

Compendium of Selected Resilience and Related Measures for Children and Youth

Compiled by Darlene Kordich Hall, Ph.D.

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The 38 measures described in this overview include those that assess aspects of resilience, life strengths, hardiness and protective/risk factors. Resilience-oriented measures are described on pages 1-9, general strength-based on pages 10-14, hardiness on pages 14-15 and protective/risk factors, pages 16-17. Measures of each type are organized by age group, from pre-school to adolescence/young adults.

A [chart](#) listing all measures in alphabetical order and by target age range is found on pages 18-19.

After the description of each measure, two sections with the following information are provided:

- The *conceptual category* or higher order categories of resilience measured by the instrument
 - a) individual attributes
 - b) family relationships/cohesion
 - c) external supports

- the *purpose(s)* for which the instrument has been created and evaluated
 - a) screening
 - b) profiling/assessing to plan for intervention
 - c) monitoring/measuring change (e.g., intervention impact)

Resilience-based measures:

Pre-school to age 5, only

1. Devereux Early Childhood Assessment Program (DECA) (LeBuffe & Naglieri, 1998)

For more information, including research bulletins summarizing findings, see the Devereux Foundation, Early Childhood Initiative, www.devereux.org.

Description:

The DECA was developed in the US as part of an intervention program (Devereux Early Childhood Initiative) for 2-5 year olds and has a version for parents and teachers. It is based on the identification of 'resilience' and 'protective' factors captured in 37 items organized into 4 subscales:

- Initiative (child's capacity to use independent thought and actions to meet their needs)
- Self-control (child's ability to experience a wide range of feelings and to express those feelings in socially appropriate words and actions)
- Attachment (measures persistent relationships between child and significant adults)
- Behavior concerns

The DECA provides an individual and classroom profile. For each there are specific strategies appropriate for an individual child and for the class as a whole addressing their respective needs. The instrument can also identify children who may be developing behavioral problems. The DECA-C (clinical) is a 62-item questionnaire for use and interpretation by mental health and special education professionals to deal with behavioral concerns. It contains the same strengths-based items as well as 25 additional items dealing with behavioral concerns such as aggression, attention problems, emotional control, withdrawal/depression, etc. Recently a DECA program for infants and toddlers also has been developed. The DECA program promotes teacher-parent collaboration using their joint recognition of the child's strengths to create shared approaches to addressing challenging behaviors and increasing protective factors.

This measure and the associated program are based on a resiliency framework. The psychometrics are acceptable and the DECA program has been the subject of many studies (most unpublished) with promising results. The measure was standardized on more than 2,000 children in the US. The DECA program is widely used in Head Start programs across the US (the measure is also available in Spanish). It has been chosen as the “most suitable” among pre-school measures in a recent review of measures of socio-emotional functioning (Stewart-Brown & Edmunds, 2007). “It can be used for the early identification and profiling of problematic emotional and social functioning, as well as for monitoring progress made as a result of targeted intervention (p. 252).” An added advantage of this measure is its facilitation of “the identification of collective needs of a particular class, school or entire school district (p. 253)” as well as its intervention strategies and training program for teachers. The Devereux Foundation has also supported development of the DECA-Infant/Toddler Form (DECA-I/T) and the DESSA tool for school-age children (see below for measures for “Elementary school age and older”).

Conceptual categories: individual, family & external supports

Purpose: screening, profiling for intervention, and monitoring/measuring change

Elementary school age and older

2. Devereux Student Strengths Assessment [DESSA and DESSA-mini] (LeBuffe, Naglieri & Shapiro)

(For more information about the DESSA, see the Devereux Foundation (www.studentstrengths.org).

Description:

The Devereux Student Strengths Assessment (DESSA) is a 72-item, standardized, norm-referenced behavior rating scale that assesses the social-emotional competencies that serve as protective factors for children in kindergarten through the eighth grade (ages 5-14). The DESSA can be completed by parents/guardians, teachers, or staff at schools and child-serving agencies, including after-school, social service, and mental health programs. The assessment is entirely strength-based, meaning that the items query positive behaviors (e.g., get along with others) rather than maladaptive ones (e.g., annoy others).

For each of the 72 DESSA items, the rater is asked to indicate on a five-point scale how often the student engaged in each behavior over the past four weeks. The same form is used for all ages and both parent and teacher raters. The measure is also available for administration and scoring online.

The DESSA is organized into conceptually derived scales that provide information about eight key social-emotional competencies. Standard scores can be used to calibrate each child’s competence in each of the eight dimensions and guide school/program-wide, class-wide, and individual strategies to promote those competencies. The eight scales are as follows: self-awareness, social awareness, self-management, goal-directed behaviour, relationship skills, personal responsibility, decision making and optimistic thinking.

According to their website, the DESSA was developed to meet or exceed professional standards for a high-quality, well-developed assessment instrument. The standardization sample, internal, inter-rater, and test-retest reliabilities as well as content, construct, and criterion validity evidence are discussed at length in the DESSA manual. The DESSA standardization sample consists of 2,500 children who are representative of the US population with respect to gender, race, Hispanic ethnicity, region of residence, and poverty status. The internal consistency (alpha coefficients) of each scale as well as the Social-Emotional Composite, for both teacher/staff and parent raters, exceeds the recommended standard of .80 for a scale and .90 for a total scale (i.e., the Social-Emotional Composite). The alpha coefficient for the Social-Emotional Composite is .98 for parents and .99 for teachers/staff. Test-retest reliabilities are also high with correlation coefficients ranging from .79 to .90 for parents and from .86 to .94 for teachers/ staff. Inter-rater reliabilities are also reasonable with median scale correlation coefficients of .725 for parents and .735 for teachers/staff.

A variety of validity studies are reported in the DESSA manual. In a criterion validity study comparing DESSA scores of students who had already been identified as having social, emotional, or behavioral disorders to their non-identified peers, each DESSA scale showed significant meanscore differences (all p values < .01), with a median effect size of .80.

The effect size for the Social-Emotional Composite was 1.31. These results show that the DESSA can differentiate between students with and without social, emotional, and behavioral problems. Using only the Social-Emotional Composite score, the group membership of 70% of students with social, emotional, and behavioral difficulties and 76% of their non-identified peers could be correctly predicted. The scales on the DESSA can be considered protective factors within a risk and resilience theoretical framework. High scores on DESSA scales were associated with significantly fewer behavioral problems for students at both high and average levels of risk. Nickerson and Fishman (2009), in an article published in the *School Psychology Quarterly*, reported strong convergent validity of DESSA scores with BASC-2 and BERS-2 scores (see the DESSA website for more psychometric details (www.studentstrengths.org)).

