on my own cook my meals” (23 T1) to hopes of marrying a boyfriend or making life better for other youth who go through the CAS system.

### 3.3.5.3 Other’s belief that youth can succeed

A few youth explained that knowing other people cared about them and their success and having people help them set goals and push them to achieve increased their motivation. They were encouraged to make and pursue goals they may not have pursued on their own. On the other hand, youth also acknowledged that spending time with people who do not encourage them to strive for more could demotivate them.
<table>
<thead>
<tr>
<th>Theme: Change current circumstances</th>
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<tbody>
<tr>
<td>Avoid boredom</td>
<td>“I did actually see a counsellor when I was at [centre 2] ...I didn’t like going to see her. I just did it because I wanted to get out of [centre 2].” (52 T1)</td>
</tr>
<tr>
<td>Gain independence</td>
<td>“I stayed there for one month, and then I moved into my friend’s while I was transitioning into here (mhm) cause I wanted to be in student housing. And I wanted to be in a house (mhm) that was more... independent.” (11 T2)</td>
</tr>
<tr>
<td>Make/save money</td>
<td>“I just want the money, you know what I’m saying? (Yea, yea) I really don’t care where I work.” (53 T3)</td>
</tr>
<tr>
<td>Relieve stress</td>
<td>“I’m trying to quit cigarettes; I don’t even know why I smoke them. I, I, I only smoke them because sometimes like being in a group home is so stressful sometimes.” (23 T1)</td>
</tr>
<tr>
<td>Improve self-image</td>
<td>“I cut [my medication] cold turkey (did ya?) yeah. (Mhm). And yes, there is side effects... I used to be a hundred and fifty pounds (yeah) five foot one when I was on medication. And that really ruined my self-esteem (mmm). I still have stretch marks to this day because of it...So yeah, I’m pretty content with the way I am now and the way I look, you know, and the way I feel about myself.” (11 T1)</td>
</tr>
<tr>
<td></td>
<td>“I’m so proud of [my car] because I bought it myself...like, her and the other guy in my class – their parents bought it (hmm), their parents buy their clothes, and what I consider money (hmm), and I’m just really proud of myself for that also because I’m like adulting and can buy my own groceries and everything so I’m like ‘Who’s doing well here guys?!’” (62 T1)</td>
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<tr>
<th>Theme: Visions of the future</th>
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<tr>
<td>Wakeup moments</td>
<td>“Now that I’m 16, I feel like there’s a lot of stuff that I need to accomplish in my life (hmm) and that I need to look forward too.” (23 T1)</td>
</tr>
<tr>
<td></td>
<td>“knowing that I was going to be 18, knowing that I needed to grow up a little, to actually throw my big girl pants on <em>both laugh</em>, umm to...I have to believe in myself.” (62 T1)</td>
</tr>
<tr>
<td></td>
<td>“If I make a mistake, I always learn. I don’t know. That’s just how I learn- is if I make a mistake.” (53 T1).</td>
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<tr>
<td>Avoid certain futures</td>
<td>“I’m going to school, and I’m finishing school ... or else I’m going to be broke and living in an apartment when I’m 50 ... I see too many people doing it (yeah). I work at Tim Horton’s, and I see these 50-year-olds working at Tim Horton’s.” (11 T3)</td>
</tr>
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<td></td>
<td>“Another thing that’s motivating me is <em>clears throat</em> my family, my Dad, he’s like nowhere in life, honestly. He’s downtown in an apartment. He’s not, he’s not going anywhere in life... I’m like, ‘Look at yourself! Like you’re getting a welfare cheque. Yes, you’re giving me money, but look at yourself’. So, when I’m older I wanna be better than all of em (Hmm). I wanna be the one giving them money. Telling them to get their money out.” (23 T1)</td>
</tr>
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<td></td>
<td>“I guess something just clicked after being at [RMHT centre 1] and it was like ‘All these kids are fucked, they all have a criminal record, and I don’t, like, what the hell?!’ so I just...knowing that I really needed to step up on my game and on my part (hmm); it just clicked, and I was like, ‘Okay, we’re going to start now.’” (62 T1)</td>
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<tr>
<td>Theme: Other’s belief that youth can succeed</td>
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<tr>
<td><strong>Others care</strong></td>
<td>“I actually like this group home, I dunno why, there’s so much rules, but I feel like it’s really motivating in a way... the staff and shit, it’s like I feel that they care, and you know they want us to” (23 T1).</td>
</tr>
<tr>
<td></td>
<td>“I’ve had parts of my life where it’s like, what’s the point of living, like there’s nothing to do, nobody cares about me, nothing (Mhm). And then, I dunno I felt like God was there for me when I, when my sister gave me a Bible, I read it. And then, after I read it, I felt like, He was there for me after. And He was motivating me to actually do good in life.” (23 T1)</td>
</tr>
<tr>
<td><strong>Help setting goals</strong></td>
<td>When I knew I was moving out of the group home and I knew that I was going to [ex-boyfriend 3’s aunt]’s and [ex-boyfriend 3’s uncle]’s, in, like, two weeks – I went to school every day. And I was like working really hard, and I was like doing what I need to be doing, and I was following the rules (hmm) because I knew, like, I had a goal...I was like, “Oh my god, if I’m, like, really solid here, these people are going to accept me,” right? So, like – ‘I’m going to be a better person now, and I’m just going to do this and this (mhm), and then I’m going to move out, and I’m moving to their house.’ So, like, that goal made me move forward faster.” (11 T3)</td>
</tr>
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<td></td>
<td>“[Aftercare worker 1] and I had been working together now, and she’ll like, she’ll give me incentives now like, “If your room is super clean, we’ll go for ice cream.” And it’s like a 10-year-old thing, right? But it’s like ...Well, fuck yeah!” (62 T2)</td>
</tr>
<tr>
<td><strong>People can demotivate</strong></td>
<td>“the people I was hanging around with, you know, weren’t the best influences at me at the time, so I just kind of want to do my own thing because hanging around with those kind of people who are not motivating me (hmm) to do good in life, you know?” (23 T2)</td>
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4 Discussion

