

EVALUATING THE SHOPPING AISLES FOR EMOTIONAL NEEDS (SAFEN)
ASSESSMENT: PROMOTING THE EMOTIONAL HEALTH NEEDS OF
CHILDREN AND YOUTH

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Abstract

This creative thesis consists of a preliminary evaluation of SAFEN (Shopping Aisles for Emotional Needs), a self-assessment design for youth. SAFEN engages youth in identifying their internalizing feelings, strengths, needs, and wants through a “metaphorical shopping experience” in which they pick from items within 10 Domains, referred to as “aisles”. Three central questions guided the research: 1. Can SAFEN be used as a tool to identify the needs of youth living in contexts of risk? 2. Does SAFEN provide a feasible framework for youths’ expression of their emotional needs? 3. Can SAFEN, contribute to more understanding and caring relationships between youths and the service providers working with them? The Shopping Aisles for Emotional Needs (SAFEN) was administered to 21 youth participants of the Dixon Hall Neighbourhood Services (youth division), 16 females 5 males, between the ages of 13-17 years old. Two expert youth counsellors at the centre participated in the research evaluation in the feedback component of the SAFEN evaluation. Both workers were female. Youths identified items in each of the 10 aisles that indicated their emotional needs. These items were collated into a profile for each youth that was shared with the youth workers. On a feedback questionnaire, all youths indicated that SAFEN was easy to complete and allowed them to express themselves. Almost all youth indicated that SAFEN would be a good tool to use to help service providers understand them better. The youth workers’ feedback was similarly enthusiastic. They noted that SAFEN could help them understand the youths at a deeper level and in a more systematic and comprehensive way. Not only did they come to understand the youths and their needs, but they felt that SAFEN would enable them to advocate for the youths in the contexts of their schools and communities. This preliminary evaluation reveals that SAFEN is a feasible tool to use with youth: it engages them in sharing their perspectives of their strengths, needs, and wants, which provides valuable insights for service providers to better understand youths’ emotional lives. The results of this study have implications for prevention and early intervention work, counselling, emotional health and relationship building efforts.

Keywords: youth; risk assessments; behavioral assessments; needs assessments; emotional health; mental health; subjective wellbeing; emotional validation; emotional invalidation; emotional deprivation; youth voice; internalizing feelings; externalizing behaviors, causal attributions, misattribution, situational factors, dispositional factors; pathologizing; non-pathologizing; mental health; client-worker relationships; Maslow’s hierarchy of needs theory; strain theory, ecological systems theory; attribution theory, fundamental attribution error; transactional theory.

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Preface

All children and youth deserve to be understood. The behavior of children and youth does not always have to be understood solely in the context of discipline, or a pharmacological fix, to repair social behavior. Understanding the situations of these students is far more productive in leading to more positive outcomes than simple punishment and can reveal where greater balance may be needed or where change is called for to encourage more happiness or reset emotional well-being.

The obligation under article 39 of the The United Nations Convention on the Rights of the Child (UNRC) states:” children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society” (CRC, United Nations General Assembly, 1989). This requires that there not just be tools designed to identify risk, problems and pathology but rather child-youth friendly tools such as the SAFEN, one that is proactive in its approach, and restorative in its intent to assess areas of emotional need. Children who have suffered from various forms of abuse, need assessment tools that are designed to restore their sense of self. There is an over-reliance on "categories", "ideals", and "objectivity" and a failure to appreciate the significance of internal experiences.

As a civilized society, too often, we respond to the internalizing feelings of children and youth only in times of crisis. This thesis introduces and evaluates SAFEN (Shopping Aisles for Emotional Needs), an interdisciplinary constructed tool that helps young people communicate internal emotional states that will be clearly understood by professionals working with them.

CHAPTER ONE

1.1 Introduction

“The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born”

(UNICEF, Innocenti Report card 7, 2007).

Interest in the detection of children and adolescents at-risk for emotional disorders or behavioural problems has increased in the last two decades (Blanco et al., 2015; Carli et al., 2014). Going by the criteria embedded in the UNICEF declaration above, one needs to ask the question whether Canada is neglecting its youth when it comes to ensuring the optimization of their emotional health and wellbeing. Lately, this question is being asked with increased frequency in the media and by advocates of youth. This question seems to have originated with a host of worrisome recent research findings. A particularly significant finding comes from the 2013 UNICEF Innocenti Report Card. The report card presented data on the overall well-being of youth, in which Canada ranked 17th out of 29 nations included in the survey (UNICEF Innocenti Report Card, 2013). The UNICEF report card also highlighted that 28 % of 15-year olds in Canada reported regular cannabis use, which represents a higher proportion of teenage cannabis use than in any other developed country.

A 2012 survey, as reported to the public by former Toronto District School Board director, Donna Chau, indicated that there had been over 700 suicide attempts among students in Toronto schools (Toronto District School board 2012-2013 Census Report). The Kids Help Phone “Teens Talk 2016 Report”, based on a national online survey, indicated that 22% of

youths surveyed had considered suicide in the previous 12 months. Furthermore, 46% who considered suicide had formulated a plan (i.e., thought about how, when and where they would attempt suicide). Interestingly, 47% didn't speak to anyone about it. Youth most frequently contacted Kids Help Phone to discuss mental and emotional health (31%), peer and family relationships (28%), and suicide and suicide-related issues (9%). Girls who called Kids Help Phone were twice as likely as boys to have reportedly considered taking their own lives. According to Ian Manion, "the number of young people who are suffering in silence is significant" (Andrew Russell, GlobalNews.ca, 2016).

Sometimes children and young people can't talk to us about the distress they feel. They may not have the words or the courage to easily express themselves. They may feel shy, embarrassed, guilty, or ashamed. Attempting to talk to them using adult logic, most children or young people will "turn off." How then, can we best talk to children about their fears and problems? How then can we get through to them, to let them know that we understand and offer them ways to manage their fears and find comfort?

Part of the problem may arise from the tendency to screen children with crisis-prevention and risk assessment tools that do not focus on children's unmet emotional needs or emotional deprivations, which may be contributing to their destructive behaviors to self and others (Artz et al., 2004). Furthermore, Sroufe and colleagues (2009) noted that there is a general failure to appreciate the situational factors involved in shaping child and youth development, together with a tendency to assume that the presenting problems are pathological in origin. The Shopping Aisles for Emotional Needs Assessment (SAFEN) has been developed as an easy and practical tool to consider youth emotional wellbeing and the situational factors in the lives of youth.

1.2 Objectives of the present study

All youth have fundamental emotional needs for protection, safety, consistency, security, and trusting relationships (Reinsberg, 2014). In this thesis, I sought to evaluate the feasibility and utility of SAFEN as an assessment tool that provides youth with a means to express their needs so that the adults in their lives can understand and better support them emotionally and relationally. My argument is that SAFEN can play a major role in enhancing the capacity of youth serving organizations to be attuned and responsive to the emotional needs of youth, while promoting nurturing relationships between workers and youth clients. In this way, youth workers will be better prepared to mitigate the adverse effects of risks to the mental and emotional health of their youth clients. I expect that SAFEN can help youth-serving organizations look beyond youths' externalizing behaviors to recognize their internalizing feelings. SAFEN enables youth to identify their emotional needs; it challenges all of us who are responsible for youth to respond to their needs and listen to their voices.

CHAPTER TWO

2.1 The Neglect of Emotional Health in Youth Assessment

Emotional health, a concept synonymous with wellbeing, is vital to living a life of wholeness, balance, and contentment. Emotional health is a state of positive psychological functioning. It can be thought of as an extension of mental health; it is the "optimal functioning" end of the thoughts, feelings, and behaviors that make up both our inner and outer worlds (Virag, 2015). It includes an overall experience of wellness in what we think, feel, and need. Sometimes, when people discuss mental health, they are referring to the concepts of emotional health and wellbeing. Indeed, the terms mental health and emotional health can be used interchangeably. However, many times there is a difference between the two. The definition of mental

health typically refers a state of being, related to the brain/mind and thoughts, feelings, and behaviors, that exists on a spectrum from optimal functioning to debilitating mental illness (Virag, 2015)

Emotional health is a critical part of youth well-being yet given little consideration in the mental health prevention literature. The literature on youth mental health is extensive; however, emotional health is often overlooked in psychiatry or psychology. Many factors can negatively impact the emotional wellbeing of youth and may result in the youth demonstrating distressed behaviour, but this does not necessarily constitute a clinical mental health issue. For the purpose of the present research, it is important to define and distinguish between mental and emotional health. According to the WHO (World Health Organization), mental health is:

... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." According to the World Health Organization (WHO, 2001), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others". The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community (World Health Organization, 2014).

In the above definition, the World Health Organization is not explicit about the fundamental component of emotional health. The reference to 'wellbeing' implies that it is a kind of psychological homeostasis, which is related to normal functioning that has little to do

with the absence of pathological pre-disposing factors, and much to do with socio-environmental integrity.

The emotional needs of children and youth are often overlooked when it is these factors that may provide the basis for an early prevention and intervention strategy by uncovering the underlying causes of unhealthy emotional and behavioral health. These factors are difficult to assess solely by means of quantitative methods of investigation and analysis (Cowley et al., 1996). Although research has shown that youth with unmet emotional needs are at a significant risk for developing a variety of mental health and behavioural problems (Hara, 1995), many assessment tools fail to incorporate emotional needs into their clinical and non-clinical youth assessment and screening tools to capture social and emotional wellbeing (Tasman and Mohr, 2011).

It may be argued by some that to fully prevent mental illness, especially in youth, one must first take care of their emotional health. In other words, emotional health precedes mental health. Emotional health is not merely the dearth of mental health problems, just as the absence of depression does not mean that someone is happy or emotionally healthy. Emotional health is characterized by positive experiences, meaning that positive emotions and nurturing relationships are pertinent to achieving emotional health. The Help Guide (2016) describes emotionally healthy people as having a sense of contentment, a zest for life, the ability to deal with stress and obstacles, a sense of meaning and purpose in life, flexibility to learn and adapt, a balance between work and play, the ability to create and maintain relationships, and self-confidence and high self-esteem.

Mental and emotional health, while separate in their own ways, are both necessary and work together cohesively. Many of our feelings are created through cognitive reasoning and

processing of the situation at hand. These two separable, yet complementary realms of health work together to ensure our overall wellbeing. The tendency to ignore emotional health as an essential component of mental health lies at the root of the problem of both diagnosis of deviant behaviour amongst children and youth. What needs to be confronted is the tendency of the psychiatric community to exclude emotional health as an essential component of mental health and to overlook external factors of a socio-environmental nature, in their concern with bio-deterministic explanations. This is not to say that pathological factors may not be responsible in certain cases of atypically dysregulated behaviors; however, the evidence seems to suggest that in most cases, it is those very socio-environmental factors that are the ultimate causes of inappropriate behavior among children and youth in care settings. Just as the under-nourished youth requires a carefully balanced diet to build up or restore him/her physically, so judiciously, emotional health care is needed to prevent poor mental health (Pringle 2002).