In addition, the **DESSA-mini** is comprised of four 8-item parallel forms which are designed to be used on a universal (i.e. school- or program-wide) basis to determine the need for social-emotional interventions. The four 8-item forms are standardized norm-referenced behavior rating scales that screen for social-emotional competencies which serve as protective factors for children in kindergarten through the eighth grade. The DESSA-mini can be completed by teachers or staff at schools and child-serving agencies, including after-school, social service, and mental health programs.

The DESSA-mini is entirely strength-based, looking at positive behaviors as opposed to maladaptive ones. For each question, the rater is asked to indicate on a five-point scale how often the student engaged in each behavior over the past four weeks. Each of the four 8-item DESSA-mini scales is comprised of a sampling of the various scales found in the DESSA. The DESSA-mini yields a single score, the Social-Emotional Total (SET) score, which provides an indication of the strength of the child's social-emotional competence based on a comparison to national norms, and can be used to compare ratings between teachers or staff across time to monitor progress toward improving social-emotional competence.

Conceptual categories: individual, family & external supports

Purpose: screening, profiling for intervention, and monitoring/measuring change

3. Resiliency Scales for Children & Adolescents (RSCA) (Prince-Embury, 2005, 2006) available through PsychCorp)

Prince-Embury, S. (2006). *Resiliency Scales for Children and Adolescents: Profiles of personal strengths*. San Antonio, TX: Harcourt Assessments.

Prince-Embury, S. (2008). The Resiliency Scales for Children and Adolescents, Psychological Symptoms, and Clinical Status in Adolescents, *Canadian Journal of School Psychology*, 23, 41-56.

Description:

This measure is for use with children and youth from 9 to 18 years. It measures personal attributes related to resilience. The scales focus on strengths as well as symptoms and vulnerabilities. The reading level is Grade 3. They are composed of three stand-alone global scales and ten subscales.

- Sense of Mastery Scale: optimism, self-efficacy, adaptability (3 subscales, 20 items)
- Sense of Relatedness Scale: trust, support, tolerance (4 subscales, 24 items)
- Emotional Reactivity Scale: sensitivity, recovery, impairment (3 subscales, 20 items)

Screening is done through the personal resiliency profile. Results are quantified using the Resource and Vulnerability indices. Children are identified who have low personal resources and high vulnerabilities before they fall behind and become symptomatic.

Principal component and confirmatory factor analysis support a 3-factor model for both males and females in more than one study. The psychometrics are adequate. Alpha coefficients are high across three age ranges (9 – 11, 12 – 14 and 15 to 18) for both males and females (sample sizes 100 – 113) for all 10 subscales with the exception of the 3-item Adaptability scale for both sexes in the two lower age groups (i.e., α ranged from .52 to .64 in these four groups). Internal consistency was highest in the oldest age level with α 's ranging from .79 to .95. In another study good test-retest reliability was found for two age bands, 9 – 14 (n = 49) and 15 – 18 (n = 65). For the three full scales this ranged from .79 to .88 and for the 10 subscales from .62 to .85. Although the measure is called a resiliency scale, it focuses heavily on behaviors of concern at the level of the individual, much as a problem checklist. The measure does not cover family or external resources and is used primarily for screening.

Conceptual categories: individual

Purpose: screening

4. Child & Youth Resilience Measure (CYRM) (Ungar, M. & Liebenberg, L., 2009) available from the authors at www.resilienceproject.org

Ungar, M. & Liebenberg, L. (2009). Cross-cultural consultation leading to the development of a valid measure of youth resilience: the international resilience project. *Studia Psychologica*, 51 (2-3), 259-269.

Description:

The CYRM is designed as a screening tool to explore the resources (individual, relational, communal and cultural) available to youth aged 12 to 23 years old that may bolster their resilience. The 58-item measure was designed as part of the International Resilience Project of the Resilience Research Centre, in collaboration with 14 communities in 11 countries around the world.

This new measure has acceptable psychometric properties and is the only measure to look at resilience across cultures. It contains items that are both consistent across cultures and unique to specific cultures allowing for introduction of culturally-specific items. Several studies have employed the CYRM and support the use of this measure for screening and group comparisons.

Conceptual categories: individual, family & external supports

Purpose: screening

5. Assessing Developmental Strengths questionnaires (ADS) (Donnon & Hammond, 2007)

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Donnon, T., & Hammond, W. (2007). A psychometric assessment of the self-reported youth resiliency: Assessing Developmental Strengths Questionnaire, *Psychological Reports*, 100, 963-978.

Description:

This group has developed three self-report measures to assess developmental strengths: the CR:ADS (for children from ages 9 to 12/13 years), the YR:ADS (for youth, ages 13 to 24 years) and the AR:ADS (for adults, 18 years and older). In addition, a measure has been developed for significant adults to report their perceptions about the child or youth (APC/Y: ADS). All measures focus on the 31 Developmental Strengths areas identified in Resiliency Initiatives' "Resiliency Framework" which covers 12 internal and 19 external strengths across 10 factors (covering individual assets, family assets and social supports). The measure also includes items concerning risk areas and demographics. The significant adult questionnaire has 62 items. The measures are very flexible and can be modularized so they can be modified to meet the evaluation needs of a program or community.

"Results from the resiliency assessment and evaluation protocol provides the basis for the early identification and development of short-term and long-term strategic plans of action specific to youth, adults and families as well as a way to evaluate the effectiveness of interventions provided by any type of community or treatment agency."
(Resiliency Initiatives website)

The YR:ADS measure has been administered to thousands of youth. Psychometric evaluation to date of the youth measure is promising. One large study with junior high students has reviewed the 10-factor structure of the measure as well as its predictive validity by comparing the number of strength areas reported with risk and pro-social behaviors. Test-retest reliability ranges from .72 to .90. More psychometric evaluation is needed to address test-retest reliability and construct validity of the tool.

Conceptual categories: individual, family & external supports

Purpose: screening, profiling for intervention

6. Resilience and Youth Development Module (RYDM of the California Healthy Kids Survey) (Constantine & Benard, 2001; Constantine, Benard, & Diaz, 1999)

Constantine, NA., & Benard, B. (2001). California Healthy Kids Survey Resilience Assessment Module: Technical report. Berkeley, CA: Public Health Institute. For more info see http://ies.ed.gov/ncee/edlabs/regions/west/pdf/REL_2007034.pdf

Description:

The Healthy Kids Survey (HKS) is a comprehensive student self-report tool for monitoring the school environment and student health risks. The resilience and youth development module (RYDM) is one module of the survey, which assesses environmental and internal assets associated with positive youth development and school success. Environmental assets refer to meaningful and pro-social bonding to community, school, family, and peers. Internal assets are personal resilience traits, such as self-efficacy and problem-solving skills

The Healthy Kids Survey and the resilience and youth development module were designed as an epidemiological surveillance tool to track aggregate levels of health risk and resilience. The module increasingly is being used in evaluation work to assess student-level changes over time.