The five factors identified by youth as impacting their successes and challenges- or ability to experience resilience- in the post-discharge period are not surprising based on previous literature. In regard to the first factor, relationships, humans are social beings, and so relationships are central to human health and well-being (Martino, Pegg, & Pegg Frates, 2017). Schofield et al. (2017) had previously identified high quality connection with others as being protective for youth transitioning out of residential care, and within these interviews, relationships was the most pervasive factor youth described with relationships being highly interconnected with all other factors. To begin, youth presented relationships as a gateway to accessing systems and services and also described stability in housing as providing the possibility of stable relationships as well as stability in relationships contributing to stability in housing. Relational resources were a possible source of support for improving youth’s mental health while relational problems could also aggravate mental illness and emotional problems and vice versa. Relationships also impacted youth’s motivation both through providing life examples to which youth could refer when building their vision of a desired future as well as by providing sources of encouragement and active support in goal setting. The representation of relationships as the gateway to resources that impact youth in many areas of life is congruent with Ungar’s explanation of social ecological resilience in which the availability of relationships- particularly with adults- is emphasized as a greater determining factor of youth’s success than youth’s individual abilities or qualities, especially when youth are in impoverished environments (Ungar, 2013a). The focus on the availability of relationships and resources also matches well with some of the core values of strengths-based approaches; the belief that people desire good for themselves, have good intentions, and do the best they can with what they have and what they know (Hammond & Zimmerman, 2012) assumes that people are limited by resources and knowledge more so than by their desire and attempts to use the resources available to them. In addition, the desire of the youth in this study for people in their lives to be reasonable matches well with previous research where youth receiving mandated services preferred relationships with workers who negotiated rules with youth based on youth’s individual needs and took into account the youth’s age and the norms of their broader social environment (Ungar & Ikeda, 2017). Reasonable rules and the flexible reinforcement of them increased youth’s acceptance of the rules and willingness to engage in relationship with the people through whom those rules were enforced (Ungar & Ikeda, 2017). As one youth in this study stated of his relationships with his foster parent, “She lets me do whatever I want, but then when I have to do something important – that’s where she draws the line (okay) which is…that’s responsible and chill (Yeah), which works,” (29A T1/T2). In the study on youth receiving mandated care, the best way of interacting with youth receiving mandated services was determined to be situational and needed to be negotiated with the youth based on their needs and individual circumstances (Ungar, 2017), which youth in this study seemed to also desire. Similar to the desire for people’s manner of interacting with and
expectations of youth to be based on the youths’ circumstances, flexibility in the systems and services with which youth were involved was also stressed in this study.

Youth claimed that the systems and services offered to them must match their needs and be flexible in how those needs are addressed based on the youth’s unique circumstances. The youth's comments have similarities to the emphasis on the match between needs and services and systems in a variety of fields including social services provision to older adults in their homes (Levasseur, 2014), arguments made for the use of direct payment for the employment of personal assistants (Spandler, 2004) and even in the development of technological systems (Sari, 2003). Ungar (2013a) also argued that youth are much more likely to engage in relationships and with resources where they feel that their perspective of what they need is respected and they are empowered to negotiate for what they need.

The third factor, stability, was mentioned briefly in the previously reviewed literature on youth discharged from RMHT with residential instability being associated with low self-esteem, high-substance abuse, and increased access to restrictive psychiatric services post-discharge (Wells et al., 1991). The impact of instability in placement and caregivers on loss of relationships and willingness to trust others, difficulties in school completion, and emotional wellbeing is also well-documented among children and youth in care (Chambers et al., 2018; Skoog, Khoo, & Nygren, 2015; Strolin-Goltzman, Kollar, & Trinkle, 2010). However, as was mentioned by youth in this study, youth’s perspective of their agency in those moves can alter the psychological impact of moving. Self-induced instability can lead to feelings of empowerment as compared to externally imposed instability which can be accompanied by emotions like sadness, anger, and frustration (Hébert, Lanctôt, & Turcotte, 2016). According to past resilience research, the sense of control youth experience in their lives can be tied to the their emotional experience of a situation and therefore to their mental health (Ungar, 2004). As the fourth factor, mental health, is known to have wide-reaching impact on many facets of life such as the ability to enjoy life and engage in society (Goldner, Jenkins, & Bilsker, 2016), the recognition of mental health status impacting the ability of youth with known emotional and behavioural difficulties to achieve goals is unsurprising.

Motivation, the fifth factor, is a well-acknowledged causal factor in individuals' behaviour (Ryan, 2012) and is acknowledged in social ecological theory as an important component of resilience though less influential than the environment (Ungar, 2013b). As mentioned in the previously reviewed literature, a sense of personal agency can be protective for youth transitioning out of residential care (Schofield et al., 2017), and the visions of the future that motivated youth in this study maps well onto research in future orientation among youth who have been maltreated and/or have experiences in care. Future orientation refers to positive and optimistic beliefs about the future that are linked both to goal-directed thoughts and motivation (Sun & Shek, 2012). In the body of research on future orientation, the interrelated nature of motivation, youth’s positive expectations for the future, and resilience is supported as is the influence that
environmental factors such as support from family, peers, school, and the community context can have on this future orientation (Oshri, Duprey, Kogan, Carlson, & Liu, 2018; Sun & Shek, 2012). Considering, resilience research in general, the limited literature on youth in the care of child welfare who experience unplanned discharges from RMHT, and related fields of study, in this study, the factors affecting youth’s ability to succeed in their goals and face challenges after an unplanned discharge from RMHT are quite reasonable.

4.1 Identifying Strengths

In answering the research questions posed in this thesis, it became evident that the factors youth identified as impacting their success and challenges could not be categorized dichotomously as risk or protective factors; the impact of factors on success and struggles was determined by the process through which these factors played out in youth’s lives. In social ecological resilience, resilience is framed as the interaction between the environment and the individual as opposed to a trait can be possessed by either (Ungar, 2011). The need for individuals’ engagement with the resources at hand to achieve their goals is emphasized as well as social ecologies’ willingness to support individuals in their efforts (Ungar, 2011). The strengths within individuals are only as strong as their environment allows space for them to be expressed and utilized and the strength of the environment is in its power to enhance and draw out the strengths of the individual (Ungar, 2011). Essentially, resilience is a process of negotiation and navigation between individual and environmental strengths (Ungar, 2011).

Strengths that youth identified in their social ecologies were relationships with dependable, caring, reasonable people, flexible services and systems that address youth’s needs, and access to the people and resources on which youth drew to cope. Access to beneficial relationships, systems and services, and coping mechanisms helped provide stability and contributed to mental health and motivation. The strengths that youth remarked on that were centred in the youth themselves included their agentic determination regarding which relationships and systems and services were valuable in their individual contexts. These judgements then influenced whether youth attempted to maintain, begin, or end relationships, maintain or end living situations, and pursue, continue, or discontinue use of services and systems. Another strength within youth was their ability to envision a future they wanted to pursue which then motivated their behaviours. Nevertheless, both these strengths in the youth were highly influenced by the environment as their environments restricted how youth could express their agency and determined what future options youth saw as available for themselves and whether youth felt they had support in pursuing those goals. For example, the two youth whose desires to pursue education changed over time seems to flow quite naturally out of the contexts in which they were living. The one youth (11) was in a tenuous living situation with her boyfriend’s aunt and trying to figure out what funding was available to her between CAS continued care and support and Ontario Disability Support Program when she said she was content with her GED. She began pursuing her high school diploma again when living with a different boyfriend’s parents who encouraged her to continue
working on her high school credits even when holding a full-time job. By the time she was pursuing college education she had been renting a room in a house for a number of months with supportive roommates and said she was experiencing the most stability she had in years. In contrast the other youth (23) expressed commitment to schooling while he was in a group home where he found the staff to be motivating. By T3 when said he did not have time for school, he was living in a shelter and commuting to another city for a full-time job in home renovations. For both these youth, their contexts seem to have influenced how feasible schooling appeared and whether they considered it a worthwhile investment at the time.