An emotional health-based paradigm offers a different language to describe youths' and families' difficulties and struggles. It allows those working with them to see opportunities, hope and solutions rather than just problems and hopelessness (Hammond, 2012). An emotional health perspective avoids labeling and assumes power in youth and families to help themselves as well as casting service providers as partners rather than as experts, authorities, initiators and directors of the change process. This fundamental shift means working with and facilitating rather than fixing, focusing on emotional health rather than clinical dysfunction, and turning away from limiting labels and diagnosis to wholeness and well-being. Thus, embracing an emotional health-based paradigm, such as the SAFEN model, encourages seeing beyond the risk behaviour and characteristics of youth and focusing instead on the situational and contextual factors associated with poor emotional and behavioural functioning.

CHAPTER THREE

3.1 Current Assessment Practices and What is Limiting About Them?

Conducting assessments for all children has both benefits and challenges (National Research Council, 2008.). Many of the assessment and screening tools used with children and youth in the juvenile justice system, youth mental health prevention and education fields, are constructed using DSM-Oriented Scales. Many of these tools have ignored the context in which the youth reside (Lou, 2008). Current research now supports the notion that the well-being of youths is not simply the product of their internal characteristics but rather the interaction between the youth and the environment (Austin, 2013). Although much has been written about the emotional problems of children and adolescents and the impact of these problems on their families, the study of behavioral, emotional, and learning problems has been dominated by models stressing individual pathology (UCLA, 2008). This is evident in the assessment tools used to screen and/or assess youth (UCLA, 2008). The dominance behavioral system (DBS) can be conceptualized as a biologically-based system which guides dominance motivation, dominant and subordinate behavior, and responsivity to perceptions of power and subordination (Johnson, Leedom, & Muhtadie, 2012). Overemphasis on classifying problems in terms of individual pathology skews theory, research, practice, and public policy (Adelman & Taylor, 2010). One example is seen in the fact that comprehensive classification systems do not exist for psychosocial problems (caused by the transaction of internal and environmental factors). Furthermore, because so much discussion focuses on individual pathology, assessment tools have not been developed in ways that adequately account for psychosocial or emotional problems (Center for Mental Health in Schools at UCLA, 2008)

It has been known since the early 1970s that youth risk assessment does not necessarily assist us in determining youth needs and services (Artz, 2010). Still, many assessment tools today are principally designed to identify youth at risk for delinquency and psychopathology (Semel, 2014). For example, where young people and crime are concerned, interventions are often focused on risk assessment rather than need assessment. Furthermore, many scholars have been critical of the shortcomings and limitations of risk assessment tools. For example, Case raised serious doubts about the legitimacy of risk assessments, warning against the institutional tendency of ‘stigmatising, marginalising and criminalising young people through risk-based targeting’ (Case, 2006 pg173).

Risk assessments often overlook the underlying causes of unhealthy behaviours and choices (Strega, 2009). The focus of these tools is primarily on future harm and not enough on the processes and consequences of cumulative harm (Goddard et al., 1999). However, the affective element that they tend to marginalize, has to do with the emotional lives, of emotionally deprived children and youth, affecting their self-esteem and behavioural patterns. None of us can separate our cognitive and emotional lives; they are inextricably bound together (LeDoux, 1996; Pert, 1997).

There are important concerns raised about the suitability of these tools for Indigenous communities and other minority and marginalised groups (Maiter, 2009). Clark (2001) agrees, noting that a problem focused assessment does not work with youth, because young people are active and generative and the severity, magnitude and frequency of their problems are constantly changing. Clark further suggests, that child and youth care workers do youth a profound disservice if they take an approach that represents their problems as static and constant, as this implies that a youth's presenting complaints have a quality of permanence that is contradictory to

the idea of change. Consequently, there has been movement in the field of youth development away from a psychopathology perspective towards a positive youth development perspective (Lerner, 1995; Eccles et al, 2009).

CHAPTER FOUR

4.1 Measure Review

The Ontario Centre for Excellence in Child and Youth Mental Health (CYMH), developed a resource hub for evidence-informed assessment tools related to developmental difficulties and mental health disorders. As background for this thesis, I reviewed all 467 measures located on the resource hub. I identified 105 assessment tools that focused on child and youth mental health. Subsequently I categorized the scales of these tools into 26 domains. A review of these domains and the number of measures that assessed each domain indicated that the majority of measures focus on behavioral problems, pathology, and personality functioning, rather than on the emotional wellbeing and psychosocial needs of youth (see Figure 1 for frequency of domains assessed). Of the 26 domains identified on the measures, 15 assessed problem behaviours, including youth functioning and mental health, family, school and community problems. The remaining 11 domains assessed strengths, such as coping, problem solving, and social-emotional and language skills. The tools that assessed these strengths, however, generally presented them as problems that the youth might be experiencing.

Another concern is that none of the 10 tools that assess quality of life and wellbeing, nor the 24 tools that assess self-perceptions engage youth, themselves, to contribute their own perspectives (i.e., self-report). Omitting the youths' perspectives and voices is not in keeping with the United Nations Convention of Rights for the Child (Article 12), which identifies respect

for the views of the child, the right to active voice and participation (Convention on the Rights of the Child, 1989).

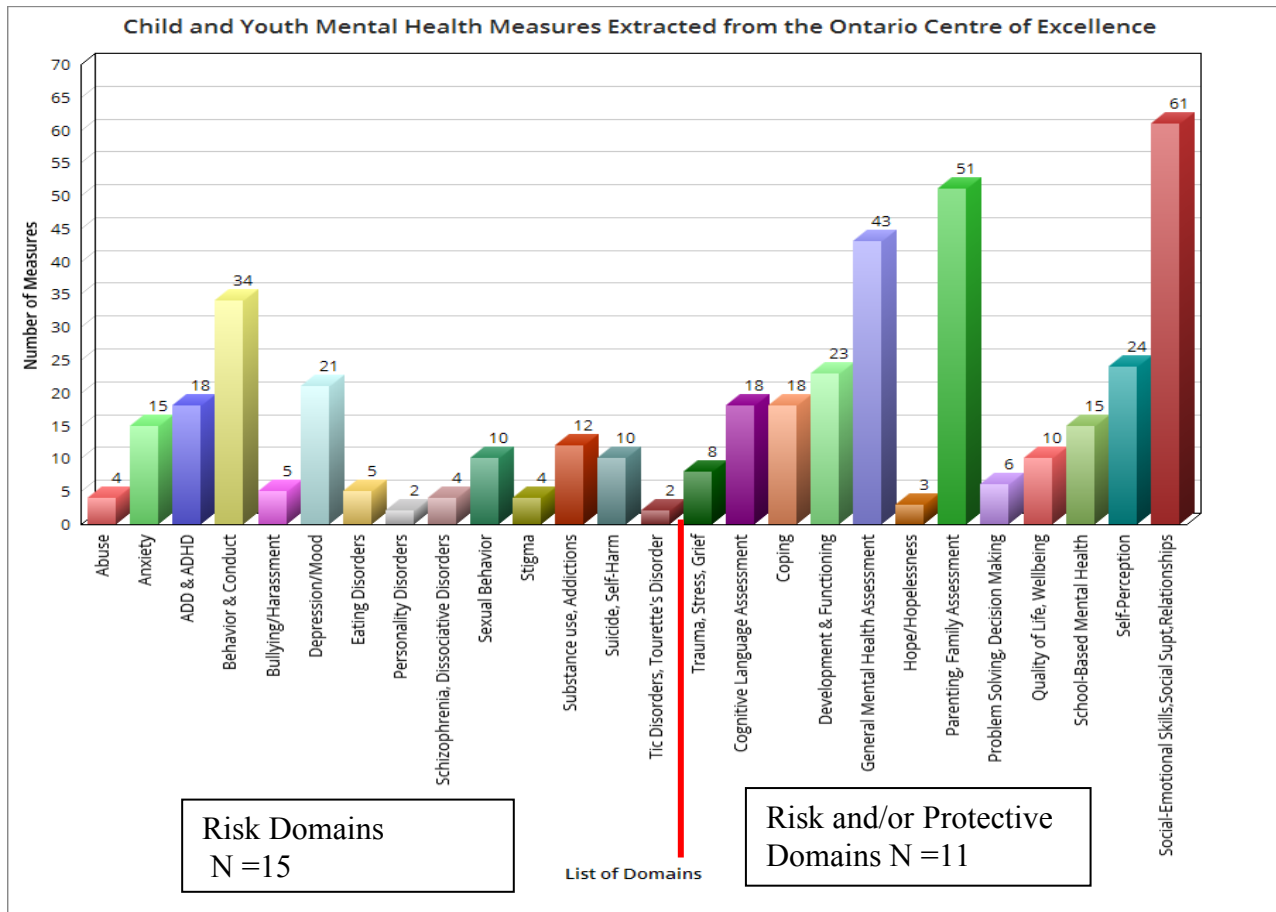


Figure 1: 26 Domains of The Child and Youth Measure from The Ontario Centre Of Excellence for Child & Youth Mental Health

CHAPTER FIVE

5.1 Theoretical Framework of SAFEN

“There is nothing so practical as a good theory” (Lewin, 1951).

5.2 How SAFEN Draws on Theory

Several theories of interdisciplinary integration were foundational in developing a theoretical framework in which to situate SAFEN. These foundational theories, from the disciplines of criminology, social psychology, and political science, accorded me the opportunity to discover a novel way to develop and design an emotional needs assessment tool to promote the emotional healthy functioning and wellbeing of children and youth.

Each theory, while different in theoretical perspective, all share a common message. They all challenge those working with children and youth, to look beyond the observable. Additionally, these theories all highlight the shortcomings of making causal judgments, without factoring the situational factors which may be contributing to their antisocial behavior and their negative feelings towards themselves and/or others, especially when intervening in the lives of children and youth.

5.3 Ecological Systems Theory of Human Development- Bronfenbrenner

Bronfenbrenner’s ecological systems theory guides us to examine children’s problem behavior through an ecological lens by taking into account the interaction of multiple factors that influence children’s behaviour. Bronfenbrenner indicated that the relationships between individuals and their environments were "mutually shaping." He saw the individual's experience "as a set of nested structures, each inside the next, like a set of Russian dolls" (Bronfenbrenner 1979, p. 22). The ecosystem encompasses the effects of broader societal systems (e.g., employment, neighborhoods) on parent and child functioning. The macro system levels reflect

social or cultural forces that contribute to and maintain abuse or neglect. Considering children's distress in an ecological systems context explicitly acknowledges the interaction of multiple factors that influence children's behaviour and guides us to look beyond the child to address behavioural problems within juvenile justice, education, and youth mental health prevention context.