Conceptual categories: individual, family & external supports

Purpose: screening, profiling for intervention

[A psychometric evaluation summary]:

Hanson, T. L., & Kim, J. O. (2007). *Measuring resilience and youth development: the psychometric properties of the Healthy Kids Survey*. (Issues & Answers Report, REL 2007–No. 034). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West. Retrieved from <http://ies.ed.gov/ncee/edlabs>

This report is available on the regional educational laboratory web site at <http://ies.ed.gov/ncee/edlabs>.

“For the secondary school module, the results are consistent with the instrument’s current use as an epidemiological tool and with its conceptual foundation. It provides comprehensive and balanced coverage of eight environmental resilience assets and four internal resilience assets; its subscales exhibit good internal consistency and are associated with student risk factors in expected ways. And if certain items are dropped, the module also demonstrates measurement equivalence across racial/ethnic groups, males and females, and grades. The secondary school RYDM scales exhibit low test-retest reliability, however, which suggests that the module is not well suited for examining student-level changes over time. The instrument was not designed to examine individual differences across students and should not be used this way. Moreover, two of the six internal assets that the secondary school module was designed to measure—cooperation and goals/aspirations—could not be assessed validly. Several measures would benefit if additional items were included in derived scales to increase domain coverage.”

“The elementary school module was designed to assess seven environmental resilience assets and three internal resilience assets, but it can reliably assess only two environmental assets and one internal asset. Most of the scales measured by the elementary school instrument have poor psychometric properties. The elementary school instrument should thus be modified considerably to make it suitable for research.”

[Another psychometric review on this measure can be found at]:

Furlong, Michael J., Ritchey, Kristin M., O'Brennan, Lindsey M. (2009). Developing Norms for the California Resilience Youth Development Module: Internal Assets and School Resources Subscales. *The California School Psychologist*.

Adolescents, only

7. The Adolescent Resilience Questionnaire (ARQ)-revised (Gartland et al., 2006)

Gartland, D., Bond, L., Olsson, C., Buzwell, S. & Sawyer, S. (2006). (available from the first author) Centre for Adolescent Health, Royal Children’s Hospital, Melbourne, Australia
www.ahda.org/downloads/ISSBD2006Gartland.pdf

Description:

The ARQ is the result of a research project with teens with chronic illness, focus groups of teens and secondary school students (ages 11-19). It not only looks at strengths within the adolescent, but also the family, peer group, school and community. This tool measures a young person's ability to reach positive outcomes despite life challenges.

The revised self-report measure has 74 items and contains 13 subscales in 5 domains measuring the resources available to an adolescent both internally and externally:

- Self: Negative cognition (optimism reversed), confidence in self and future, meaning/introspection, empathy/tolerance, & social skills
- Family: Connectedness & availability
- Peers: Connectedness & availability
- School: Engagement & supportive environment
- Community: Connectedness

Initial psychometrics were favorable and further work is planned.

Conceptual categories: individual, family & external supports

Purpose: screening

8. Brief Resiliency Checklist (BRC) (Vance and Sanchez)

See <http://resiliencyinc.com/assessment/>

And <http://www.dhhs.state.nc.us/MHDDSAS/childandfamily/bestpractice/risk-resiliency-vance.doc>

Description:

The BRC is an assessment instrument that has been designed to document the presence of all risk and protective factors within a given child or family. It was tested on large high-risk cohorts. It lacks research evidence on appropriateness for use with adolescents. Unable to obtain further information.

Conceptual categories: individual, family & some external supports

Purpose: screening, profiling for intervention (?)

9. Resilience Scale for Adolescents (READ) (Hjemdal et al., 2006)

Hjemdal, O., Friborg, O., Stiles, T. C., Martinussen, M. & Rosenvinge, J. H. (2006). *Measurement and Evaluation in Counseling and Development*,

Description:

Development of the READ for adolescents began in 2004 as a direct derivation of the Resiliency Scale for Adults (RSA). It contains items from all three higher order categories of resilience. It contains 5 factors: (1) personal competence, 2) social competence, 3) structured style, 4) family cohesion, 5) social resources. The RSA's response set was changed to a Likert-type scale as the semantic differential used in the RSA proved too difficult for teens. A parent/significant adult version of the scale (READ-P) is available.

Psychometric evaluation reveals Cronbach alphas for the 5 factors on the READ ranged from 0.85-0.69. Gender differences were found with girls reporting higher levels of social resources and boys reporting higher scores on personal competence which is consistent with other studies. However, no gender differences were found for the total READ scores. In a recent study READ was used as a possible predictor for depression among teens. Both teens and parent filled out the measure (parents completed READ-P). The READ total score and all READ factors significantly predicted depressive symptoms with personal competence being the best predictor (17% of the variance). READ-P scores did not predict depressive symptoms; young people were a better source of information regarding resilience as well as predicting depressive symptoms. READ also predicted social anxiety symptoms. Further validation work is underway using prospective designs with repeated measures as well as cross-cultural studies. Several projects are underway in French-, Spanish- and Portuguese-speaking countries.

Conceptual categories: individual, family & external supports

Purpose: screening, profiling for intervention

10. Resiliency Scale (RS) (Jew, Green & Kroger, 1999)

Jew, C.J., Green, K.E., & Kroger, J. (1999). Development and validation of a measure of resilience. *Measurement and Evaluation in Counseling and Development*, 32, 75-89.

Description:

The Resiliency Scale for children and adolescents is based on the cognitive appraisal theory of Mrazek and Mrazek (1987), which emphasizes 12 essential skills that are important for coping adequately with life stress (rapid responsiveness to danger, precocious maturity, disassociation of affect, information seeking, formation and utilization of relationships for survival, positive projective anticipation, decisive risk-taking, conviction of being loved, idealization of aggressor's competence, cognitive restructuring of painful events, altruism and optimism and hope. The scale comprises 35 items distributed on three factors: (a) Future Orientation (alpha = .91), (b) Active Skill Acquisition (alpha = .79), and (c) Independence/Risk-Taking (alpha = .68). Each scale is rated on a 1 to 5 scale from strongly disagree to strongly agree. Subscales are reported but there is no total score.

The scale was developed using three adolescent populations: 9th grade students, rural grade 7-12 students and residents of an adolescent psychiatric treatment facility. This scale shows promising psychometric properties. Cronbach alphas for the three factors is 1) Future Orientation (alpha = .91), 2) Active Skill Acquisition (alpha = .79), and 3) Independence/Risk-Taking (alpha = .68). The subscales correlate with a measure of coping from .4 to .6. Jew and Green found the scale effectively differentiates between institutionalized and non-institutionalized adolescents as well as between self-reported "at-risk" versus "not-at-risk" students. The scale focuses on individual dispositional attitudes and does not include any of the other higher order categories of resilience (family support /cohesion and external support systems) previously identified by resiliency researchers.