4.2 Necessity is the Mother of Invention

While the factors and strengths that youth identified are unsurprising at a broad level, it was interesting to see the circumstance-unique and non-standard ways in which youth utilized resources and displayed their agency when environmental constraints were at play. To begin, willingness to engage with services and systems in the environment could be perceived as a universally protective factor; if youth engage, then they have access to the resources offered through those systems and services. However, youth indicated that they sometimes found services and systems exacerbated or caused problems, held them back from their goals, or simply wasted their time. In these circumstances, youth tended to do what was in their power to disengage from those systems and services. However, youth were not always officially given that option. For example, the act of disengaging from RMHT is generally presented in the literature as a problem to be avoided (Sunseri, 2001) and is not a choice that most youth are officially given. However, one youth thought that he was doing a lot better in his group home than if he had stayed in RMHT (67). His measure of success was around not being put into jail regularly as he had been when in RMHT. In this sense, he was doing much better, and in light of this measurement the acting out behaviours in which he engaged while receiving RMHT may have been his way of activating the mechanisms that could move him to another placement; the constant assault charges and stays in juvenile detention finally convinced his CAS worker and the crown that the placement was not good for him. As a 14-year-old boy, he may have felt that the only way to express his displeasure with his placement and actually be heard was to repeatedly act out. Though his method would not generally be praised, he demonstrated his agency in an unignorable manner and as a result found a new and better placement as per his assessment. Similarly, two other youth (62 and 11) both felt they needed to leave RMHT because it was holding them back from the growth and goals they desired to achieve. Unlike the 14-year-old, they were both old enough for independent living to be considered as an option for them or at least for CAS to consider it not worth the fight to get them back into RMHT since they would have aged out shortly after anyway. So, for these two older youth, acting out until either the centre or their CAS saw their distress may not have been necessary; they could much more simply disengage from RMHT than the younger youth (67) could. In all three of these youth’s situations, their
disengagement from RMHT can be seen as resilience if others are willing to accept the youth’s perspective that these services were not beneficial for them.

A few youth also demonstrated a masked form of resilience in their refusal to engage deeply in relationships and their recognition of the need to not trust others as quickly as they had in the past. While pulling back from relationship or refusing to engage in deep relationship with others may seem like deviant or destructive behaviour because it removes the possibility of accessing resources through relationships, this choice might have been best for these youth in relationally impoverished environments (Ungar, 2013a). As mentioned in the literature review, youth may have improved outcomes if they lower their expectations for and emotionally distance themselves from dysfunctional family members (Wyman, 2003). In this study, youth cited their repeated experiences with people who were not dependable, reasonable, or caring as their reason for withholding themselves from relationship. Realistic appraisal of the environment rather than unwarranted optimism may prove more beneficial to youth in impoverished environments (Ungar, 2015). If a lack of care, dependability, and reasonableness truly was characteristic of these youth’s social ecologies, then the youth may have been wise to forego the temporary benefits they could gain from relationships to avoid the emotional turmoil, disappointment, and harm that those relationships could cause later.

In terms of coping mechanisms, youth also admitted that some of their methods such as the use of drugs, cigarettes, and caffeine were less than ideal. Youth are often aware of the consequences for the activities in which they engage and know that society does not approve of some of the things they do (Ungar, 2004). Nevertheless, youth are doing the best with what they have available to them (Ungar, 2004). In order to survive, these youth had to find some way of coping with the stresses they felt, and the most potent and available options happened to be drugs, cigarettes, and caffeine. As one youth said, “how else am I supposed to cope, (mhm) you know, responsibly?” (11 T1); to not cope with their stress at all may have been much more irresponsible.

Other examples of youth’s unorthodox resilience included one youth (11) who stopped taking her prescribed medications because she found that the side effect of weight gain had a greater negative impact on her well-being that the positive impact of taking the medication and another youth (52) who attended appointments with a counsellor as a way to get a break from the group home in which she was living rather than to access the intended services of the counsellor. What all these examples have in common is that youth assessed their situation, saw that their environment lacked resources that would have allowed them to adapt in more ideal or socially acceptable ways, and then made do with the resources that were available to them. Function rather than convention seems to have guided their behaviour, which resulted in unique and unexpected processes. These youth were simply demonstrating healthy adaptations that helped them survive as best they could in unhealthy environments that had limited their options (Ungar, 2004).
4.3 Strengths

A major strength of this study is the use of the social-ecological resilience lens. This lens influenced the choice to focus on youth’s perspectives and to base the analysis on factors that influenced the successes and challenges that youth identified rather than on externally determined positive or negative outcomes. Use of this theory also allowed for the avoidance of dichotomous labelling of factors as protective or risk factors and instead let the individual contexts of the youth as well as the youth’s perception influence the determination of whether a factor produced a positive or negative effect in a youth’s life. As such, the use of this lenses provided space to identify the benefits that youth drew from behaviours that may otherwise have been interpreted as deviant or delinquent.

Another strength of this study was in the methodology around subject retention. Retaining participants can be difficult in longitudinal studies, especially in populations of children and youth who may be experiencing mental illnesses. While protocol for this study was developed based on investigators’ past experiences with this population, many of the choices around subject recruitment, scheduling and frequency of interviews, interviewee reimbursement, tracking of communication, providing alternative interview formats, and strategies for promoting recall of youth who missed previous interviews matched well with suggestions from Vander Stoep (1999). This strength is also evidenced in that three of the seven-youth responded to the member check about two years after their last interview even though they are part of a difficult-to-reach population.

4.4 Limitations

While one of the strengths of this project is that it is based on youth’s perspectives, the fact that this project is based on self-report is also a limitation as youth did not always give the whole story. At times this exclusion of information may be a self-protective behaviour (Hutchinson, Wilson, & Wilson, 1994). For example, sometimes youth clearly declined answering questions; these refusals were often related to difficulties with past caregivers or around illegal behaviours and interactions with the law. At other times, the omission was much less obvious; for example one of the youth had been identified by their CAS worker as transgender prior to the first interview and was accessing services for transgendered youth, but despite the worker and other informants talking about how this dynamic influenced the successes and struggles that the youth experienced post-discharge, the youth did not discuss this topic during the interviews or identify as transgender in the demographics questions even though that was an option. Again, this omission may have been intentional for the purpose of self-protection, or it may have been that the youth did not see that piece of information as relevant to any of the questions asked.

Beyond intentional omissions, youth may also not have been privy to or have attended to information that could have furthered their ability to explain their own
situation and contribute to a fuller understanding of the youth’s social ecology. For example, one youth (29) talked about availability of funding having been a factor that potentially influenced his discharge from RMHT; however, he had received mixed information on that topic. As youth are not always aware of all the details impacting their plan of care or of the inner workings of the services and systems with which they interact or may not listen to, comprehend, or remember these details, comments on how specific aspect of systems and services impacted them cannot be made from information gathered solely from the youth.