5.4 Maslow's Hierarchy of Needs Theory

One of Maslow's lasting and most significant contributions to psychology is what he calls the "Hierarchy of Needs". Inspired by the work of the humanistic psychologist Erich Fromm, Maslow (1943) provided a framework to consider the emotional needs of youth. For example, Maslow's (1962) hierarchy of needs theory has made a major contribution to teaching and classroom management in schools. Rather than reducing behavior to a response in the environment, Maslow (1970a) adopts a holistic approach to education and learning, with human motivation at its core. Since emotional and learning go hand in hand (Gardner, 1999), this holistic approach embraced by Maslow, appropriately looks at the complete physical, emotional, social, and intellectual qualities of an individual's motivation to learn.

The framework, is skilfully divided into five levels, guided by two major need categories, deficiency needs and growth needs. Deficiency needs (e.g., safety, love and esteem) and growth needs (self-actualization, personal growth and development). According to Maslow motivation increases when growth needs are met, and motivation decreases when deficiency needs are unmet. In his quest to understand human motivation both types of needs, must be acknowledged, for maximum human psychological health (Hoffman, 1999).

5.5 Developmental-Transactional Theory

Sameroff (1975) proposed that children's development is a product of the combination of their inherent qualities and their interactions with others in their environments. The transactional model of development asserts that development is the product of ongoing interactions between the individual and the environment, with a focus on bidirectional or reciprocal effects (Belsky, 1984; Gottlieb, 2007; Sameroff 2009). This perspective has been used frequently to understand the influence of parent-child interactions on child development. SAFEN situates itself, in this theory, because of the central aim of SAFEN as a tool to support behavior change by enhancing the relationships between youth and those involved in their lives. This allows us to understand and respond to every child based on his/her unique strengths and vulnerabilities, and to shape programs and interventions to meet individual children's social-emotional needs.

5.6 General Strain Theory (Agnew, 1992)

General strain theory is a criminological theory, revealing Robert Agnew's pioneering work on the causes of crime. According to General Strain Theory (GST), experiencing strain induces negative emotions, such as anger and frustration, which can result in delinquent behavior (Agnew, 2001). The contemporary General Strain Theory (GST) related to crime provides understanding of the development of delinquency in children and youth (Agnew, 1985; 1992).

Agnew defines strain as "relationships in which others are not treating the individual as he or she would like to be treated" (Agnew, 1992, p. 57). Agnew identified three categories of strain: (i) the removal of positively valued stimuli, (ii) the presentation of negative stimuli, and the (iii) failure to achieve positively valued goals. GST posits that strain leads to negative emotions that may lead to deleterious outcomes, including delinquency. Agnew argues that subjective strains should be more strongly associated with crime, since they are more likely to

generate the negative emotions that lead to crime (Agnew 1992). Strains (i.e., stress) are presumed to lead to negative emotions, which elicit antisocial behavior, leading to juvenile delinquency.

5.7 Attribution Theory (Heider, 1958)

Psychologist Fritz Heider first discussed attributions in his 1958 book, *The Psychology of Interpersonal Relations*. He made several important contributions that laid the foundation for further research on attribution theory and attribution biases. Heider (1958) proposed that people attribute a given behavior either to causes within the person who is performing the action (“dispositional” or “internal” factors) or to causes outside of the person (external). This theory guides assessments to comprise not only dispositional factors, but also external factors. SAFEN situates itself in Heider’s theory, by providing an assessment that allows professionals working with youth to see them beyond their external dispositions. Furthermore, Forsterling (1988), suggests attention to “Attributions” enables practitioners to respond to their clients' clinical needs while also appealing to their belief system.

5.8 Fundamental Attribution Error (Ross, 1977)

Ross (1977) pointed to fundamental attribution errors that are made in understanding youths’ externalizing behaviour problems. Such attributions errors may arise from stereotyping and prejudice and can have important long-term effects on a youth’s self-esteem and motivation. These tendencies to make errors can arise with youth counsellors, teachers, judges, police and others, who interact with youth and continually make causal attributions about their behavior or personalities (Anderman & Anderman 2009). As its name suggests, the fundamental attribution error has negative consequences as well. For example, believing that a person’s behavior is a

direct result of their internal dispositions can lead observers to feel indifferently towards underprivileged groups (Kazdin, 2000).

5.9 Critical Political Theory

Critical approaches examine social conditions in order to uncover hidden structures. Critical theory teaches that knowledge is power. What this means is that understanding the ways one is oppressed enables one to take action to change oppressive forces. Critical political theory argues that humans are social animals. Therefore, they cannot be properly studied as individuals in isolation from others. Instead, they must be understood as social beings with social needs, as creatures whose social relationships are foundational to who we are. It follows that any society which is destructive of healthy social bonds—due to extreme competitiveness, poverty, family turmoil, interpersonal violence, oppression by institutions like the police, and so on—will struggle to produce socially and emotionally healthy individuals. Critical political theory asks us to think about the social causes of individual troubles. Rather than blaming individuals for their externalizing behaviours, it asks what social factors (from the family to the schools to the economy, to the laws) might perpetuate fear, isolation, loneliness, depression, aggression, and so on.

CHAPTER SIX

6.1 The SAFEN Story

Assessment is the process of collecting information for the purposes of making decisions about individuals (Salvia & Ysseldyke, 1995). In contrast to SAFEN, the information gathered by most existing assessments designed for use with children and youth, is frequently obtained for diagnostic purposes (e.g., major depressive disorder) and for the purposes of assessing risky

behaviors. Furthermore, most of these existing surveys have not devoted sufficient methodological attention to the subjective wellbeing or “felt needs” of its youth user, but it may have to do with how the mental health, education, and criminology fields conceptualize mental health or risky behaviors. SAFEN has been developed based on the child maltreatment literature and seminal theories from the fields of psychology, social psychology, and criminology. It offers a humanization framework for assessing youth, one that recognizes that children are not born bad. It is an emerging approach to prevent the development of poor mental health and emotional wellbeing. SAFEN seeks to ensure that the ‘lived experience’ of children and youth are understood as contextual, embedded in the everyday and shaped by motivations and strained feelings (Schuler & Namioka,1993).

SAFEN is designed with a strengths-based wellness approach with a view of youth as having unique talents, skills, and life events as well as with specific unmet needs (Olson, Whitbeck, & Robinson, 1991). The SAFEN is child-centered with a view of the interests and wellbeing of children central to the process. The SAFEN approach grew out of dissatisfaction with a predominant view in youth mental health assessments, which focused on youths’ externalizing behaviour and neglected and underestimated the true capacities of young people by focusing more on dispositions and less on their situations in treatment practices.

In 2006, I was inspired to develop SAFEN while facilitating a workshop at the Linkup employment agency located on Bay Street in Toronto. This agency is dedicated to helping people with disabilities (visible and invisible) acquire and retain employment. At the end of the workshop, I met with a youth participant, who felt that I should record an experience he had with a psychiatrist he was referred to for post-traumatic stress disorder (PTSD) that he had suffered prior to entering Canada, from his homeland of South Africa. According to him, his PTSD,

affected his chances of getting and retaining jobs. He was placed on Prozac, which he believed to be detrimental to his functioning. This kind of intervention, according to him simply pathologized the basis of his difficulties, instead of addressing the emotional stressors that seemed to have triggered his condition. That encounter planted the seed of SAFEN, as a complementary assessment procedure geared to investigating youths' emotional health and stressors underlying existing behavioural problems or creating vulnerability to difficulties in the future. With this insight into the assessment procedures needed to avoid pathologizing, diagnosing, and resorting to pharmaceutical responses, I began to search through the limited literature on emotional health as a fundamental component of mental health.

As an interesting coincidence, just around the time I was completing my initial research on alternative approaches to behavioural anomalies among children and youth, and the case against conventional assessment procedures, I came across the same problem that the young man referred to above, in the education system. Starting in 2012, this prompted me to design and manage a character education program for students deemed by the school to be at risk. I called it the 'Swapping Feelings Program' and implemented it to promote empathy with students at Cheyne Middle School. At the end of the program contract period, I realized that the existing assessment procedures were lacking questions to assess youths' emotional states, personal concerns, and internalized feelings. At that pivotal moment, I began imagining a different type of assessment procedure to address the issue of emotional health, instead of a clinical assessment tool based on the DSM diagnoses.

SAFEN has been developed to enable children and youth to self- identify areas of, unmet emotional needs (emotional deprivation), and for the caregivers working with children and youth to understand the emotional contexts of their lives, as reported by them. While the questionnaire

focuses on subjective well-being, we anticipate that individuals who work with children will use it alongside other objective measures of impact, such as those for academic attainment or positive behavior development.

The purpose of SAFEN is to provide a framework to guide the development of a balanced, comprehensive, and child-youth centered emotional health program that is relevant and can be applied to many child-youth caregiving contexts that make up the fabric of Canadian society. More specifically, it is meant to promote the emotional wellbeing of children and youth in Canadian schools, juvenile justice organizations, and community youth mental health facilities. It offers an opportunity to gather vital information to determine what psychosocial problems might exist beneath the surface, with the potential of identifying “areas of emotional deprivation and nurturing areas” simultaneously, as a strategy to mitigate or eliminate risk. This information can be used to support Canada’s national mental health mandate and provide a framework of values and strategic directions to assist governments and other authorities responsible for child and youth mental health service providers on which they rely on, to help inform and support their initiatives for the improvement of child and youth mental health care prevention.

This youth self-report approach is especially powerful, since it permits youth to express themselves and explore internalizing emotional issues of special individual significance, ensuring that the information has personal relevance. The SAFEN framework recognizes the implications of ignoring the inner selves of youth, while primarily favoring information on their outer selves, in assessment and screening of youth, and thus presents an innovative and non-coercive approach for acknowledging the subjective expressions of young people and is understandable and free of bias.

Criteria for SAFEN Social Determinants & Indicator Selection

The criteria for selecting SAFEN's indicators represent a variety of protective factors relevant to children and youth. The SAFEN framework identified 10 dimensions that formulate the foundations of child health and well-being. The literature suggests that improving outcomes in each of these dimensions will improve the overall emotional health and well-being of children. All the domains of the SAFEN have been informed by research evidence that shows risks can come from many sources, including threats to a child and youth development, pressures from the child's family and child's wider world. Conversely, in a child whose well-being is not yet at risk, the domains of SAFEN can be used to identify sources of need, nurturance, and strength. Each component has been developed within a research framework that supports the development of resiliency and motivational factors. Thus, the 10 scales that comprise SAFEN were chosen as they represent the needs, strengths, and challenges that youth who struggle, experience and which can create an unhealthy sense of self for them in the world. The 10 scales address the following main areas:

Aisle 1 - Character & Talents

An internal sense of overall positive self-worth and self-efficacy is an essential component of positive youth development movement. Self-concept is the most important feature of personality, and it includes all the thoughts, feelings, and beliefs people have about themselves (Garrett, 2011). Therefore, a child needs to feel **important**. He or she needs to know they have value and that they are useful. Theoretically, self-concept is a multidimensional, multilevel and complex psychological system, which refers to an individual's perception and subjective evaluation of their own psychological, physical and social function (Fox, and Corbin, 1989). Prominent Humanistic theorist Carl Rogers believed that people are aware of their self-

concept. For Carl Rogers (1959) a person who has high self-worth, that is, has confidence and positive feelings about him or herself, faces challenges in life, accepts failure and unhappiness at times, and is open with people. He believed that how we think about ourselves, our feelings of self-worth are of fundamental importance to psychological wellbeing.