Conceptual categories: individual

Purpose: screening

11. Adolescent Resilience Scale (ARS) (Oshio, Kaneko, Nagamine & Nakaya, 2003)

Oshio, A., Nakaya, M., Kaneko, H., & Nagamine, S. (2003). *Psychological Reports*, 93, 1217 - 1222

Description:

This scale was developed in Japan and consists of 21 items divided into three factors: (a) Novelty Seeking, (b) Emotional Regulation, and (c) Positive Future Orientation. Chronbach Alphas for the total scale (.85) and three factors were all acceptable (Novelty Seeking .79; Emotional Regulation .77; Positive Future Orientation .81). In a validation study (n=207; males and females, ages 19-23), as well as the ARS, subjects were given a 30-item negative events scale (Yes/No) and a 28-item general health questionnaire (4-point Likert scale). Correlations averaged about .75 among the resilience total and subscales. There were no significant correlations between the resilience items and negative life events, but correlations between -.26 and -.49 with the general health measure. Subjects were then divided into three clusters on the basis of the Negative Event and General Health scores: Cluster 1- Well-adjusted, Cluster 2-Vulnerable and Cluster 3-Resilient. Differences were found between clusters for all Resilience scores with clusters 1 and 3 much the same and better than 2. The conclusion drawn was that "Construct validity is supported"

1. Well Adjusted Means:	NE 10.51	GH 1.87
2. Vulnerable	NE 19.57	GH 2.66
3. Resilient	NE 22.20	GH 1.91

Conceptual categories: individual

Purpose: screening

12. The Resiliency Attitudes and Skills Profile (RASP) (Hurtes & Allen, 2001)

Hurtes, K.P., & Allen, L.R. (2001). Measuring resiliency in youth: The Resiliency Attitudes and Skills Profile. *Therapeutic Recreation Journal*, 35 (4), 333-347.

Description:

This 34-item scale was designed to measure resiliency attitudes in seven dimensions (insight, independence, creativity, humour, initiative, relationships and values orientation) in youth ages 12-19 years for recreation and other services providing interventions.

Conceptual categories: individual

Purpose: screening

Adolescents & Adults

13. Resilience Scale (RS) (Wagnild & Young, 1993) available from www.resiliencescale.com

Wagnild, G.M., & Young, H.M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1, 165-178.

Description:

The 25-item RS measures the degree of individual resilience through five components: equanimity, perseverance, self-reliance, meaningfulness, and existential aloneness. All items are scored on a 7-point scale from 1=disagree to 7=agree. A 14-item version (RS-14) is also available. The scale is simple to read and administer. It is derived from interviews with "resilient" individuals and measures personal attributes associated with resilience.

The RS has good psychometric properties and has been used successfully in many studies in several languages involving adults (including caregivers, first-time mothers, residents of public housing, immigrants, students, etc.) and adolescents. The scale has had strong reliability and validity support and has been used by thousands of researchers across the world over for more than 15 years. "Correlations with other instruments include those measuring morale (.54, .43, and .28), life satisfaction (.59 and .30), health (.50, .40 and .26), perceived stress (-.67 and -.32), symptoms of stress (-.24), depression (-.36) and self-esteem (.57) (O'Neal, 1999)."

Conceptual categories: individual

Purpose: screening

14. The Connor-Davidson Resilience Scale (CD-RISC and CD-RISC2) (Connor, K.M. & Davidson, J.R.T., 2003)

Connor, K.M. & Davidson, J.R.T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18, 76-82.

Description:

The CD-RISC is a self-report measure aimed at adults and older adolescents. As described the authors (2003), "Resilience may be viewed as a measure of stress coping ability and, as such, could be an important target of treatment in anxiety, depression and stress reactions. The CD-RISC is comprised of 25 items, each rated on a 5-point scale, with higher scores reflecting greater resilience. The scale has been administered in several studies to groups in the community, primary care outpatients, general psychiatric outpatients, a clinical trial of generalized anxiety disorder, and two clinical trials of PTSD. The scale demonstrated good psychometric properties and factor analysis yielded five factors. A repeated-measures ANOVA showed that an increase in CD-RISC score was associated with greater improvement in treatment for those with PTSD." It demonstrates good test-retest reliability and internal consistency. "The scale exhibits validity relative to other measures of stress and hardiness, and reflects different levels of resilience in populations that are thought to be differentiated among other ways, by their degree of resilience." The authors suggest that "resilience is quantifiable and influenced by health status (individuals with mental illness have lower levels of resilience than the general population" and "resilience is modifiable and can improve with treatment and great

improvement in resilience corresponds to higher levels of global improvement.” According to the authors, this is “the first demonstration that increased resilience, as operationally defined, can be associated with a pharmacologic intervention.” Several studies, including those in other countries (e.g., Turkey, China), have confirmed the psychometrics if not the five-factor structure.

In a recent UK psychometric review of resilience measures using stringent quality assessment criteria (Windle, 2010), the CD-RISC was rated in the top four in respect to its psychometric properties. In terms of its conceptual adequacy, however, it only looks at one higher order category of resilience (i.e., individual dispositional attitudes) of the three that are generally accepted by researchers, thus excluding family support/cohesion, and external support systems.

In 2007 (Sills & Stein, 2007), a 10-item version was created to address the unstable factor structure in three samples of US college students (n=500). The unidimensional scale that emerged has demonstrated good internal consistency and construct validity. The CD-RISC2 is an abbreviated version consisting of two items taken from the CD-RISC and designed for clinical assessment purposes. Based on recent studies, it appears to have sound psychometric properties and may be useful to identify patients who may be vulnerable to the development of neuropsychiatric disease.

Conceptual categories: individual

Purpose: screening, profiling for intervention, and monitoring/measuring change

The psychometric properties of the following two resilience measures will not be discussed in this compendium.

15. The Ego Resilience 89 Scale (ER 89) (Block & Kremen, 1996)

Block, J., & Kremen, A. M. (1996). IQ and ego resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology, 70*, 349-361.

Description:

This simple 14-item unidimensional self-report scale is designed to measure ego resiliency (a stable personality characteristic) in older adolescents/young adults (study groups: 18 and 23 years).

Conceptual categories: individual

Purpose: screening

16. Ego Resiliency (Bromley, Johnson & Cohen, 2006)

Bromley, E., Johnson, J.G. & Cohen, P. (2006). Personality strengths in adolescence and decreased risk of developing mental health problems in early adulthood. *Comprehensive Psychiatry, 47* (4), 315-324.

Description:

This 102-item self-report scale was designed to measure ego resilience in older adolescents and young adults (study groups: 18 and 23 years).

Conceptual categories: individual

Purpose: screening

Strength-based, hardiness and protective/risk factors measures:

Strengths-based

Preschoolers, only

17. Infant and Toddler Social and Emotional Assessment (ITSEA) (Briggs-Gowan & Carter, 1998; Carter, Little, Briggs-Gowan & Kogan, 1999)

Briggs-Gowan, M.J. & Carter, A.S. (1998). Preliminary acceptability and psychometrics of the Infant-Toddler Social and Emotional Assessment (ITSEA): A new adult-report questionnaire. *Infant Mental Health Journal, 19*, 422-445.