Another limitation of this study was the lack of information systematically gathered and/or available about the specific nature of youth’s RMHT placements and their placements during the study period. Only broad-level information was gathered about whether youth were supposed to have been receiving treatment at the centre from which they were discharged and whether they moved to foster homes, mixed-modality foster homes, group homes, or lived independently or semi-independently after discharge.

Specific results from this research are also not generalizable. First, the sample was small and non-representative; none of the youth identified as visible minorities, or as First Nations, Métis, or Inuit, all of which are groups who tend to be overrepresented in the CAS system. Second, the interviews were gathered at a specific point in time (changes in policy occurred both during the period of the study and since) and from specific places (the centres from which youth were recruited were based on convenience are not necessarily representative of all centres in Ontario). Then again, as this research was exploratory research, generalizability was not the intended purpose of the study. Understanding resilience as it pertains to a particular individual will always require attention to individual factors that are not necessarily generalizable.

4.5 Implications for Practice

This research demonstrates how influential youth’s perception of their situation and their desires for the future can be on their engagement in relationships and with systems and services, on the impacts of residential instability, and on their mental health and motivation. At the same time, the constraining influences of youth’s social ecology- especially relationships- on youth’s strengths is also clear. Therefore, people working with youth must be willing to take the time to understand how youth see their social ecology impacting in their lives in order to make proper judgements about the functionality of youth’s behaviours, especially in relationship to placement changes.

A second message is that relationships are a major determinant of the strengths available in youth’s social ecology. Those of us who are involved in youth’s lives must be willing to do the hard work of honestly assessing if we really are the kind of people whose presence will benefit youth. We may be able to lie to ourselves about whether we truly care about the youth and are reasonable and dependable; we all like to think well of ourselves, but we cannot and should not lie to these youth. Many of them are already
suspicious of others—especially those in power—and most of them have good reason. They may have been hurt and betrayed in innumerable ways by the very people society and even their own natural instincts encourage them to trust. We must be honest with these youth about what they can and cannot expect from us in whatever role we are filling and about whether we genuinely care about them as a person or are just doing our job. If nothing else, these youth deserve the truth so that they can properly appraise their context and decide how best to act in light of their social ecology. In addition, if relationships are central to the environment’s contribution to resilience, then transition planning must include a plan of how youth will be supported in maintaining specific beneficial relationships, or after unplanned discharges, the topic of how to maintain relationships must be addressed post-discharge. These plans ought to be developed in conjunction with the youth as well as the people with whom they are in relationship in order to consider unique contextual factors that may not be self-evident.

4.6 Future Research

Future research should be focused on the quality of relationships between youth and their CAS workers and/or alternative caregivers. Understanding youth’s perception of how caring, reasonable, and dependable their CAS workers and alternative caregivers are may help further elucidate the impact of each of these relational qualities on the lives of youth involved in child welfare—especially in relation to sudden placement changes like unplanned discharges. Also, an examination of youth and CAS worker’s or alternative caregiver’s explanations of what it means for these adults to be caring, reasonable, and dependable could clarify differences in perspective and provide ways forward for developing shared understandings between youth and these adults of what youth can expect from those individuals. In addition, hearing worker’s and alternative caregivers’ perspectives on the barriers they experience in being able to fill these roles in ways that are perceived as caring, dependable, and reasonable by the youth may help to identify system-level barriers in these relationships.

Additionally, future research with youth in the care of CAS should be conducted in ways that intentionally include the voices of Black and Indigenous youth in order to take into account their unique perspectives, cultures, and life circumstances. As these groups form a substantial portion of the population of youth in care, incorporating their perspectives into research and by extension into policy is necessary for providing care systems that are flexible enough to care for the diverse populations of youth who use them.

5 Conclusion

As indicated by the social-ecological understanding of resilience, youth’s perspectives influenced whether they felt they were able to successfully pursue meaningful goals and overcome challenges post-discharge. Despite limitations imposed by the environment, these seven youth appear to have leveraged what resources were
available and made forward motion on goals that held real value and meaning to them. Strengths that youth identified in their environment included relationships with caring, dependable, reasonable people, stability, systems and services that could be used to flexibly address youth’s actual needs, and access to resources and freedom to engage in coping strategies. Strengths within the youth included the ability to determine which relationships and systems and services were worth pursuing and from which youth should disengage as well as having a strong belief in the power of personal motivation and having a vision for their future. As people who desire to come alongside youth, we must be willing to take the time to hear what they truly desire, recognize the strengths available in them and around them, and make sure that we ourselves are the caring, dependable, reasonable kind of people that they can count as one of the strengths in their social ecology.
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APPENDICES

Appendix A: Youth Interview Guide

I’m going to ask you some general questions about what it was like to leave _______(insert name of agency), how your life is going now, and what your hopes are for the coming year. There are no right or wrong answers. I may also ask you some specific questions about certain areas of your life like how things are at school, in your family, who helps you if you need it, and things you do to help yourself. As mentioned earlier, the interview will be audio recorded.

Do you have any questions before we begin?

DEMOGRAPHIC INFORMATION

To get started, I’m going to ask you some basic questions about yourself.

1) What is your date of birth?_____________________

2) What is your current age?________

3) Who is your current legal guardian? (Check only one)
   ___ Parent(s)/Extended Family       ___ Child Welfare
   ___ Other:___________________________ ___ Don’t know

4) Are you: ___Male   ___Female   ___Transgender   ___ Other. Specify:_________

5) Where were you born?
   ___ Canada                  ___Other than Canada. Specify:___________________

6) What was your first language spoken?
   ___ English               ___ Other than English. Specify:___________________

7) Do you consider yourself First Nations/Aboriginal or Metis?
   ___ Yes   ___ No   ___ Don’t know

8) Do you consider yourself a visible minority (persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour)?
   ___ Yes   ___ No   ___ Don’t know

9) Can you describe what you know about your discharge plan?
   • What was the plan before leaving?
   • Did you feel ready to leave?
   • Were you referred to other services? If so, to what?
   • What is happening now?
Life Domain: School

I’m now going to ask you some questions about whether you go to school or have a job and how these things are going.

Are you in school?

___ Yes ___ No [Go to bottom of this page] ___ Don’t know

What kind of school (or educational program) do you go to? _____________________

Is this a new school for you?

IF YOUTH IS IN SCHOOL

Tell me about school

• What was it like in the first few days to go back or to go to a new school?
• How is school going now?
• What was school like before?

How are things going

• How are things with your teachers?
• How are things with your classmates?
• How are your classes going? Grades?

How do you manage

• What do you do when things are not going well?
• How do you handle difficulties?
• What kind of help have you received around schooling?

Overall Assessment

• What do you like/not like about school?
• What is going well/not so well?
• What has been helpful/not so helpful?

IF YOUTH IS NOT IN SCHOOL

What was school like

• Why are you not in school?
• What was it like before you left school?
• Would you like to go back to school?
Overall Assessment
• What kind of **help are you getting** around going back?
• What do you **like/not like** about being out of school?
• What has been **helpful/not so helpful**?