Aisle 2 - Foods 'R' us

The role of nutrition in mental health promotion and the prevention of problems requiring psychiatric intervention in Canada is unquestionable. In fact, the professional association of the Dieticians of Canada, recognizes that there are many intersections between nutrition and mental health. This led to the publication of a comprehensive document called “Promoting Mental Health Through Healthy Eating and Nutritional Care”, highlighting the importance of healthy eating in the sustenance of mental health. The food we eat is associated with our moods, behaviour, and cognitive efficiency. Current knowledge about nutrition and mental health is based on behavioral research. In 2013, the International Society for Nutritional Psychiatry suggests that improving diet quality can reduce delinquency and dramatically improve the mental functioning and the academic performance of adolescents (see Schoenthaler and Bier, 2000).

Aisle 3 - Helping Hand

Lack of social support has been claimed as a factor in placing young people at risk of failure (Withers & Batten, 1995). Given the relationship between emotional support and its implications for positive health and wellbeing, it is necessary to emphasize the relationship between social support and positive mental health outcomes. There is persuasive empirical research showing that social support acts as a protective against the stressors and behavioral aberrations by demonstrating care for the respondent and assisting them in difficult circumstances. The point made above, about the importance of social support of children and

youth as a means of ensuring positive mental health outcomes, is consistent with empirical findings focused on children and youth (Wolchik, Sandler and Braver, 1987; Resnick et al., 1997; Molnar, 2004). These studies show that the mechanisms emphasized the role of social support for children as the means of promoting connectedness, without which positive mental health, behavioural and social outcomes are unattainable. Additionally, Werner and Smith, (1982) provided data from a longitudinal study of child development that demonstrates the pertinence of a supportive relationship with at least one caring adult outside of a troubled home.

Aisle 4-Feel Better

Coping with stress during adolescence is a thoroughly documented phenomenon, and there is a growing understanding of its relationship with adolescent mental health. The scientific literature on adolescent stress and coping has evolved, cementing the proposition that the two concepts are inextricably linked. For example, the frame of reference that Lazarus and Folkman construct (1984) on stress and coping is applied widely in the scientific literature on the issue. According to that framework, stress is conceptualized as a perception of daily problems in social interaction. In addition, coping strategies can be either functional or dysfunctional, or conceptualized as adaptive, as opposed maladaptive (O'Connor et al, 2010). Furthermore, the transactional model of stress and coping, as developed by Lazarus and Folkman (Lazarus and Folkman, 1984), is frequently used as a theoretical basis of preventive interventions in mental health. Given the correlation between coping styles and unhealthy emotional outcomes, the choices provided in this domain are representations of a variety of personal coping actions that a respondent may engage in, when confronted with stressful events in his/her life.

Aisle 5 -Family Relationships

The protective role of social support from parents in child well-being research, is undeniable. Children who feel loved, trusted and accepted by their parents and others are far more likely to have good self-esteem. When such support is absent, the effects could be profoundly detrimental to a child's mental health, triggering such serious problems as depression and behavioural aberrations (Mollica et al., 1997). Children thrive on feelings of belonging and affection that come from having caring and supportive families. Research affirms that the quality of family relationships is vital to a child's wellbeing (Thomson, 2012). In healthy family relationships, all the members are able to trust and rely on each other for support, love, affection and warmth. Given the connection between child wellbeing and healthy family relationships, the choices provided in this aisle represent a variety of family responses that the respondent may feel deprived of.

Aisle 6 – Relationships 'R' Us

Relationships lie at the heart of all effective work with young people and are the foundation upon which service providers can build their work with them. Given the central role that relationships play in lives of children and youth. One of the most important surveys on the mental health of children and what factors, come into play is the 2014 National Report, Health Behaviour in School-aged Children (HBSC) in Canada: A Focus on Relationships. It is now entering its 26th year in Canada. A key revelation of this report, based on an extensive national survey, is that healthy relationships are a key factor in the transition from childhood to adulthood. The authors place emphasis on how such relationships are essential as a safeguard for children and youth developing resiliency in ensuring optimal protecting against mental and physical health.

Although relationships with peers can serve positive functions for children, several investigators have argued that peer relationships can also have negative aspects (Abecassis, Hartup, Haselager, Scholte, & Van Lieshout, 2002; Hartup, 2001). In other words, peer relationships sometimes can lead to maladaptive outcomes (Rubin, Bukowski, & Parker, 1998). Equally, the relationships of children with care providing adults outside the family, are also important as a protective agency. Teachers, social workers, etc.) are essential for both client and workers. For example, trusted adults in young people's lives such as teachers and youth counsellors, social workers, can make a major positive contribution to the mental health of young people, by cultivating healthy relationships with the youth clients in their work lives. Children do not need to learn to manage their emotions to reach their potential, rather we believe that children need trusted adults in their lives who can offer them understanding, empathy, respect and a listening ear so that they can manage their emotions in order to reach their potential and maintain good self-esteem, essential to their mental and social and emotional wellbeing

Aisle 7 - Joy Boosters

The devastating effects of emotional deprivation on child development have been well documented in recent studies, though earlier studies tended to marginalize emotional health as an essential component of mental health (Brody, 1983). The findings to date are painting a broad new picture of child abuse, challenging many long-held beliefs about its causes and consequences and indeed its very nature. For example, a ground-breaking study conducted at the University of Minnesota in 1975 by respected psychologist, Egeland and Sroufe, showed that poverty and inordinate life stress alone do not cause child abuse, and that the nature and effects of abuse go far beyond physical battery, bruises and broken bones. The choices in this aisle are representations of emotional deprivations or nurturing actions that the respondent may feel that

are missing or needed in his/ or her life, as a response to inadequate nurturance/ affection.

Aisle 8 - Please Stop

Emotional neglect is a generic term referring to verbal abuse leading to emotional abuse and emotional neglect that impedes the child's emotional wellbeing. Emotional neglect relates to the nature of the emotional relationship with the child, and a failure to meet the child's emotional needs (Frederico, Jackson & Jones 2006). According to (Elliott, 2002) emotional maltreatment is an elusive phenomenon. Of all types of child abuse, emotional abuse is the most difficult to identify and verify. Emotional abuse and neglect is an under-recognized, but common, form of child abuse (Glaser, 2002). The effects of physical abuse are obvious – a cut or a bruise – but the effects of emotional abuse may be harder to detect, thus harder to assess. Moreover, Melton and Thompson (1987) describe the current system for dealing with emotionally abused children as “woefully inadequate”.

The difficulties explained above have led to the continual neglect of the emotional health and wellbeing today. Neglect in early recognition and proactive protective prevention and intervention, of children and youth may be a need, thus proving that a model such as SAFEN can attend to this “woeful inadequacy”. Furthermore, research has tiresomely proven that the negative messages of emotional abuse, can cause, internal damage that impairs the development of a positive sense of self. In 2001, Trocmé and colleagues wrote a report entitled, *Canadian Incidence Study of Child Abuse and Neglect* and posited that emotional abuse poses a substantial risk for children suffering from mental, emotional or developmental problems caused by overtly hostile, or habitual verbal abuse, which often fails to arouse public interest let alone outrage (Elliot, Sian, & Thomas, 2002).

Aisle 9- I Wish

Emotional suppression has been defined as a conscious inhibition of one's own emotional expressive behavior, while emotionally aroused (Gross & Levenson, 1993). Research has shown that the act of suppressing thoughts or feelings has a counteractive rebound effect in which the repressed thought or emotion actually becomes more powerful (Wegner et al., 1987). Gross and Levenson (1993) found that individuals attempting to suppress emotions are most likely to display aberrant behaviour. This highlights the relationship between emotional suppression and anxiety and/or depression, as well as its aberrant consequences. The choices in the Aisle, can be viewed as representations of the respondents' inner unexpressed thoughts and personal longings which may be contributing to their inner emotional turmoil over the non- realization of those longings and of their unexpressed nature.

Aisle 10: Recycle A Feeling

There are many children and youth have been exposed to adverse circumstances or have had experiences that are deeply distressing to them, such as separation from family members, witnessing traumatic events, experiencing abuse, facing danger, disruption to their education, loss of friends, and uncertainty about the future (UNICEF, 2001). Research confirms that children who cannot express their feelings in a healthy way will find other ways to cope with these feelings. Distressing thoughts and feelings, according to UNICEF, may encourage youth to act impulsively or irrationally, engaging in behavior they find rewarding in the short-term, without fully considering its risks. Further echoing these concerns, Loewenstein et al. (2001) postulated that some emotional factors indirectly influence risky choices. Such experiences have the potential to create negative emotional states that could have adverse effects on their subsequent development. Negative emotional states, such as anger, stress or sadness (Kenneth,

Allen and Gabbay, 2012) can hinder rationality thus leading one to use bounded/limited rationality or an impulsive move towards a criminal action. Given the relationship between negative emotional states and risk-taking tendencies, the choices provided in this aisle are representations of negative emotions expressed as feelings.

6.2 SAFEN Principles

The SAFEN assessment model is premised on the belief that all children and youth deserve to be recognized for their insights into their own nature. SAFEN was developed from an understanding that youths' display of inappropriate behaviour is not always symptomatic of a pathological personality or character flaw, but often arises from an unresolved problem originating from an unmet emotional need, emotional invalidation, or a lack of nurturing. The therapeutic "first step" is to remember that inappropriate behavior is usually a response to something in the respondent's environment and may be an attempt to communicate a need, rather than to deliberately engage in inappropriate behaviour.

SAFEN is based on an ecological perspective of the emotional functioning of children and youth across important healthy development domains. With SAFEN, youth workers, social workers, teachers, and others working with youth have a unique opportunity to understand and focus on problem behaviours directly, by paying attention to the environmental and situational factors that youth identify, which can either aggravate their problems or promote efficacy in dealing with problems.

SAFEN also focuses on the important relationships within the lives of children and youth. Martin (2006) noted that the role of relationships distinguishes youth workers from other professionals working with youth. While other professions build a relationship to provide a service, "youth workers provide a service to build a relationship" (National Youth Workers

Network Aotearoa, 2008a p.xv). Relationships between youths and their youth leaders are frequently cited as the most effective influence on young people (Astbury & Knight, 2003). Youth serving community agencies that value their young clients show them mutual trust and respect in relationships. In addition, a 2016 report on the Canadian Health Behaviour in School-aged Children Survey (HBSC) indicated that relationships protect lifelong health (Freeman et al., 2011). Freeman and colleagues noted that youth who experience positive relationships at home, in school, among peers, and within their community have positive health outcomes, whereas those youth with negative relationships have problems with lifelong health. Thus, SAFEN situates itself in within an relational approach to enable youth to report on their relationships and inform workers about their relational needs.