Description:

The items in the ITSEA were developed from clinical observation and existing checklists and piloted in a pediatric clinic. It is completed by parents at home. It can be used with children from 1 to 3 years and could be used by educators in pre-school settings. There are 5 scales: competencies, empathy, pro-social and peer relations. The measure includes attentions skills as well as compliance. There are strength-based items, but the measure focuses primarily on problem behavior. A drawback is the length of time to complete it.

Conceptual categories: individual

Purpose: screening (?)

18. Penn Interactive Play Scale (PIPPS) (Fantuzzo, Suttonsmith, Coolahan et al., 1995)

Fantuzzo, J., Suttonsmith, B., Coolahan, K.C., Manz, P.H., Canning, S., & Debnam, D. (1995). Assessment of preschool play interaction behaviors in young low-income children – Penn Interactive Play Scale. *Early Childhood Research Quarterly, 10*, 105-120.

Description:

This is a 36-item measure to be completed by preschool teachers for use with 3- to 5-year-olds. The measure contains items on emotional behavior, desirable social actions and lack of social connectedness. Its major drawback is the length of time to administer it.

Conceptual categories: individual

Purpose: screening, profiling for intervention (?)

19. Social Skills Rating Scale (SSRS-T) (Lyon, Albertus, Birkinbine & Naibi, 1996)

Lyon, M.A., Albertus, C., Birkinbine, J., & Naibi, J. (1996). A validity study of the social skills rating system-teacher version with disabled and no-disabled preschool children. *Perceptual and Motor Skills, 83*, 307-316.

Description:

This measure is an adapted version of the SSRS for older children (see “School Age” next section).

20. The Adaptive Social Behavior Inventory (ASBI) (Hogan, Scott & Baven, 1992)

Hogan, A.E., Scott, K.G., & Baven, C.R. (1992). EPPE Project. Adaptive Social Behaviour Inventory Child Questionnaire. *Journal of Psycho-Educational Assessments, 10*, 230-239.

Description:

This measure is a 30-item teacher rating scale to assess social competence in 3 to 5 year olds.

It has 3 scales: express, comply and disrupt. They measure cooperation and conformity, peer sociability, and antisocial behavior. It was developed on the basis of items used in other instruments and its purpose is to identify children with emotional and behavioral difficulties.

Conceptual categories: individual

Purpose: screening

21. The Early Development Instrument (EDI) (Offord, Janus & Walsh, 2001) available through the authors

Offord, D., Janus, M., & Walsh, C. (2001). *Population-level assessment of readiness to learn at school for 5-year-olds in Canada*. Ontario: The Canadian Centre for the Study of Children at Risk, McMaster University.

Description:

The EDI is a teacher rating scale assessing readiness to learn in preschool children in five areas: physical health, social competence, emotional health, cognitive development and communication skills. It was developed with an early years action group and practitioners.

Conceptual categories: individual

Purpose: screening

School Age (including Adolescents)

22. Social Skills Rating Scale (SSRS) Student Form (Gresham & Elliot, 1990)

Gresham, F. M., & Elliott, S. N. (1990). *Social Skills Rating System (SSRS)*. Bloomington, MN: Pearson Assessments.

Description:

The **Social Skills Rating System (SSRS)** Student Form (Gresham & Elliot, 1990), another more widely used and respected assessment tool, assesses several personal strengths characteristic of resilience. This measure assesses social skills, problematic behaviors and academic competencies. The instrument includes 10-item scales measuring cooperation ($\alpha=0.68$), assertion ($\alpha=0.59$), empathy ($\alpha=0.75$), and self-control ($\alpha=0.66$). Stability reliabilities for these scales average 0.58 (Gresham & Elliot, 1990). Thus, both internal consistency and stability reliabilities for the SSRS student form are below conventional levels of adequacy. It was designed as a screening tool to identify children from 5-18 years with behavior problems. It is reasonably brief and easy for teachers and parents to complete. A version for 3- to 5-year-old children has also been developed (see Lyon et al., 1996).

Conceptual categories: individual

Purpose: screening

23. Interpersonal Competence Scale (ICS) (Cairns, Leung, Gest & Cairns, 1995)

Cairns, R.B., Leung, M.C., Gest, S.D. & Cairns, B.D. (1995). A brief method for assessing social development: structure, reliability, stability and developmental validity of the interpersonal competence scale. *Behavior Research and Therapy*, 33, 725-36.

Description:

The ICS is an 18-item measure for children and youth from 8-16 years, and can be completed by teachers in a few minutes. It measures: social competencies, emotional behaviors and academic competencies.

Conceptual categories: individual

Purpose: screening

24. Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) see www.sdqinfo.com/ for more information and to download forms

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38, 581-86.

Description:

The SDQ is a brief screening tool for 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists in several languages. Each version includes between one and three of the following components: 1) 25 items on psychological attributes; 2) an impact statement that asks whether the informant thinks the young person has a problem; and 3) Follow-up questions—these versions contain the 25 items (modified to read “within the last month”) plus 2 additional follow-up questions about the effect of interventions.

All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales (5 items each):

- 1) emotional problems
- 2) conduct problems
- 3) hyperactivity/ inattention
- 4) peer social relationships
- 5) prosocial behaviour

Scales 2, 3, & 4 are added together to generate a “total difficulties” score. 10 items deal with strengths.

The same 25 items are included in questionnaires for completion by parents and teachers of 4-16 year old (Goodman 1997). A slightly modified informant-rated version is available for parents or nursery school teachers of 3- and 4-year-olds. Twenty-two of the items are identical, the item on reflectiveness is softened and two items on anti-social behavior are replaced by items on oppositionality. Self-report versions are available for children and youth 11-16 depending on their level of understanding and literacy. The questions ask about the same 25 traits, though the wording is slightly different (Goodman et al, 1998).

The measure has been used many times in studies around the world with good psychometric properties. It measures favorably with the Achenbach and other longer child problem-related scales. Its advantage is its brevity and ease of use by non-psychometricians as well as coverage across the age spectrum. While primarily problem-focused, it does include strengths related to resilience.

Conceptual categories: individual, external supports

Purpose: screening

25. Behavioral and Emotional Rating Scale (BERS) (Epstein & Sharma, 1998)

Epstein, M. (1999). The development and validation of a scale to assess the emotional and behavioral strengths of children and adolescents. *Remedial and Special Education*, 20, 5, 258-262.)