**Life Domain: Work**

Do you have a job(s)?  ___ Yes  ___ No  [Go to middle of next page]  ___ Don’t know

What kind of job(s) do you have? ______________________________

**IF YOUTH HAS A JOB**

**Tell me about your job**
• What was it like in the **first few days**?
• How is your job going **now**?
• What were things like at your job **before**?

**How are things going**
• How is the **work for you (e.g. tasks, roles)**?
• How are things with **your boss**?
• How are things with **your coworkers**?

**How do you manage**
• What do you do **when things are not going well** at work?
• How do you **handle difficulties**?
• What kind of **help** have you received around work?

**Overall Assessment**
• What do you **like/not like** about your job?
• What is going **well/not so well**?
• What has been **helpful/not so helpful**?

**IF YOUTH DOES NOT HAVE A JOB**

**Looking for a job**
• Would you **like to have a job**?
• What **kind of job** would you like?
• What kind of **help are you getting** around looking for a job?

**Life Domain: Family Life and Living Arrangements**

I’m now going to ask you some questions about where you are living and how you get along with the people you are living with. I am also going to ask you if you see anyone in your family and how you get along with them. Your idea of family is any person you
consider family. This may include biological family, adoptive family, and others in relationships with these relatives (like step-parents for example).

Who did you go to live with in the first few days of leaving____________________(name of agency)?

Who are you living with now? [If youth is not living with family, go to next page]

IF YOUTH IS LIVING WITH THEIR FAMILY

Tell me about your family
- What was it like in the first few days at home?
- How is your family doing now?
- How would you describe your family relationships now?
- What were things like in your family before?
- Can you tell me about your family relationships before?

How are things going
- How are things with your parent(s)? Sibling(s)?
- How do family members get along? Communicate?
- How are things with extended family (eg grandparents)?
- Do you have any children of your own?

How do you manage
- What do you do when things are not going well at home?
- How do you handle difficulties? Others handle difficulties?
- What kind of help have you and your family received?

Overall Assessments
- What do you like/not like about living at home?
- What is going well/not so well?
- What has been helpful/not so helpful?

IF YOUTH IS NOT LIVING WITH THEIR FAMILY

Tell me about where you are living
- Where did you spend your first few days after leaving?
- What was it like there?
- How are things where you are now?
- Where were you staying before?
How are things going with the people you are living with? (Choose applicable questions)

- Foster parents/family?
- Group home staff?
- Relatives [kinship]?
- Other residents?
- Living on your own?

How do you manage

- What do you do when things are not going well where you live?
- How do you handle difficulties? Others handle difficulties?
- What kind of help have you received around where you live?

Overall Assessments

- What do you like/not like about where you are living?
- What is going well/not so well?
- What has been helpful/not so helpful?

Have you seen anyone in your family since leaving __________(agency)?

[If no, go to middle of next page]

Tell me about your family

- What was it like to first see them?
- How are things with your family member(s) now?
- How would you describe your family relationships now?
- What was it like with family members before your stay?
- How would you describe your family relationships before?

How are things going

- How are things with your parent(s)? Sibling(s)?
- How do family members get along? Communicate?
- How are things with extended family (eg grandparents)?
- Do you have any children of your own?

How do you manage

- What do you do when things are not going well with family?
- How do you handle difficulties? Others handle difficulties?
- What kind of help have you and your family received?

Overall Assessments

- What do you like/not like about your family?
- What is going well/not so well with family?
- What has been helpful/not so helpful?
If youth has NOT seen anyone in their family

- Will you be seeing anyone in your family soon? Who?
- How do you think it will go?
- Would you like to see anyone in your family? Why?

**Life Domain: Peers, Social Involvements, and Community Conduct**

I’m now going to ask you some questions about how things are going with your friends, any boyfriends or girlfriends, and any community groups you may be involved with.

Have you seen any of your friends (including boyfriend/girlfriend) since leaving ______________(insert name of agency)? [If no, go to next page]

**IF YOUTH HAS SEEN FRIENDS**

**Tell me about your friends**

- What was it like to first see them?
- How are things with your friend(s) now?
- What was it like with them before your stay?

**How are things going**

- How many close friends would you say you have?
- How do you get along with your friends?
- What do you do together? How do you communicate?
- Do you have a boyfriend/girlfriend?
- How are things with your boyfriend/girlfriend?

**How do you manage**

- What do you do when things are not going well?
- How do you handle difficulties? Others handle difficulties?
- What kind of help have you received around your relationships with friends or your boyfriend/girlfriend?

**Overall Assessments**

- What do you like/not like about your friends (bf, gf)?
- What is going well/not so well with friends (bf, gf)?
- What has been helpful/not so helpful?
IF YOUTH HAS NOT SEEN FRIENDS

WHY?

- Will you be seeing any of your friends (or boyfriend/girlfriend) over the next few weeks? Who?
- How do you think it will go?
- How many close friends would you say you have?
- Would you like to see any of your friends (or bf, gf)? Why?

Life Domain: Peers, Social Involvements, and Community Conduct…continued

How are things going for you in your community since leaving _____________(insert name of agency)?

Are you involved in any hobby, recreational activities, community groups, clubs, church, sports teams, music, volunteering?

IF YOUTH HAS COMMUNITY INVOLVEMENT

Tell me about your community involvement

- What things were you involved with at first?
- What are you involved in now?
- What were you involved in before your stay?

How are things going

- How are things going with your community involvements?
- Have you been in any trouble in your community?
- With the police?
- If yes, what happened?

How do you manage

- What do you do when things are not going well?
- How do you handle difficulties? Others handle difficulties?
- What kind of help have you received around your community involvement?

IF YOUTH DOES NOT HAVE COMMUNITY INVOLVEMENT

WHY?

- What kinds of activities or clubs would you like to get involved with?
- What kind of help have you received around your community involvement?
Overall Assessments

- What do you **like/not like**?
- What is going **well/not so well**?
- What has been **helpful/not so helpful**?

**Life Domain: Personal Functioning**

I’m now going to ask you some questions about your overall health and personal well-being.

How are things going for you personally since leaving ______________________(insert name of agency)?

**Tell me about how you are doing personally**

- How were you doing personally in the **first few days**?
- How are you doing emotionally and mentally **now**?
- How were you doing **before** your stay?

**How are things going**

- Are you **able to do the things you need to** each day to take care of yourself?
- What are some of your **hobbies/interests**?
- What are you **good at**? What makes you **feel good/happy**?
- Are you using any **drugs or alcohol**? Did you before?

**How do you manage**

- What do you do for yourself **when things are not going well**?
- How do you **handle difficulties**?
- Who do you **go to for help**? How do they help you?
- What kind of **help have you received** for your mental health?

**Overall Assessments**

- What do you **like/not like**?
- What is going **well/not so well** for you?
- What has been **helpful/not so helpful**?

**Life Domain: Hopes and Dreams**

I’m now going to ask you some questions about your hopes and dreams for the coming year. I’m also going to ask you about some of the things you are expecting to be hard and how you are going to handle them.