6.3 Design of SAFEN

SAFEN was designed to be an engaging and non-judgemental tool to enable youth to report on what they have (strengths), what they need, and what they would like to stop. SAFEN supports unique expression by asking youths to identify processes in their lives that may be contributing to their stress and struggles. Its design is based on a shopping analogy to ensure a user-friendly orientation. I wanted to avoid the traditional forced-choice question format, which may force the respondent to select a single response from a list. SAFEN assesses 10 domains that are called Aisles in keeping with the shopping metaphor. Each aisle has a list of responses related to emotional, behavioral, and social health. SAFEN guides youth through the 10 domains to assess their: self-concept, food preferences, coping habits, family happiness, relationships peer/worker, emotional validation needs, emotional hindrances, negative affective states, internalizing wishes, that may be indicative of their level of emotional functioning.

Finally, SAFEN includes a free self-expression section called the Rain-Check Aisle, located at the bottom of each assessment domain. It is a free response space, designed to enable respondents of any age to express themselves with a subjective voice if their choices are not represented in the SAFEN's original aisles. Although some response categories in the SAFEN, appear incongruent with an age cohort of 13-17 (e.g., 'writing in my dairy', 'playing by myself'), the Rain-check aisle offers an opportunity for congruency for all ages within its response categories.

SAFEN was developed on the understanding that the meaning of youths' behavior is essentially personal and subjective. Therefore, choices provided in each aisle are representations of critical factors that promote or undermine emotional, social, and behavioral health and wellbeing of children and youth. Each section begins with a 'concerned' probing question, followed by a variety of emotional health promotion choices, and expressive vocabularies making it easier for youth to identify, label, and communicate their strengths, unhealthy feelings, unmet emotional needs, and emotional hindrances in their lives. SAFEN has been created to benefit youth, their caregivers, their teachers, child and youth advocates, clinicians, child welfare workers, and social workers in their work and to highlight the often-neglected importance of emotional needs.

6.4 Research Questions

This thesis research was guided by three central questions related to SAFEN:

1. Can SAFEN be used as a tool to identify the needs of youth living in contexts of risk?
2. Does SAFEN provide a feasible framework for youths' expression of their emotional needs?

3. Can SAFEN, contribute to more understanding and caring relationships between youths and the service providers working with them?

CHAPTER SEVEN

7.1 Methods

7.2 The Research Site

Dixon Hall's Children and Youth department works with over 600 children and young people every year, from ages 3 to 29. Their work and programs, are guided by the voices and needs of their youth clients in mind. In May of 2014, Dixon Hall's Manager of Children and Youth program, was the recipient of the Bhayana Family Foundation Award. This prestigious award was presented to Dixon Hall, for the agency's innovative and creative intervention for their summer programming for severely at-risk youth, in response to the threat of youth violence, ever so present, in the lively Regent Park community.

The findings of a 2006 study, conducted by the Regent Park Community Health Centre, provided another reason for conducting the study in this community. In 2006, the Youth Health Action Project (YHAP) was created to investigate youth health and health access needs in the Regent Park community. They conducted a survey with youth and learned that most youth who responded to the survey, agreed with the holistic definition of health in which mental/emotional, social, spiritual health is included alongside physical health for individuals, groups and communities. When asked which aspects of health are most important to them, a higher proportion of youth ranked mental/emotional health as important (89%) than physical health (87%). Youth endorsed social health as third in importance (84%) followed by spiritual health 64% (The Youth Health Action Project, 2006). What is evident in these responses is the

immense significance that Regent Park youth placed on issues of mental/emotional health. YHAP's research also revealed that the emotional health and health needs of youth in the Regent Park community were not being adequately addressed and that the youth wanted attention paid not only to their physical needs, but also their emotional needs. Based on the YHAP report, and its finding, that the emotional health needs of children were not adequately addressed, we approached Dixon Hall Neighbourhood Services to collaborate with us in this evaluation of SAFEN.

7.3 Participants

The sample comprised 21 youths (6 boys and 15 girls) and 2 Dixon Hall youth workers who had been involved with the youth for at least a year. The youth participants were invited by a youth leader from Dixon Hall to participate in the evaluation of SAFEN. The inclusion criteria included: youth between the ages of 13 and 19 who participates in Dixon Hall programs, who could speak and read English at a grade 4 level. The only exclusion criterion was significant developmental delays. A meeting was held with parents to inform them of the study and to request their consent (see Appendix C for parental consent form). In addition, youth provided consent (if over 16) and/or assent to participate in the study (see Appendix B) for youth forms. The two youth workers also provided consent (see Appendix D).

7.4 Measures

Youth Feedback Survey

A brief questionnaire was developed to gather youths' impressions of completing SAFEN. The questions tapped their perceptions of the ease of completing SAFEN, its format for self-expression, and their experiences of being assessed (See Appendix E for the Youth Feedback Survey).

Youth Worker Feedback Survey

Each youth's responses on the SAFEN tool were coded and compiled in a SAFEN Youth Profile. The profiles were given to the Youth Workers approximately two weeks before they were surveyed for their experiences of SAFEN. The questions tapped their perceptions of the value of SAFEN in understanding the youth, helping them in their work with youth, and its utility in planning and advocating for youth (see Appendix F for the Youth Workers Feedback Survey).

7.5 Procedure

The SAFEN was administered on two separate occasions with 10 youth in the first session and 11 youth in the second session in two different locations (to accommodate holiday programming). After a brief explanation of SAFEN, youth were instructed to complete the measure as honestly and openly as possible. It was explained that this was research project and that their responses would only be shared with the two youth workers to determine the value of SAFEN.

CHAPTER EIGHT

8.1 Results

The main goals of this study were to examine the utility and feasibility of SAFEN as an assessment tool that provides youth with a means to express their needs. Youth clients and youth counsellors from Dixon Hall participated in this research.

Research Question 1

The first research question focused on the utility of SAFEN as a tool that enables youth to express their needs. In the following section, the frequencies of youths' responses to questions posed in the 10 aisles are presented.

Aisle 1: Character, Talents and Preferred Activities

Aisle 1, Section A asks youth to identify the characteristics and talents that they have. Table 1A provides a frequency of the items selected by the youth. On average, youth identified 9 of the 15 items as characteristics that they liked about themselves. The most frequently chosen item was personality. No youth indicated that there was nothing that they liked about themselves. A write-in rain check was completed by 3 of the 21 youths to indicate characteristics that they liked about themselves that were not available in the list. Items in the rain check box included: my hair, my eyes, my clear face, my intelligence.

Table 1A: Things I like about me

Item	Boys N=6	Girls N=15	Total
Good manners	1	7	8
Smarts	3	13	16
Helpfulness	2	11	13
Personality	6	14	20
Care for others	4	9	13
Smile	5	10	15
Calmness	3	7	10
Fearlessness	2	5	7
Kindness	4	9	13
Love for family	5	13	18
Honesty	1	12	13
Funniness	6	13	19

Respectfulness	2	9	11
Good heart	3	11	14
I like nothing	0	0	0

Aisle 1B asks youth what they enjoy doing. As Table 1B indicates, on average, youths identified 5 of the 15 activities as ones that they enjoy doing. The most frequently chosen activity was helping others. Two of the 21 youths completed the rain check to indicate activities that they liked doing that were not available in the list. Items in the rain check box included: music, listening to music, staying in room, being on my phone.

Table 1B: Things I like doing

Item	Boys N=6	Girls N=15	Total
Helping others	4	10	14
Drawing	2	6	8
Fixing things	4	4	8
Gardening	0	1	1
Caring for animals	1	5	6
Dancing	2	10	12
Writing	1	7	8
Listening to others	2	2	4
Making crafts	0	7	7
Playing by myself	1	2	3
Playing sports	5	7	12
Building things	3	4	7

Solving puzzles	2	4	6
Singing	0	8	8
Outdoor activities	5	5	10

Aisle 2: What do you like to eat?

Aisle 2 provides information on youths’ food preferences. Table 2 provides frequencies with which youth indicated they like to eat four categories of foods: fresh fruits and vegetables (18 options), meats and non-meats (6 options), grain and dairy (6 options), treats and drinks (9 options). On average both boys and girls picked 11 of the 18 items in the fruits and vegetables aisle. The most popular item was watermelon (21/21), followed by strawberry (19/21) and pineapple (18/21). Of the meats and non-meats, the most popular items were chicken and beef (21/21 for both). Of the grain/dairy, the most popular items were pasta and cheese (20/21 for both), followed by milk (19/2). Of the treats/drinks aisle, the most popular item was pizza (19/21), followed by cookies, potato chips, and water (18/21 for all). There were no rain check items selected for any of the four food categories.

Table 2: Average number of “Foods I like to eat”

Item	Boys N=6	Girls N=15	Overall Average
Fruits and vegetables (18 items)	11	11	11
Meats and non-meats (6 items)	4	4	4
Grain / Dairy (6 items)	5	5	5
Treats and Drinks (9 items)	7	7	7

Aisle 3: Helping Hand

Aisle 3 asks youth to identify what they need a helping hand with. Table 3 provides frequencies of the items selected by the youths. On average, youths identified 5 of the 18 items as things they felt they needed help with. Tied for the most frequently chosen item were staying focused and trusting people. No youth indicated that they needed help with bullying. Two of the 21 youths completed the rain check to indicate items that they need a helping hand with that were not available in the list. Items in the rain check box included: my appearance, my attitude, and there is nothing I need help with (one of the two students added two rain check items).

Table 3: What I Need a Helping Hand With

Item	Boys N=6	Girls N=15	Total
Sad feelings	0	4	4
Being bullied	0	0	0
Sleep habits	2	3	5
School problems	2	5	7
Eating habits	4	3	7
Temper	1	9	10
Sad memories	0	5	5
Keeping friends	2	3	5
Trusting people	3	9	12
Making friends	1	5	6
Liking myself	0	3	3
Body changes	2	4	6
Staying focused	6	6	12

Saying no	3	3	6
Personality	2	2	4
Sharing feelings	2	5	7
Scary thoughts	1	4	5
Negative feelings	1	3	4

Aisle 4: Feel Better

Aisle 4 asks youths to identify what they do to cope and feel better. Table 4 provides frequencies of the items selected by the youths. On average, youths identified 6 of the 18 items as things they did to help them cope and feel better. No youths indicated that they just stayed sad or hurt themselves. Three of the 21 youths completed the rain check to indicate things that they did to feel better that were not available in the list. Items in the rain check box included: playing sports, sitting and calming myself down, talking to my boyfriend to let my feelings out, and I pray.

Table 4: Feel Better

Item	Boys N=6	Girls N=15	Total
I eat a lot	2	9	11
I cry	0	6	6
Play with my pet	0	2	2
Hit something	2	6	8
Think positive	3	5	8
I just stay sad	0	0	0
Talk to my parents	1	5	6

Listen to music	5	13	18
I lose my temper	0	7	7
Play a video game	5	0	5
Hurt myself	0	0	0
Talk to family	2	3	5
Text a friend	3	6	9
Talk to a friend	4	8	12
Write in my diary	0	1	1
Call Kids' Help Phone	1	0	1
Go online	3	5	8
I pray	2	10	12

Aisle 5: Family Relationships

Aisle 5 asks youths to identify what they need to have stronger relationships with their family. Table 5 provides frequencies of the items selected by the youth. On average, youths identified 6 of the 18 items as things they felt they needed to have better family relationships. The most frequently chosen item was listening to me, followed by understanding/believing in me. One youth completed the rain check to indicate things needed from family relationships to feel better that were not available in the list. This youth indicated the need for more money.