Description:

For ages 6 to 19 years, this 52-item scale was developed to provide parents and professionals with a standardized, norm-referenced, reliable and valid instrument to measure strengths. Many studies have been completed showing the BERS possesses strong psychometric properties and does not discriminate on the basis of race or ethnicity. It measures strengths in five areas: interpersonal strengths, family involvement, intrapersonal strengths, school functioning and affective strengths

Conceptual categories: individual, family & external supports

Purpose: screening, profiling for intervention

26. Search Institute Surveys— Profiles of Student Life -Attitudes and Behaviors Questionnaire (ABQ)

(Price, Dake, & Kucharewski, 2002 for Search Institute)

Price, J. H., Dake, J. A., & Kucharewski, R. (2002). Assessing assets in racially diverse, inner-city youths: Psychometric properties of the Search Institute asset questionnaire. *Family and Community Health, 25*, 1–9.

Description:

Search Institute’s surveys focus on “40 Developmental Assets” that their research shows are linked to positive outcomes. They are separated into external and internal assets and further sub-divided into four main areas including:

External: support, empowerment, boundaries and expectations, constructive use of time

Internal: Commitment to learning, positive values, social competence, positive identity

Surveys are available for youth (ABQ for Grades 6-12), middle childhood (Me and My World –MMW for Grades 4-6) to assess overall functioning of students in a school or educational organization. The Developmental Assets Profile is available to look at individuals (11-18 years) and small groups. Other surveys are designed to assess learning and working environments in schools and adult-youth engagement in the community. The adolescent survey has been administered to more than 1.5 million students.

“The Search Institute’s Attitude and Behavior Questionnaire (ABQ), the most commonly used asset assessment in the United States, is a 152-item questionnaire designed to assess 40 developmental assets among students in grades 6–12—including social competence, self-esteem, and social support in the school and home environments (Price, Dake, & Kucharewski, 2002). The instrument averages 2.3 items per subscale (asset), with 13 of the 40 Search Institute assets measured by just one item. Price et al.’s psychometric analyses of the ABQ indicated that the items assess eight developmental assets—with average internal consistency of 0.50 and stability reliabilities of 0.45 (Price et al., 2002). Thus, the ABQ has relatively poor psychometric properties. In addition, the ABQ is not built upon a strong theoretical approach and assesses only one environmental asset in the school domain (caring school climate).” [From Appendix D of Hanson, T. L., & Kim, J. O. (2007). *Measuring resilience and youth development: the psychometric properties of the Healthy Kids Survey*, p. 53-54 (Issues & Answers Report, REL 2007–No. 034). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West. Retrieved from <http://ies.ed.gov/ncee/edlabs>]

Conceptual categories: individual, family & external supports

Purpose: screening, profiling for intervention

27. Emotional Quotient Inventory (EQ-i:YV) (Bar-On & Parker, 2000; Bar-On, 2000) Available from Multi-Health Systems.

Bar-On, R. & Parker, J.D.A. (2000). Bar-On emotional quotient inventory. Youth version (Technical Manual). New York: Multi-Health Systems.

Bar-On, R. (2000). Emotional and social intelligence: Insights from the Emotional Quotient Inventory (EQ-i). In *Handbook of emotional intelligence*. Ed. R. Bar-On and J.D.A. Parker. San Francisco: Jossey-Bass.

Description:

The youth version of the EQ-I was derived from a literature review and the authors’ clinical experience and aims measurement of emotional and social intelligence. Both self-report and observer report forms are available for youth and children as young as six years. The EQ-i:YV for 7-18 year olds is available in 30- and 60-item versions. The measure can be used to assess individuals as well as whole classrooms or schools. It is also available in a 133-item adult version.

The 60-item measure has two validity scales (positive impression and inconsistency index) and 5 primary scales:

- Intrapersonal—ability to understand and express feelings and needs
- Interpersonal – ability to identify and respond to feelings of others
- Stress management – ability to manage and control emotions
- Adaptability – flexibility, reality-testing and problem-solving
- General mood – optimism and happiness

The 30-item version deletes the general mood scale and inconsistency index. The measure was developed and standardized on nearly 10,000 children in the US and Canada and age and gender norms are available from 7-18 years

as well as for other countries including the UK. Each scale can be used separately and strategies are available to improve emotional and social competence in areas where there are low scores.

Conceptual categories: individual

Purpose: screening, profiling for intervention

28. The Emotional and Behavioral Development Scale (EBDS) (Riding, Rayner, Morris et al., 2002)

Riding, R., Rayner, S., Morris, S., Grimley, M. & Adams, D. (2002). Emotional and Behavioral Development Scales. Birmingham, UK: Assessment Research Unit, School of Education, University of Birmingham.

Description:

This 21-item teacher rating scale can be completed in less than 5 minutes and is appropriate for children from 5-16 years. It was designed from the responses of educational psychologists working with emotionally and behaviorally disturbed children. The measure has three scales (7 items each): development, emotional behavior and academic performance.

Conceptual categories: individual

Purpose: screening

Adolescents, only

29. Strengths Assessment Inventory-Youth Version (SAI-Y) (Rawana, E.P., Brownlee, K. & Hewitt, J., 2009)

For more information contact lcnorth@lakeheadu.ca

Description:

This strength-based assessment tool was designed to measure strengths in domains related to naturally occurring structures in the environment including:

- Contextual domains (child's interaction with others): peers, family/home, school, employment, community
- Developmental domains (child's individual functioning): personality, personal and physical care, spiritual/cultural, leisure and recreation

This 123-item measure is designed to assess strengths in children and youth from 10-18 years old. The self-report measure is at a Grade 4 reading level; a version for significant others has been developed as well. It can also be completed on line and a profile is generated. The measure comes from the "Risk-Need Measure" taking 6 domains relating to internal strengths and excluding two areas (history of criminality and substance use). The measure is under psychometric evaluation, for more information contact the first author.

Conceptual categories: individual, family & external supports

Purpose: screening, profiling for intervention (?)

Hardiness measures

Adolescents and adults

There are several well-tested measures of hardiness that are appropriate for use with adolescents as well as adults. These will only be described briefly in this section.

30. Personal Views Survey III and III-R (PVS III) (Hardiness Institute, 1985)

Maddi, S.R. (1997). Personal Views Survey II. In C.P. Zalaquett & R.J. Wood (Eds.). *Evaluating stress: A book of resources* (pp. 293-309). Lanham, MD: Scarecrow Press, Inc.

Description:

This measure is based on the original work of Kobasa who hypothesized that “highly stressed people who stay healthy possess to greater extent than highly stressed persons who get sick: a) the belief they can **control** or influence the events of their experience, b) an ability to feel deeply involved in or **committed** to the activities of their lives, and c) the anticipation of **change** as an exciting challenge to further development measuring commitment, control and challenge (Kobasa, 1979a, p. 415).” These three components comprise *hardiness* a “personal stance that facilitates coping effectively with stressful circumstances (Maddi, 1997).”