What do you hope for in the coming year?
Tell me about your hopes

- What are you expecting for yourself in the next year?
- How do you think things will go in the coming year?
- What would you like to see happen in the next year?

Good things

- What are some of the good things you hope for?
- What can you do to make some of these good things happen?
- Who/what can help you to make some of your hopes come true?

Challenges

- What do you think might be some of the hard things you'll face?

How will you deal with the hard things?
Appendix B: Research Ethics Board Clearance

RESEARCH ETHICS BOARDS
Certification of Ethical Acceptability of Research
Involving Human Participants

APPROVAL PERIOD:  April 8, 2015
EXPIRY DATE:  April 8, 2017
REB:  G
REB NUMBER:  14NV032
TYPE OF REVIEW:  Full Board
PRINCIPAL INVESTIGATOR:  Preyde, Michelle (mpreyde@uoguelph.ca)
DEPARTMENT:  Family Relations & Applied Nutrition
SPONSOR(S):  SSHRC Insight Grant
TITLE OF PROJECT:  Phase four: A framework for understanding community adaptation processes for youth leaving residential care

The members of the University of Guelph Research Ethics Board have examined the protocol which describes the participation of the human participants in the above-named research project and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement, 2nd Edition.

The REB requires that researchers:
- Adhere to the protocol as last reviewed and approved by the REB.
- Receive approval from the REB for any modifications before they can be implemented.
- Report any change in the source of funding.
- Report unexpected events or incidental findings to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants, and the continuation of the protocol.
- Are responsible for ascertaining and complying with all applicable legal and regulatory requirements with respect to consent and the protection of privacy of participants in the jurisdiction of the research project.

The Principal Investigator must:
- Ensure that the ethical guidelines and approvals of facilities or institutions involved in the research are obtained and filed with the REB prior to the initiation of any research protocols.
- Submit a Status Report to the REB upon completion of the project. If the research is a multi-year project, a status report must be submitted annually prior to the expiry date. Failure to submit an annual status report will lead to your study being suspended and potentially terminated.

The approval for this protocol terminates on the EXPIRY DATE, or the term of your appointment or employment at the University of Guelph whichever comes first.

Signature:  Date:  March 31, 2016

L. Kuczynski
Chair, Research Ethics Board-General
Appendix C: Youth Initial Consent Form

Youth Initial Consent Form

You are invited to participate in a series of 1 to 3 interviews over the next year and a half as part of a research study. This study is to learn about how youth are doing after receiving services from ______________. Being a part of this study will help to find areas where youth are doing well after receiving services. It will also help to find areas in their lives where youth may need more help.

The research study is being carried out by three professors. Two are from Wilfrid Laurier University. One is from the University of Guelph. Their names and numbers are on the last page of this form. Researchers hope to interview about 24 youth along with interviewing their parents/guardians and workers from six treatment centres in Ontario.

The follow-up interview is about 60-90 minutes long. The interviewer will ask you some general questions about how you are doing, how things went around the time you left ______________, and your hopes for the coming year. The interviewer may also ask you some more detailed information about areas of your life like family, friends, school, and what you like to do for fun.

You are free to say yes or no to taking part in this research study. You can stop taking part in the study at any time even after the interview has started. You can stop the interview at any time. You can skip any questions you choose. If you stop the interview before we are done, you can still let us use the information you have shared with us or you could have it destroyed. If you want to drop out of the study at any time, you can contact the Research Director or Project Manager (using the information on the Contact Information Sheet) to tell them. They will then take your name and information out of the study. You could also choose to have your information given back to you or destroyed.

We will tell no one whether you take part in the research or not. The research will not identify you or your family in any way. Your parent/guardian and worker at ______________ will not see or hear any of the information you share with us. They will not know whether or not you were interviewed. Only the person who called you from ______________ knows that you agreed to give your name to researchers to hear more about the study. That person has promised in writing to keep your name private (by signing a confidentiality agreement). Any help you may receive from ______________ now or in the future will not be affected by deciding to be interviewed or not.

We would like to audio record the interview. You can choose not to have your interview audio recorded. Recordings and any other information will be kept in a secured location at the university (such as on a password protected computer in a locked private office). Only research team members will have access to this information. Audio recordings will be kept for 6 months after your interview and paper files with no identifying information will be kept for seven years. All information will be destroyed after that.
Once we have talked to enough youth, parents, and workers we will write a report of what everyone said together. Nothing we write in our report will identify you in any way. We may want to use something you said word for word in our report. If we do, we will make sure that it does not identify you or your family in any way. You are also protected by the fact that no one besides the research team knows that you are in the study. ______________ does not know whether or not you are in the study.

We will tell no one what you say to us. But, there is one situation we have to tell others about. If you tell us about any child including yourself being hurt or abused, we have to by law tell the Children’s Aid Society. And in some situations a court of law could demand information from us if they give us court papers (called a subpoena).

We would like to look at your file at ______________. We will only look at your file if you say it is okay. You can still talk with us today even if you do not want us to look at your file. Looking at information found in files will help us to understand how youth are doing before and after receiving services. The information in your file will not be used to identify you or your family. Only the person who gets the file for us at the agency will know we are looking at it. That person will tell no one whose file we looked at.

We would like to talk to your worker at ______________ about how you were doing while you were staying there. We will only talk to your worker if you say it is okay. If you agree to let us talk to your worker, she/he will not know what you said today. They will also not know whether or not you were interviewed, only that you gave us permission to talk to them. Talking to workers will help us find ways for agencies to improve the services for youth and families.

Youth who are a part of the study will be contacted a few times over the next 12-18 months to see how they are doing. At each step, we will ask for your permission. We would like to talk to you shortly after you are discharged, again in about 6 months from now and again one year from now. Each time we will ask you if you want to take part in another interview. If that is okay with you, we’d like to keep your name and information to contact you again. No one outside of the research team will see this information. Talking to youth more than once will give us some information about how young people’s lives can change over time.

Being interviewed may be helpful in letting you express your thoughts and feelings. But, if you find any of the questions upsetting and need someone to talk to, you can call any of the numbers on the last page. If you have any questions about the study, you can call us. Our number is on the last page.

Clearance for this study has been obtained from the Research Ethics Board at the University of Guelph. The results of our study will be posted on our web site. Copies of our reports will also be sent to various organizations providing services to families and children. Funding for this study is provided by the Social Sciences and Humanities Research Council of Canada.