Table 5: Nurturing Actions Needed for Better Family Relationships

Item	Boys N=6	Girls N=15	Total
Trust	2	6	8
Praise	2	2	4

Respect	2	4	6
Encouragement	2	4	6
Time Together	3	4	7
More smiles	3	2	5
To believe in me	2	8	10
More hugs	0	1	1
Understanding	1	9	10
Peace	3	3	6
To listen to me	3	10	13
To take my side	1	7	8
Guidance/Support	2	4	6
Attention	2	3	5
Family Happiness	2	3	5
Love	3	5	8
Appreciation	2	6	8
Less criticism	0	6	6

Aisle 6: Relationships ‘R’ Us

Aisle 6 asks youths to identify what qualities they would like in their friends (Section A) and service providers (Section B). Tables 6A & B provide the frequencies of items selected by the youths. When asked about qualities that they would like in friends, youths identified an average of 11 of the 18 items. When asked about qualities that they would like in service providers, youths identified an average of 5 of the 12 items. Tied for the most frequently chosen

qualities in friends were honest and funny, while the most frequently chosen qualities in youth workers were respectful, followed by caring, and non-judging adult. No youths added items in the rain check for 6A, while 1 youth completed the rain check to indicate that he/she wanted a service provider who is someone who can relate to me.

Table 6A: Qualities youth would like in friends

Item	Boys N=6	Girls N=15	Total
Smart	6	10	16
Confident	2	10	12
Respectful	4	9	13
Tidy	2	3	5
Dependable	3	7	10
Creative	4	10	14
Supportive	3	13	16
Caring	4	9	13
Healthy	4	8	12
Helpful	5	11	16
Fun-Loving	4	11	15
Religious	2	3	5
Honest	5	14	19
Funny	5	14	19
Kind	5	8	13
Popular	2	3	5
Calm/Quiet	1	5	6

Outgoing	5	9	14
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Aisle 6B: Qualities youth would like in service providers

Item	Boys N=6	Girls N=15	Total
A mentoring individual	1	4	5
A caring individual	3	9	12
A respectful individual	4	11	15
A father individual	2	1	3
A mother individual	2	5	7
A listening individual	3	8	11
An encouraging individual	2	6	8
A smiling individual	4	4	8
A non-judging individual	2	10	12
A trusted individual	1	9	10
A sensitive individual	2	1	3
A forgiving individual	4	4	8

Aisle 7: Joy Boosters

Aisle 7 comprises two questions that ask youth to identify first what nurturing acts they need to make them feel happier (Section A) and second how they want to feel (Section B).

Tables 7A and B provide frequencies of items selected by the youth. On average, youth identified 7 of 15 items as nurturing acts they need to make them feel happier. On average, youth identified 5 of 12 items as positive feelings that they want to have. The most frequently chosen

acts that they needed to feel happier were respect, someone to care and someone to listen. The most frequently chosen positive feelings they identified were to feel important and cared about. Two youths placed items in the rain check box for 7A to indicate joy boosters that they need to make them feel happier that were not available on the list: money and God. No youths completed the rain check for 7B.

Table 7A: What I Need to Feel Happier

Item	Boys N=6	Girls N=15	Total
Respect	4	9	13
Help	2	4	6
My family	2	7	9
Praise	2	3	5
Self-esteem	1	4	5
A role model	3	5	8
Kindness	3	9	12
Forgiveness	4	8	12
A second chance	4	6	10
Happiness	2	10	12
Someone to care	3	10	13
Understanding	2	8	10
A best friend	2	8	10
Someone to listen	2	11	13
To be treated fairly	4	8	12

Table 7B: How I want to feel

Item	Boys N=6	Girls N=15	Total
Better	0	6	6
Happier	1	9	10
Like I matter	1	6	7
Heard	0	7	7
Wanted	1	5	6
Like 'I can'	2	7	9
Included	1	6	7
Valued	1	7	8
Loved	1	11	12
Safe	2	10	12
Important	1	12	13
Cared About	1	12	13

Aisle 8: “Please stop”!

Aisle 8 asks youths to identify what they would like people to stop doing or saying to them. Table 8 provides frequencies of the items selected by the youths. On average, youth identified 6 of the 15 items as things they would like people to stop doing or saying to them. The most frequently chosen item was telling lies on me. Three of the 21 youths placed items in the rain check box to indicate things that they wanted people to stop that were not available on the list. Items in the rain check box included: for a certain someone to stop being annoying, being called ugly, stop forcing me to trust them, and stop lying to me about small things.

Table 8: What I Would Like People to Stop Doing or Saying to Me

Item	Boys N=6	Girls N=15	Total
Telling lies on me	4	13	17
Judging me	3	9	12
Comparing me	2	11	13
Mistreating me	1	5	6
Bullying me	1	1	2
Pressuring me	0	4	4
Shaming me	1	4	5
Putting me down	2	8	10
Cyber-bullying me	0	1	1
Swearing at me	2	2	4
Blaming me	3	7	10
Making me angry	1	11	12
Using me	3	11	14
Making me feel bad	1	11	12
Calling me bad names	2	7	9

Aisle 9: I Wish

Aisle 9 asks youths to identify what they would wish could change in their lives. Table 9 provides frequencies of the items selected by the youths. On average, youths identified 2 of the 15 items as things that they wished could change in their lives. The most frequently chosen item was better grades. Three 3 of 21 youths placed items in the rain check box to indicate things they

wish they could change that were not available on the list. Items included in the rain check box included: My hair, I focused more in school, I wish nothing because God will provide, and I wish nothing.

Table 9: Things I Wish Could Change in My Life

Item	Boys N=6	Girls N=15	Total
My life was better	0	0	0
I was dead	0	0	0
Change my school	0	2	0
For better grades	3	8	11
Better parents	0	1	1
My teacher liked me	0	2	2
I wasn't going home	0	1	1
I was white	0	0	0
I had better friends	1	4	5
I had more friends	2	2	4
People treated me nicer	1	3	4
I could move away	0	3	3
People liked me	0	1	1
I was a nicer person	1	3	4
People forgot my past	1	4	5

Aisle 10: Recycle "A" Feeling

Aisle 10 asks youth to identify what hurt feelings that they want recycled into happier ones. Table 10 provides frequencies of the items selected by the youths. On average, youths identified 4 of the 15 items as negative feelings that they want to be recycled into happier ones. The most frequently chosen item was feeling stressed. One youth placed an item in the rain check box to indicate feelings that they wanted to recycle that were not available on the list, which was overthinking.

Table 10: Feelings I want recycled into happier ones

Item	Boys N=6	Girls N=15	Total
Feeling abandoned	0	1	1
Feeling depressed	0	2	2
Feeling angry	1	7	8
Feeling excluded	0	2	2
Feeling stressed	5	9	14
Feeling scared	1	2	3
Feeling lonely	1	3	4
Feeling Hopeless	0	5	5
Feeling overwhelmed	1	7	8
Feeling unhappy	2	5	7
Feeling unmotivated	3	5	8
Feeling ashamed	0	3	3
Feeling ignored	1	4	5
Feeling guilty	0	2	2

Research Question 2

The second research question in this study was: Does SAFEN provide a feasible framework for youths' expression of their emotional needs? We used the Youth Feedback Survey (see Appendix E) to gather data after youths completing the SAFEN tool. This questionnaire assessed feasibility including, whether it was easy, suitable, helpful, useful, respectful, etc. The frequencies of the youths' responses to the 7 rating questions are provided in Table 11. Note that questions 1 and 2 did not have a maynot sure responses. On the final two questions, youth provided written responses. I was interested in whether youth participants felt that SAFEN helped them to express their feelings. All the youth participants responded positively to this question.

Table 11: Results of Youths' Responses SAFEN

Item	Yes	Maybe/not sure	No
Were the questions easy?	21/21	--	0
Help you express what you are feeling and needing?	21/21		0
Make you feel comfortable expressing your feelings?	13/21	7/21	1/21
Help to get to know yourself better?	5/21	10/21	6/21
Could SAFEN help adults understand you better?	15/21	5/21	1/21

Would you like Dixon Hall to use SAFEN with you in the future?	10/21	10/21	1/21
Did the SAFEN make you feel disrespected, judged, criticized	0/21	0/21	21/21

Research Question 3

The third research question focused on whether SAFEN can contribute to more understanding and caring relationships between youths and the service providers working with them? The youth workers were provided with profiles for each youth based on his/her responses. The profiles were available to the youth workers for approximately two weeks to allow for time to reflect on the youths’ responses and the relevance of SAFEN as tool to guide their understanding, interventions, and relationship-building with youth in their care. The youth workers were then asked to complete a questionnaire to provide feedback on their thoughts about SAFEN (see Appendix F). The responses to the 7 questions are provided in Table 12. Note that questions 2, 3, 6 and 7 were written responses and are not shown below, but are included in Appendix C. As the data indicate, the youth workers were very enthusiast about SAFEN as a useful tool in supporting their work with youth.

Table 12: Responses to youth worker survey questions

Item	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Allowed me to get to know my youth client better					2/2
Helped me to be more understanding and less judgmental of my youth client					2/2
I have a better understanding of the underlying causes of the externalizing behaviors of my youth clients		1/2		1/2	
Allowed me to be more attuned to the needs of my youth client				1/2	1/2
Helped me to understand the feelings, strengths, felt-needs, and distresses of my youth clients				1/2	1/2
I feel more engaged with my clients with respect and compassion				1/2	½
Helpful in planning with my youth clients			1/2		1/2
The SAFEN profile allowed me to work more effectively with my youth client				2/2	
I felt more positive and involved in my relationship with my client				1/2	1/2
Allowed me to advocate with more conviction with others (e.g. parents, teachers) on behalf of my youth clients				1/2	1/2

CHAPTER NINE

9.1 Discussion

Three central questions guided the present research: 1. Can SAFEN be used as a tool to identify the needs of youth living in contexts of risk? 2. Does SAFEN provide a feasible framework for youths' expression of their emotional needs? 3. Can SAFEN contribute to more understanding and caring relationships between youths and the service providers working with them. The discussion first focuses on the findings with respect to these three questions, follows with implications, then limitations.

Can SAFEN be used as a tool to identify the needs of youth living in the contexts of risk?

We engaged 21 youth from the Regent Park neighbourhood in Toronto to complete SAFEN for this preliminary evaluation. Youths completed the SAFEN identifying items they experienced as strengths, wants, and/or needs.