The PVS III selects the best 30 items from the PSV II (Maddi, 1997; an earlier version with 45 items). Responses range from 0 to 4 (complete disagreement to complete agreement). It can be administered independently or as part of the HardiSurvey, a 106-item survey (or shorter revised HardiSurvey-R) that not only looks at hardy attitudes but also the resources of work support, family support and hardy coping as well as vulnerability factors such as stress, strain and regressive coping. The measure provides scores for commitment, control and challenge as well as a total score. The PSV III-R is the revised version containing 18 items. The measure can be used for a range of ages, from adult to adolescents in the general population as well as in institutionalized groups.

A number of studies have shown the PVS measures to have adequate internal consistency (.70-.75 for commitment, .61-.84 for control and .60 to .71 for challenge. Factor analyses have confirmed the three components of hardiness. These measures and their predecessors have been shown to correlate with several standardized measures: low anxiety (.30 and .32 on the STAI), negative affectivity (-.46 on the Hopkins Symptom Checklist) and overall personality issues (.40 to .50 range with MMPI) among others.

Conceptual categories: individual

Purpose: screening, profiling for intervention

31. Cognitive Hardiness Scale (CHS) (Nowack, 1989)

Nowack, K.M. (1989). Coping style, cognitive hardiness, and health status. *Journal of Behavioral Medicine*, 12, 145-158.

Description:

This scale purports to measure hardiness more directly, i.e., 1) commitment as opposed to alienation, 2) attitudes toward life changes as challenge as opposed to threats, and 3) beliefs in one’s sense of control over significant life outcomes. The scale consists of 30 items on a 1 to 5 scale (strongly disagree to strongly agree). A total score as well as three subscales are provided.

Conceptual categories: individual

Purpose: screening, profiling for intervention (?)

32. Psychological Hardiness Scale (PHS) (Younkin and Betz, 1996)

Younkin, S.L., & Betz, N.E. (1996). Psychological hardiness: A reconceptualization and measurement. In T.W. Miller (Ed.), *Theory and assessment of stressful life events. International Universities Press stress and health series* (pp. 161-178). Madison, CT: International Universities Press, Inc.

Description:

The PHS consists of 40 items answered on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). It was a response to shortcomings identified by the authors in earlier measures of hardiness that divided hardiness into three components. They propose a unidimensional instrument designed to measure hardiness directly rather than indirectly (through negative indicators).

Conceptual categories: individual

Purpose: screening

Protective & Risk Factors Measures

33. Baruth Protective Factors Inventory (BPF) (Baruth and Carroll, 2002)

Baruth, K.E., & Carroll, J.J. (2002). A formal assessment of resilience: The Baruth Protective Factors. *Journal of Individual Psychology, 58*, 235-244.

Description:

This measure was designed for adults but has been used with adolescents although there is a lack of research evidence to support use with this age group. "A formal psychological inventory to identify resiliency factors in individuals was developed by Baruth and Carroll (2002). The Baruth Protective Factors Inventory (BPF) is a 16-item scale that delineates four protective factors: (a) Adaptable Personality, (b) Supportive Environment, (c) Fewer Stressors, and (d) Compensating Experiences. The authors noted that further reliability and validity testing of this instrument is indicated and specifically found that the items developed for the Fewer Stressors subscale did not correlate highly with the other three subscales. This latter finding appears to support Ratican's (1992) observation that the level of stress exhibited by trauma survivors did not necessarily correspond with the amount or severity of trauma experiences and Rutter's (1987) assertion that exposure to mild prior stressors might facilitate resiliency later on (from Bogar, C. B. 2006. Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. *Journal of Counselling and Development*)."

Conceptual categories: individual, family

Purpose: screening

34. Communities That Care Youth Survey (CTC) (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002)

Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, A. J. (2002). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors. *Evaluation Review, 26*(6), 575–601.

Description:

"The CTC was designed to assess an array of risk and protective factors among adolescents aged 11 to 18, including family attachment, peer pro-social involvement, and opportunities for pro-social involvement and recognition of pro-social involvement in the school, family, and community domains (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). The instrument contains an average of 3.3 items per protective factor measured, with a mean alpha of 0.75 (Arthur et al., 1996). The protective factor scales have demonstrated respectable internal consistency on large national samples (Beyers, Toumbourou, Catalano, Arthur, & Hawkins, 2004). Although the content of the CTC survey overlaps with the resilience and youth development module, its coverage of environmental and internal assets is more limited. Just two are used to measure opportunities for pro-social involvement and just three for recognition of pro-social involvement in the school domain. These constructs exhibited internal consistency reliabilities of 0.55 and 0.60. No test-retest reliabilities have been reported." (Taken from Hanson, T. L., & Kim, J. O. (2007). *Measuring resilience and youth development: the psychometric properties of the Healthy Kids Survey*. (Issues & Answers Report, REL 2007–No. 034). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West.)

Conceptual categories: family & external supports (risk and protective factors)

Purpose: screening

35. Child Development Project (CDP) (Battistich, 2003; Battistich, Schaps, Watson, Solomon, & Lewis, 2000; Battistich, Schaps, & Wilson, 2004)

Battistich, V. (2003). Effects of a school-based program to enhance prosocial development on children's peer relations and social adjustment. *Journal of Research in Character Education, 1*(1), 1–17.

Battistich, V., Schaps, E., & Wilson, N. (2004). Effects of an elementary school intervention on students' "connectedness" to school and social adjustment during middle school. *Journal of Primary Prevention, 24*(3), 243–261.

Battistich, V., Schaps, E., Watson, M., Solomon, D., & Lewis, C. (2000). Effects of the child development project on students' drug use and other problem behaviors. *Journal of Primary Prevention, 21*(1), 75–99.

Description:

“Several environmental and internal asset scales have been developed for the **Child Development Project (CDP)** (Battistich, 2003; Battistich, Schaps, Watson, Solomon, & Lewis, 2000; Battistich, Schaps, & Wilson, 2004). The items, designed for students in grades 3–6, assess sense of school community (18 items, alpha=0.81), trust and respect for teachers (6 items, alpha=0.79), positive teacher-student relations (3 items, alpha=0.63), and peers' positive involvement in school (5 items, alpha=0.78). The CDP instrument also assesses personal and social attitudes consistent with resilience theory, including concern for others (10 items, alpha=0.80), efficacy (9 items, alpha=0.81), and global self-esteem (3 items, alpha=0.79). The domains covered by CDP are consistent with Benard's (2004) resiliency framework, and the protective factor scales demonstrate respectable internal consistency reliability, particularly given that the instrument targets elementary school students. However, with 147 items, the instrument is too lengthy for widespread administration in California school settings.” (Taken from Hanson, T. L., & Kim, J. O. (2007). *Measuring resilience and youth development: the psychometric properties of the Healthy Kids Survey*. (Issues & Answers Report, REL 2007–No. 034). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West.)