You will receive a gift of $40 at each interview to thank you for your time.
Informed Consent

1. I have read and understand the information given to me. I have a copy of this form. I agree to be interviewed.  yes___ no___
2. The interview can be audio recorded. yes___ no___
3. I allow the researchers to use quotes without identifying me. yes___ no___
4. I allow the researchers to keep my name on file to be contacted again. yes___ no___
   (Check all that apply) By phone_____ By email_____ yes___ no___
5. I allow the researchers to look at my file. yes___ no___
6. I allow the researchers to contact my worker at __________ to ask them if they want to participate in an interview. yes___ no___
7. I would like a written copy of the information I share today sent to me. yes___ no___
   (Check all that apply) By email _____ By paper mail____ yes___ no___
8. I would like to be sent information about the study’s overall findings and information on upcoming project workshops and conferences. yes___ no___
   (Check all that apply) By email _____ By paper mail____

__________________________________________________________

Youth’s Signature  Date

__________________________________________________________

Interviewer’s Signature  Date

Your Contact Information

Name: __________________________  Email: __________________________

Cell phone: __________________________  Home phone: __________________________

Address: _______________________________________________________________________

Additional Contact Information (in case we are having trouble reaching you)

Name: __________________________  Email: __________________________

Cell phone: __________________________  Home phone: __________________________

Address: _______________________________________________________________________

66
Contact Information Sheet

If you need someone to talk to about your feelings, you can call:

- Kids Help Phone (Up to age 20) 1-800-668-6868 Toll free www.kidshelpphone.ca
- London Distress Center and Suicide Hot Line (519) 667-6711
- COAST for Youth Crisis Line 24 hr (905) 972-8338
  (Hamilton-Wentworth)
- Canadian Mental Health Association (CMHA)
  - KW Distress Centre (519) 745-1166
  - Crisis Line/Mobile Crisis Team (519) 744-1813 or www.cmhagrb.on.ca 1-866-366-4566 (Toll free)
  - CMHA London Office (519) 434-9191
  - London Mental Health Crisis Service (519) 433-2023 or www.london.cmha.ca 1-866-933-2023 (Toll free)
- CMHA Hamilton Office (905) 521-0090 www.cmhahamilton.ca

If you are looking for information on mental health, you can visit:

If you have any questions about the study, you can contact:
- Dr. Michèle Preyde, Research Director (519) 824-4120 ext. 58599 mpreyde@uoguelph.ca
- Dr. Gary Cameron, Researcher (519) 884-0710 ext. 5240 camerongary@wlu.ca
- Dr. Nancy Freymond, Researcher (519) 884-0710 ext. 5266 mpancer@wlu.ca

To read our research reports, you can call us or visit our web site www.wlu.ca/pcfproject.

If you have any questions about the way you were treated by researchers, you can contact:
Sandy Auld 519-824-4120 ext. 56606 sauld@uoguelph.ca
Appendix D: Guardian Consent Form

Time 1 –CAS Guardian Consent for Youth Under 16

The youth will be invited to participate in a series of 1 to 3 interviews over the next year and a half as part of a research study. This study is to learn about how youth are doing after receiving services from ____________. Being a part of this study will help to find areas where youth are doing well after receiving services. It will also help to find areas in their lives where youth may need more help.

The research study is being carried out by three professors. Two are from Wilfrid Laurier University. One is from the University of Guelph. Their names and numbers are on the last page of this form. Researchers hope to interview about 24 youth along with interviewing their parents/guardians and workers from six treatment centres in Ontario.

The follow-up interview is about 60-90 minutes long. The interviewer will ask the youth some general questions about how they are doing, how things went around the time of leaving ____________, and their hopes for the coming year. The interviewer may also ask the youth some more detailed information about areas of their life like family, friends, school, and what they like to do for fun.

The youth’s participation in this study is completely voluntary. She/he can choose not to participate, to withdraw from the study at any time, and can choose to not answer any questions she/he does not want to. If the youth stops the interview before we are done, she/he can still let us use the information shared with us or she/he can choose to have the information destroyed. If the youth would like to withdraw from the study at any time, you or the youth can contact the Research Director or Project Manager (using the information provided on the Contact Information Sheet) who will then remove the child’s name and information from the study.

All information the youth shares with the researcher will be kept confidential. The information will not be used to identify the youth, you, or his/her family in any way. _________________ (insert name of agency) will not have access to any of the information the youth shares with us. The agency will not know whether or not the youth has participated in the study. Only the person who called you from _________________ (insert name of agency) knows that you have agreed to give your name to researchers to hear more about the study. That person has promised in writing to keep your name private (by signing a confidentiality agreement). Any help the youth may or may not receive from _________________ (insert name of agency) now or in the future will not be affected by participating in the study.

We would like to audio record the interview. You can choose not to have the youth’s interview audio recorded. Recordings and any other information will be kept in a secured location at the university (such as on a password protected computer in a locked private office). Only research team members will have access to this information. Audio recordings will be kept for 6 months after your interview and paper files with no identifying information will be kept for seven years. All information will be destroyed after that.
Once we have talked to enough youth, guardians, and workers we will write a report of what everyone said together. Nothing we write in our report will identify you or the youth in any way. We may want to quote some of the information the youth shares with us in our research reports. By including quotes in our reports, we will be able to better describe how youth and families who use the services of ____________ (insert name of agency) are doing. If so, this will be done in a way that does not identify the youth or his/her family. You and the youth are also protected by the fact that no one besides the research team will know that she/he is in the study.

Any information the youth shares with researchers in the interview will be kept confidential. However, please be aware that if the youth tells me about any current mistreatment or abuse, I am required by law to report this information to the Children’s Aid Society and in some situations a court of law could require us to disclose information by a subpoena.

We would like to look at the youth’s treatment file at _______________. If you do not want us to look at the youth’s file, that is okay. You can still let the youth participate in the interview without giving permission to look at her/his file. Looking at information found in files will help us to understand how youth are doing before and after receiving services. The information in your child’s file will not be used to identify your child or your family. Only the person who gets the file for us at the agency will know we are looking at it. That person will tell no one whose file we looked at.

We would like to talk to the youth’s worker at _______________. We will only talk to the youth’s worker if you give us permission. If you agree to let us talk to the worker, she/he will not know what your child said in the interview. They will only know that you and the youth have given us permission to talk to them about the youth. Talking to workers will help us find ways for agencies to improve their services for youth and families.

We would like to interview the youth up to 3 times over the next 1.5 years. We will only interview the youth more than once if you give us permission. We would like to interview the youth in the next few weeks, then again in about 6 months, and finally in about one year from now. Each time the youth can choose not to be interviewed. If you agree to let us interview the youth more than once, we will need to keep his/her contact information on file. No one besides the researchers will see this information. Talking to youth more than once will give us some information about how young people’s lives can change over time.

Participating in the interview may be helpful in letting the youth express his/her thoughts and feelings. However, if the youth finds any of the questions upsetting and need someone to talk to, or if he/she has any questions about the study itself, you or the youth can call any of the numbers we have provided. These are listed on the Contact Information Sheet.

Clearance for this study has been obtained from the Research Ethics Board at the University of Guelph. The results of our study will be posted on our web site. Copies of our reports will also be sent to various organizations providing services to families and children. Funding for this study is provided by the Social Sciences and Humanities Research Council of Canada.