Aisle 1: Character and Talents

In the first aisle, youths were asked to identify their strengths in terms of their characteristics and talents. Young people are too frequently looked upon as problems waiting to be solved. From the perspective of Positive Youth Development (PYD), however, young people are understood to embody potential, awaiting development (Holt, 2008). All youths identified positive strengths and talents and no youths checked the item indicating that there was nothing about themselves that they liked. Responses from this aisle can help identify the extent to which the youth approves and values him/herself. By recognizing youth respondents' strengths and accomplishments, it is easier to build trust and motivate them (Rashid, 2014). Thus, the data obtained can be used by service providers to reinforce the personal strengths of youth and help

them develop a sense of safety, self-worth, boost motivation and self-esteem, and to encourage engagement with services (Taliaferro, 2012). According to Bowlby, “Human beings are happiest and able to deploy their talents to best advantage” when they experience trusted others as “standing behind them” (Bowlby, 1973, pp. 226-227).

Aisle 2: Foods ‘R’ Us

The food we eat is associated with our mood, behaviour, and cognition (Davison, 2012). The links between diet and mental health are increasingly supported by academic and clinical research (O’Neil, 2014). Examination of the SAFEN data indicated that participants had a healthy fruit and vegetable intake. Data on youths’ food choices can provide pertinent information on their healthy or unhealthy food choices and inform service providers on whatever nutritional support they are deficient in. Thereby, influencing their food choices and eating behaviors. Consequently, promoting healthy positive adolescent nutritional health and wellbeing.

Aisle 3: Helping Hand

Hobfall and Stephens (1990) proposed social support can act as an immediate buffer to multiple stressors. Examination of the SAFEN data indicated that the participants chose staying focused and trusting people as the top items they needed a helping hand with. Data from this aisle can be used to guide prevention and early intervention for the optimal mental health of youth. Social support acts as a protective against the stressors and behavioral aberrations by demonstrating care for the youth and assisting them in difficult circumstances (Plimpton, 1994). Similarly, peer, teacher, and parent support has been found to predict motivation (Wentzel, 1998) and school engagement (Furrer & Skinner, 2003).

Aisle 4: Feel Better

Coping with stress during adolescence is well documented with growing understanding of its link to adolescent mental health and illnesses. The SAFEN data indicated that the participants chose listening to music, praying and talking to a friend as top strategies that they used to help them cope and feel better. Given the established link between adolescent stress and coping (O'Connor et al., 2010), data obtained from this aisle can inform service providers on the presence or absence of healthy or unhealthy coping responses, providing a critical reference point for being attuned to the personal coping strategies of the youth.

Aisle 5: Family Relationships

Over the past decade, there has been growing evidence of the importance of close and caring relationships between young people and their parents and other caregivers (Biglan et al., 2012). Strong relationships are protective against a range of behaviours that affect health and wellbeing in adolescence including substance use, violence, and early initiation of sexual behaviours (Robinson, 2006). The SAFEN data indicated that the participants needed their family to be more involved in listening to them, understanding them and believing in them in order to have better family relationships. The data from this aisle provide specific indications for service providers to support parental awareness and engagement, but also guides service providers, themselves, in terms of youths' relational needs, which will help support their emotional and mental health.

Aisle 6: Relationships 'R' Us

Relationships lie at the heart of all effective work with young people (Biglan et al., 2012). For example, children and adolescents with strong and supportive peer relations have been found

to perform better academically than those without such support (Wentzel, 1991; Wentzel & Caldwell, 1997). The SAFEN data indicated that participants chose honest and funny as the top qualities that they needed in friends, while the top qualities for youth workers were respectful, caring, and non-judging adults. Responses in this aisle can help the child/youth care provider attain a deeper awareness of the characteristics of relationships that their clients expect from them and their peers.

Aisle 7: Joy Boosters

A lack of nurturance undermines the healthy development and wellbeing of youth (Baars & Terruwe, 2002; Biglan et al., 2012). Youth who are not nurtured often experience being criticized, ignored, abandoned, neglected, abused, or emotionally rejected by primary and other caregivers (Baars & Terruwe, 2002). In this study, participants indicated that the top experiences they needed to feel happier were: respect, someone to care, and someone to listen. In the second part of this aisle, the participants indicated that the top experiences they want to feel happier were: to feel important and cared about. Youths' responses on this aisle can guide a teacher, social worker, or counsellor to plan activities, perform nurturing and emotionally validating protective actions, that may boost youths' levels of happiness. When nurtured, youth feel valued and motivated to engage in services and opportunities being offered.

Aisle 8: Please Stop

Emotional abuse or psychological maltreatment is difficult to detect but may be more prevalent and potentially more destructive than other forms of child abuse and neglect (Glaser, 2002). Because it often goes unnoticed, emotional abuse and neglect receive little attention from the public or professional sector and are seldom the target of research or intervention (Elliott, 2002). The youth in this study chose telling lies on them as the top item they wanted people to

stop doing or saying to them. The data obtained from this aisle can be used for early identification of the people or actions that may be contributing to the emotional distress that youth experience, and thereby provide guidance for intervention and support.

Aisle 9: I Wish

Hope can act as a resilience factor that buffers the impact of hopelessness on suicidal ideation (Huen, 2015). This aisle provides an opportunity for youth to communicate their non-verbalized hopes and wishes. Hope has been consistently linked to positive outcomes in many life domains, including aspects of positive mental health (Lee & Gallagher 2018). When asked about what they hoped for, youth in the present study most frequently indicated their hopes for better grades. The data obtained from this domain can be used in preventive and intervention efforts, to ensure that the hopes and wishes of youth are supported and not left unchecked, may lead to frustration and externalizing problems (Freud, 1915).

Aisle 10: Recycle 'a' Feeling

Research indicates that negative emotional states such as anger, stress, or sadness can hinder logical thinking, reflection, and self-regulation and can lead to impulsive behaviours and potentially risky actions (Kenneth, Allen & Gabbay, 2012). In this study, participants chose feeling stressed as the top item that they considered a negative emotional state that they wanted to turn into a more positive one. Data from this aisle can be used to guide insights into the difficulties that youth experience. Youths' responses can also provide direction for early intervention to reduce unhealthy emotional states, promote emotion regulation strategies, and reduce the impact of stress.

Does SAFEN provide a feasible framework for youths' expression of their emotional needs?

We asked youth to complete a brief questionnaire to determine whether they found SAFEN an easy and useful way of allowing them to express their strengths, wants, and needs. The youths were enthusiastic about completing SAFEN. All of the youth indicated that SAFEN was easy to complete and allowed them to express themselves. All but one youth indicated that SAFEN would be a good tool to use to help service providers understand them better. Youths' responses on the open-ended questions reflect these positive evaluations of SAFEN, such as: "the questions were very clear and understandable"; "it helps people understand me"; "it helps me know myself better"; and "I liked that we were able to include any other issues we may have".

During the two sessions of SAFEN trials at Dixon Hall, I observed the youth as they completed the assessment tool. I noted that the youth were fully engaged and forthright in answering the questions. I also noted that the youth appeared engaged and did not feel evaluated, pressured, and judged. Only one of the participants was less enthusiastic about completing SAFEN, which she noted was similar to "the ones at CAMH".

Can SAFEN, contribute to more understanding and caring relationships between youths and the service providers working with them?

The third research question focused on whether SAFEN can support service providers in developing more understanding and establishing caring relationships with the youths in their care. The youth workers were provided with profiles for each youth based on his/her responses. During observations of the youth workers as they read the youths' SAFEN profiles, I noted that they were gaining many new insights about the youth with whom they had worked for at least a year. The youth workers' responses to the questionnaire on the value of SAFEN were very

enthusiastic. They indicated that SAFEN was a tool that could help them understand the youth at a deeper level and in a more systematic and comprehensive way than they have experienced with other assessments or no formal assessment. In post-conversations with the youth workers, they both voiced their concerns about having to rely primarily on clinical assessments to make judgements about the youth in their care. They indicated that they found other clinical tools to be too diagnostically formulated and too problem focused to enable them to make service treatments and to build nurturing relationships with youth. They saw SAFEN as offering them a balanced approach to their intake assessments and service planning. Not only did they come to understand the youth and their needs, but they felt that SAFEN would enhance their work and enable them to advocate for these youth in the contexts of their schools and communities. This preliminary evaluation of SAFEN at the youth division of Dixon Hall Neighbourhood services serves as a blueprint for other youth serving community agencies as an assessment strategy that can facilitate understanding for a positive youth-counsellor relationship.

9.2 Implications of this research

The findings of this preliminary evaluation of SAFEN have implications for the fields of Psychology, Criminology, and Political Science and Education in that it uses youths' own voices and perspectives to communicate their strengths, needs and wants.

(A) Psychology

In placing SAFEN in the context of the discipline of Psychology, which emphasizes social interaction as a basis of behavior, one is able to see the potential of SAFEN to bridge the divide between the "observable and the "unobservable". In a recent article, Biglan and colleagues (2012) noted that youths' mental, emotional, and behavioral disorders arise from a set of common conditions. They argue that to prevent the development of these types of problems,

we need to provide children and youth with nurturing environments.

SAFEN is a tool that can guide prevention and intervention efforts to create relevant nurturing relationships. SAFEN not only taps into youths' perspectives of their emotional needs and coping strategies, but it also asks them about the important relationships in their lives and what they need from those relationships. Many child and youth assessment tools, such as the *Child Behavior Checklist* (Achenbach & Edelbrock, 1991) focus on behavioural indications of problems, without tapping into youths' own perceptions of their emotional experiences. Taken together, the 10 SAFEN aisles enable youth to relate the aspects of their lives in which they need support and indicate what forms of support and nurturance they need. Consistent with Bronfenbrenner's (1979) Ecological theory and Sameroff's (1975) Transactional Model, SAFEN provides insights into the individual youths' needs and wants, but also into the way in which the youths would like to be supported by friends, family, and other adults involved in their lives. With these insights, the adults involved with youth will be in better positions to understand, engage with, and support youth through nurturance.

(B) Criminology

The development of delinquency and criminality depends on many interacting processes related to individual characteristics, social contexts, and experiences of marginalization. When youths are stressed, they cope with the strain by engaging in antisocial activities (Agnew, 1992). Youths living in contexts of risk, such as those involved in the current study, experience daily stress and when unsupported, find ways of coping in unhealthy ways. The experiences in youths' lives can also draw them into antisocial behavior. Zimbardo (2007) argued that situations pull people to act in ways they never thought imaginable. In an interview following his infamous 1971 Stanford Prison Experiment, Professor Philip Zimbardo said 'the line between good and

evil is permeable and almost anyone can be induced to cross it when pressured by situational forces'. Therefore, therefore assessments designed for youth may benefit from including questions, such as those in SAFEN, that allow them to reveal the multiple situational stressors in their lives that impact on their emotional and behavioral functioning. A case can be made that the neglect of non-criminogenic (e.g., nurturance, emotional and developmental) needs may contribute to aggression and violence. Because, violence and delinquent behavior can be triggered, in part, by youths' exposure to negative life experiences, events, and associated negative affective states.