Conceptual categories: individual, family & external supports (risk and protective factors)

Purpose: screening, profiling for intervention

Three additional measures are listed below but will not be discussed in this compendium.

36. Rochester Evaluation of Asset Development for Youth (READY) (Klein et al., 2006)

Klein, J. D., Sabaratnam, P., Auerbach, M. M., Smith, S. M., Kodjo, C., Lewis, C., Ryan, S., & Dandino, C. (2006). Development and factor structure of a brief instrument to assess the impact of community programs on positive youth development: The Rochester evaluation of asset development for youth (READY) tool. *Journal of Adolescent Health, 39*, 252–260.

37. Individual Protective Factors Index (Springer & Philips, 1995)

Springer, J. F., & Philips, J. L. (1995). *Individual protective factors index: A measure of adolescent resiliency*. Folsom, CA: EMT Associates.

38. Youth Asset Survey (YAS) (Oman et al., 2002)

Oman, R. F., Vesely, S. K., McLeroy, K. R., Harris-Wyatt, V., Aspy, C. B., Rodin, S., & Marshall, L. (2002). Reliability and validity of the Youth Asset Survey (YAS). *Journal of Adolescent Health, 31*, 247–55.

Resilience Measures

SCALE (# in compendium)	AUTHORS	AGE
<i>Adolescent Resilience Questionnaire (ARQ)-revised</i> (#7)	(Gartland et al., 2006)	11-19 yrs.
<i>Adolescent Resilience Scale (ARS)</i> (#11)	(Oshio, Kaneko, Nagamine & Nakaya, 2003)	teens
<i>Assessing Developmental Strengths questionnaires (ADS)</i> (#5)	(Donnon & Hammond, 2007)	CR: 5-8 yrs.; YR: 7-12 yrs.; AR: adults
<i>Brief Resiliency Checklist (BRC)</i> (#8)	(Vance and Sanchez)-	Teens
<i>Child & Youth Resilience Measure (CYRM)</i> (#4)	(Ungar, M. & Leibenberg, L., 2009)-	12 -23 yrs.
<i>Connor-Davidson Resilience Scale (CD-RISC/CD-RISC2)</i> (#14)	(Connor, K.M. & Davidson, J.R.T., 2003)	Adults/ older teens
<i>Devereux Early Childhood Assessment Program (DECA)</i> (#1)	(LeBuffe & Naglieri, 1998)	2-5 yrs.
<i>Devereux Student Strengths Assessment (DESSA/DESSA-mini)</i> (#2)	(LeBuffe, Naglieri & Shapiro)	5-14 yrs.
<i>Ego Resilience 89 Scale (ER 89)</i> (#15)	(Block & Kremen, 1996)	18+ yrs.
<i>Ego Resiliency</i> (#16)	(Bromley, Johnson & Cohen, 2006)	18+ yrs.
<i>Resilience and Youth Development Module (RYDM) of the California Healthy Kids Survey</i> (#6)	(Constantine & Benard, 2001; Constantine, Benard, & Diaz, 1999)	elementary/ secondary students
<i>Resilience Scale (RS)</i> (#13)	(Wagnild & Young, 1993)	adults/ older teens
<i>Resilience Scale for Adolescents (READ)</i> (#9)	(Hjemdal et al., 2006)	13-18 yrs.
<i>Resiliency Attitudes and Skills Profile (RASP)</i> (#12)	(Hurtes & Allen, 2001)	12-19 yrs.
<i>Resiliency Scale (RS)</i> (#10)	(Jew, Green & Kroger, 1999)	children/ teens
<i>Resiliency Scales for Children & Adolescents (RSCA)</i> (#3)	(Prince-Embury, 2005, 2006)	9-18 yrs.

Hardiness Measures

SCALE	AUTHORS	AGE
<i>Personal Views Survey III and III-R (PVS III)</i> (#30)	(Hardiness Institute, 1985)	teens/adults
<i>Cognitive Hardiness Scale (CHS)</i> (#31)	(Nowack, 1989)	teens/adults
<i>Psychological Hardiness Scale (PHS)</i> (#32)	(Younkin and Betz, 1996)	teens/adults

Strength-based Measures

SCALE	AUTHORS	AGE
Adaptive Social Behavior Inventory (ASBI) (#21)	(Hogan, Scott & Baven, 1992)-.	3-5 yrs
Behavioral and Emotional Rating Scale (BERS) (#25)	(Epstein & Sharma, 1998)	6-19 yrs.
Early Development Instrument (EDI) (#21)	(Offord, Janus & Walsh, 2001)-	5 yrs. and under
Emotional and Behavioral Development Scale (EBDS) (#28)	(Riding, Rayner, Morris et al., 2002)	5-16 yrs.
Emotional Quotient Inventory (EQ-i:YV) (#27)	(Bar-On & Parker, 2000; Bar-On, 2000)	7-18 yrs
Infant and Toddler Social and Emotional Assessment (ITSEA) (#17)	(Briggs-Gowan & Carter, 1998; Carter, Little, Briggs-Gowan & Kogan, 1999)	1-3 yrs.
Interpersonal Competence Scale (ICS) (#23)	(Cairns, Leung, Gest & Cairns, 1995)	8-16 yrs.
Penn Interactive Play Scale (PIPPS) (#18)	(Fantuzzo, Suttonsmith, Coolahan et al, 1995)	3-5 yrs.
Social Skills Rating Scale (SSRS-T) (#19)	(Lyon, Albertus, Birkinbine & Naibi, 1996)	< 5yrs.; .
Search Institute Surveys— Profiles of Student Life - Attitudes and Behaviors Questionnaire (ABQ) (#26)	(Price, Dake, & Kucharewski, 2002 for Search Institute)	Grades 4-6 & 6-12
Social Skills Rating Scale (SSRS) (#22)	(Gresham & Elliot, 1990)	5-18 yrs.
Strengths Assessment Inventory-Youth Version (SAI-Y) (#29)	(Rawana, E.P., Brownlee, K. & Hewitt, J., 2009)	10-18 yrs.
Strengths and Difficulties Questionnaire (SDQ) (#24)	(Goodman, 1997)	3-16 yrs.

Protective/Risk Factors Measures

SCALE	AUTHORS	AGE
Baruth Protective Factors Inventory (BPF) (#33)	(Baruth & Carroll, 2002)	adults/teens?
Child Development Project (CDP) (#35)	(Battistich, 2003; Battistich, Schaps, Watson, Solomon, & Lewis, 2000; Battistich et al., 2004)	Grade 3+
Communities That Care Youth Survey (CTC) (#34)	(Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002)	11-18 yrs.
Individual Protective Factors Index (#37)	(Springer & Philips, 1995)	teens
Rochester Evaluation of Asset Development for Youth (READY) (#36)	(Klein et al., 2006)	teens
Youth Asset Survey (YAS) (#38)	(Oman et al., 2002)	teens