As we appreciate the youth’s time spent talking with us, she/he will receive a gift of $40 at each interview
Informed Consent – CAS Guardian of Youth under Age 16 - Time 1

1. I have read and understand the information given to me. I have a copy of this form. I agree for the youth to participate in up to 3 interviews if s/he chooses. yes___ no___
2. The interview can be audio recorded. yes___ no___
3. I allow the researchers to use quotes without identifying the youth. yes___ no___
4. I allow the researchers to keep the youth’s name on file to be contacted again over the next year. yes___ no___
   (Check all that apply) By phone_____ By email_____
5. I allow the researchers to look at the youth’s treatment file. yes___ no___
6. I allow the researchers to contact the youth’s worker at _______ yes___ no___
   to ask them if they want to participate in an interview.
7. I would like to be sent information about the study’s overall findings and information on upcoming project workshops and conferences. yes___ no___
   (Check all that apply) By email _____ By paper mail_____

________________________________   ____________________
Parent/Guardian’s Signature             Date

________________________________   ____________________
Interviewer’s Signature                 Date
### Contact Information Sheet

If you need someone to talk to about your feelings, you can call:

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Kids Help Phone (Up to age 20)</td>
<td>1-800-668-6868 Toll free</td>
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<tr>
<td></td>
<td><a href="http://www.kidshelpphone.ca">www.kidshelpphone.ca</a></td>
</tr>
<tr>
<td>London Distress Center and Suicide Hot Line</td>
<td>(519) 667-6711</td>
</tr>
<tr>
<td>COAST for Youth Crisis Line 24 hr</td>
<td>(905) 972-8338</td>
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<tr>
<td>(Hamilton-Wentworth)</td>
<td></td>
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<tr>
<td>Canadian Mental Health Association (CMHA)</td>
<td></td>
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<tr>
<td>KW Distress Centre</td>
<td>(519) 745-1166</td>
</tr>
<tr>
<td>Crisis Line/Mobile Crisis Team</td>
<td>(519) 744-1813 or</td>
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<tr>
<td></td>
<td><a href="http://www.cmhagrb.on.ca">www.cmhagrb.on.ca</a></td>
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<tr>
<td></td>
<td>1-866-366-4566 (Toll free)</td>
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<tr>
<td>CMHA London Office</td>
<td>(519) 434-9191</td>
</tr>
<tr>
<td>London Mental Health Crisis Service</td>
<td>(519) 433-2023 or</td>
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<td></td>
<td><a href="http://www.london.cmha.ca">www.london.cmha.ca</a></td>
</tr>
<tr>
<td></td>
<td>1-866-933-2023 (Toll free)</td>
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<tr>
<td>CMHA Hamilton Office</td>
<td>(905) 521-0090</td>
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<td><a href="http://www.cmhahamilton.ca">www.cmhahamilton.ca</a></td>
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If you are looking for information on mental health, you can visit:

If you have any questions about the study, you can contact:

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<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michèle Preyde, Research Director</td>
<td>(519) 824-4120 ext. 58599</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mpreyde@uoguelph.ca">mpreyde@uoguelph.ca</a></td>
</tr>
<tr>
<td>Dr. Gary Cameron, Researcher</td>
<td>(519) 884-0710 ext. 5240</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:camerongary@wlu.ca">camerongary@wlu.ca</a></td>
</tr>
<tr>
<td>Dr. Nancy Freymond, Researcher</td>
<td>(519) 884-0710 ext. 5266</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mpancer@wlu.ca">mpancer@wlu.ca</a></td>
</tr>
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If you have any questions about the way you were treated by researchers, you can contact:

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<tr>
<th>Name</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Sandy Auld</td>
<td>519-824-4120 ext. 56606</td>
</tr>
<tr>
<td>Director, Research Ethics, University of Guelph</td>
<td><a href="mailto:Sauld@uoguelph.ca">Sauld@uoguelph.ca</a></td>
</tr>
</tbody>
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Appendix E: Members Check

Themes

The main questions that I was asking when reading through the interviews with youth was:

- What things are youth saying created problems for them during the year when we talked?
- What things are youth saying helped them to reach their personal goals during that time?

The five areas that I saw youth highlighting in the interviews were 1) relationships, 2) systems and services, 3) stability, 4) mental health, and 5) motivation.

Relationships

Youth talked about their relationships with friends, family, CAS workers, and boyfriends or girlfriends. They said that if the people they knew were dependable, reasonable, and really cared about them, it helped them achieve their goals and live well. People needed to have realistic expectations for the youth and take the time to understand why youth were acting the way they were. Relationships with people who were unreliable, unreasonable, or didn’t really care about the youth were unhelpful and created problems for the youth.

Being able to tell if a relationship was worth keeping or making was important; so was knowing how to deal with disagreements and problems in relationships.

☐ Agree  ☐ Disagree  ☐ Doesn’t apply to my experiences

Why? __________________________________________________________
____________________________________________________________________
____________________________________________________________________

Services and Systems

Youth were involved with a lot of different services and systems like the Children’s Aid Society, school programs, and counsellors. Youth found these services and systems were helpful if they dealt with issues that youth felt they actually needed help managing. Youth thought that services and systems should prepare them to face life’s challenges successfully. When they didn’t, youth often stopped using them. Youth also found it helpful when services and systems were flexible about how things could be done. When services and systems were unable or unwilling to changes the way things were normally done to fit youth’s specific needs, it was harder to for youth to achieve their goals.

☐ Agree  ☐ Disagree  ☐ Doesn’t apply to my experiences

Why? __________________________________________________________
____________________________________________________________________
____________________________________________________________________
Stability

Youth said that whether they had a consistent, stable place to live affected their mental health and how they were doing emotionally. It also affected whether they could keep relationships or not and stay involved in school, work, and activities. Some youth said that because they had moved so often, they were not motivated to connect with people or activities where they were living since they might end up moving again. When youth did appreciate moving, they often wanted the move to happen because they thought where they had been living was holding them back from reaching their personal goals.

☐ Agree  ☐ Disagree  ☐ Doesn’t apply to my experiences

Why?

________________________________________________________________________

________________________________________________________________________

Mental Health

Youth said that their mental health affected many areas of their life like their relationships, school, and work. They said that being able to understand and express their emotions and mental health concerns changed how much their mental health affected these areas of their lives. Whether they had supports and ways to deal with their mental health and whether they used them was also important. Problems like not having a stable place to live and issues with friends, family, and other people made their mental health worse.

☐ Agree  ☐ Disagree  ☐ Doesn’t apply to my experiences

Why?

________________________________________________________________________

________________________________________________________________________

Motivation

Youth said they played an important part in what happened to them. They were motivated by wanting to change the situation they were in, by their ideas about what the future could be, and by other people who seemed to care about them succeeding. Their pictures of the future motivated them to start doing things that would get them closer to the future they wanted; these pictures also motivated them to stop doing things that took them toward a future they did not want. When people helped them set goals and pushed them to do well, youth felt motivated to make and pursue goals they might not have made without other people’s encouragement.

☐ Agree  ☐ Disagree  ☐ Doesn’t apply to my experiences

Why?

________________________________________________________________________

________________________________________________________________________