(C) Political Science

The discipline of political science is interested in the health of child and youth populations and in contributing to healthy public policy at the its intersection with public health. Policies to address the emotional health of youth is critically needed. Children and adolescents' mental health needs have historically been addressed inadequately in policy, practice, and research (Burns, 1999). Lansdown (2001) suggests that children's interests are frequently disregarded in the public policy sphere in favour of more powerful interest groups. Lansdown notes that public policy often supports the rights and interests of parents ahead of those of children, even when the consequences of so doing are detrimental to the welfare of children. SAFEN provides a means for policy maker to consider the *situational causes* of youth troubles and offers numerous entry points for the public health sector to collaborate with other stakeholders to support evidence-informed action that addresses the determinants of emotional and mental well-being for all children and youth in Canada. This preliminary evaluation suggests that SAFEN can a crucial resource in deepening the understanding of emotional determinants that are known to affect young people's health and well-being. Its broad areas of focus on social

context and unmet emotional needs encapsulate key factors that influence young people's health and well-being.

(D) Education

The Ontario Safe School policy cites, the need to understand student behavior. (Safe Schools Action Team, 2008) Currently, most current classroom management systems have been designed to serve academic functions only (Pandey, 2005). In the past, it was easy for schools to discount the importance of "knowing their students" as either "a vacuous platitude or a statement of the obvious" (Powell & Powell, 2011). However, today with the manifestations of increasing levels of anxieties, depressive states, self-harming behaviour, and violence in schools, educators must understand that failing to get to know their students as human beings is simply unacceptable because not undertaking this necessary task is putting the wellbeing of both their students and themselves at risk.

The implications of this research are timely in light of the head of Ontario's elementary teachers' union's recent media announcement that exposed increased incidents of aggressive, destructive student behaviour in classrooms across the province which is currently creating serious challenges. (Alphonso, Globe and Mail, 2017).

Labaree (2000), speaks of the need for teachers to develop caring relationships with their students in order to develop an in-depth understanding of their learning needs and abilities. They also need to establish an emotional connection to motivate the student to participate actively in the learning process. Building genuine trustworthy relationships between teachers and students is pivotal in student capacity to learn (Raider-Roth, 2005).

Many schools have succeeded in meeting the social-emotional needs of their students as a positive behavior strategy to address their unmet emotional needs. With this approach, they have been striving to identify the social factors that predispose students to disruptive classroom behaviours and conduct. Students' inappropriate behaviours are usually responses to stressors in their environments and are often attempts to communicate a need, rather than being deliberately aggressive or purposefully negative. SAFEN provides an unexplored pathway to help teachers build positive relationships, create nurturing and emotional validating classrooms, and to prevent students from 'acting out' their distressing feeling in harmful ways.

9.3 Limitations

Although this research was carefully planned, I am still aware of its limitations and shortcomings. First, the research was conducted with youth clients of Dixon Hall over the course of a month. If more time had been available, it would have been possible to engage youth in every step of the research, much like Participatory Action Research. With youths' participation from the beginning, the salient aspects of their experiences could have influenced all stages of the research process. A participatory action research project would, however, have been challenging, given the fact that the participants are not present at Dixon Hall on a regular basis.

The sample size of 21 youths is small and likely does not represent the population of youth within Regent Park. This was an opportunity sample recruited by Dixon Hall staff through a process of engaging parents first and then including their children. Seventeen of the 21 participants were black and 15 of the 21 participants were female; therefore, youth from other ethnic/cultural backgrounds and male youth were underrepresented. For this reason, the findings of this study may not generalize to the general population in which there is considerable diversity and male and female youths are almost equally represented. Finally, this sample of youth at

Dixon Hall may not be representative of other groups of youth, as these youths participated in a supportive community program.

A second set of limitations arose from the settings in which SAFEN was administered. Ideally, I would have liked to have engage youth in a quiet setting. The first 10 participants completed SAFEN in a Dixon Hall youth facility that was noisy and had many distractions. The second group of 11 participants was at a vacation camp and was equally disruptive. In spite of these limitations in this preliminary evaluation of SAFEN, the findings provide positive direction for future research and implementation of SAFEN.

9.4 Future Directions for Research on SAFEN

The present study was a preliminary evaluation of the SAFEN assessment tool and provided insights into its utility and feasibility. There is, however, a need for future research on SAFEN to provide a solid empirical foundation for its adoption and dissemination. First, there is a need for research with a large and diverse sample of youth that focuses on the nature of youths' responses. The youths' profiles could be examined for patterns and in consultation with service providers, resources might be developed to accompany the SAFEN profiles to promote supportive interventions for youth. Secondly, it would be valuable to conduct research with a large and diverse sample of youth over an extended time period during which service providers could integrate their new understanding of youths into their practices, provide feedback, and youths' progress could be measured. Finally, there is a need to test the value of SAFEN in providing insights from youths' voices and profiles for other adults in their lives, such as parents and teachers. With youth's permission, research could be conducted on the value of sharing youths' SAFEN responses with these other adults and getting their feedback.

9.5 Conclusion

“Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted”.

(Albert Einstein)

While a few bad apples might spoil the barrel (filled with good fruit/people), a vinegar barrel will always transform sweet cucumbers into sour pickles—regardless of the best intentions, resilience, and genetic nature of the cucumbers. So does it make more sense to spend resources to identify, isolate, and destroy bad apples or to understand how vinegar works. . . ?

(Phillip Zimbardo)

"The more we learn about man's natural tendencies, the easier it will be to tell him how to be good, how to be happy, how to be fruitful, how to respect himself, how to love, how to fulfill his highest potentialities . . . the thing to do seems to be to find out what one is really like inside; deep down, as a member of the human species and as a particular individual.

(Maslow, 1987)

Monitoring child and youths' well-being is not novel: recent studies have demonstrated a shift towards soliciting the opinions of youth regarding their rights and well-being (Savah, 2015). It is the hope that SAFEN, will be a part of that shift. This research has provided preliminary evidence that SAFEN is a feasible tool to use with youth, that engages them in sharing their insights into their strengths, needs, and wants. SAFEN also provides valuable insights for service providers to better understand youths' emotional lives from their own perspective and to honour and reflect youths' voices as part of this understanding.

The world experienced by young people today and the pressures they face, in general, are different from that of previous generations. To support youths' healthy development, we need to

understand and validate their experiences and support their emotional needs to enable them to cope constructively with the complexity in their lives. This research serves as a preliminary evaluation of SAFEN and suggests that it is both feasible and valuable and may serve to complement other mainstream assessments that are used to promote effective prevention and intervention in youths' lives.

SAFEN offers a platform for clinicians, teachers, social workers, and therapists to get to know children and youth in their care, beyond their externalizing behavior, their past histories, and the contents of their case files. Those involved in youths' lives can now be privy to invaluable data on their emotional functioning, which in turn can promote understanding and therapeutic relationships. Drake (1994) pointed out that if workers do not build good relationships, clients will be less likely to disclose full information and to cooperate – thus compromising the protection of the child. Canada's children and youth deserve to be supported by the adults responsible for them to measure up to UNICEF's criteria of attending to "their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born" (UNICEF, Innocenti Report card 7, 2007).

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Appendix A: Letter of Permission to Conduct Research

RE: Permission to Conduct Research Study Dixon Hall

Dear Ms. Costain:

I am writing to request permission to conduct a research study at Dixon Hall Neighbourhood Services. I am currently enrolled in the Master's program of Interdisciplinary Studies at York University and I am in the process of writing my Master's Thesis. The study is entitled: Evaluating the Shopping Aisles for Emotional Needs (SAFEN) assessment: Promoting the Emotional Health Needs of Children and Youth.

I would be grateful if the Dixon Hall administration will allow me to recruit participants (10 boys and 10 girls, ages 13-17) to participate in trying the SAFEN assessment and reporting on their experience with it. Additionally, with youths' permission, we will share their SAFEN profiles with Dixon Hall staff members who know and support the youth participants. The staff members will be asked to complete a questionnaire outlining their work and personal experience with the youth and the extent to which the SAFEN profile was useful. Youth who volunteer to participate will be given a consent form to be signed by their parent or guardian (copy enclosed) and returned to the primary researcher at the beginning of the survey process. Staff who volunteer to participate will also be given consent forms to be signed and returned to the primary researcher (copy enclosed).

If approval is granted, your youth client participants will complete SAFEN in a quiet setting at the Dixon Hall site, or a location off site. All data will be kept confidential and no youth will be identified in any communication or publication. Should this study be published, only pooled results will be documented. No costs or harm will be incurred by either your staff or your client participants.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call next week and would be happy to meet to discuss this project further and answer any questions or concerns that you may have at that time. You may contact me at my email address. The time required of your youth clients will be approximately, 1 hour. The time required of your staff to fill out their feedback on their experience with SAFEN, will be approximately 30 mins.

If you agree with the above terms, kindly sign below and return a signed copy of this letter, acknowledging your consent and permission for me to conduct this survey/study at your institution.

Sincerely,

Samartha S. Gamble

Masters Interdisciplinary Studies, York University

Enclosures

cc: Dr. Debra Pepler, Research Advisor, York University, Psychology Department,
located at 5022 Victor Philip Dahdaleh Building (DB) Keele St.

Approved by:

Print your name and title here

Signature

Date

Appendix B: Youth Assent Form

Informed Consent Participants under age 16

Dear Youth Participant

We are so proud to have developed the Shopping Aisles for Emotional Needs assessment for youth. We call it the SAFEN. Now that we have finished developing it, we would like help in seeing how it works and learning from how you felt about using it. We wanted to create an assessment for youth to help them expressed themselves, about how they are feeling, wanting, and needing, so that the people who worked with them could listen to them, and understand them better. We felt that many assessments used with youth, look for the problems. So that they can treat them. We developed SAFEN, so that the people who work with you could respect your emotional needs. If you decide that you want to be part of this study, you will be asked to complete a booklet, you will have all the time you need to complete it.

There are some things about this study you should know. After you have completed your SAFEN assessment, our computer will create a profile of your answers. The profile, will be given to your youth worker, so they can get to know you better, understand how to take factor your emotions in their work. There is very little risks and discomfort to you if you decide to participate. You may feel little discomfort, as you answer the questions. The time needed from you to participate in the study will be 1hr and 30 mins. Please know that you can request a break, or you can decide to stop. We think these benefits might be that you will get to know yourself better, and the people who work with you will not judge you by your behaviour, but will try to support you, so that you can have the confidence to be a better you.

When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your parents know about the study too.

I don't mind that my youth worker will get a copy of my completed SAFEN profile

Yes or No

If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

(Sign your name here)

(Date)

Appendix C: Informed Consent (Parent)

Letter of parental/guardian permission for youth under 16

Project Title: Evaluating the Shopping Aisles for Emotional Needs the (SAFEN): Promoting the Emotional Health of Children and Youth

Researcher: Samartha Gamble, York University

Dear Parent/Guardian,

Purpose of This Research: The purpose of the study is to evaluate the SAFEN with youth and staff members at Dixon Hall Neighbourhood Services to promote the emotional health of children and youth. We are approaching you about your child/youth in your care as parent or guardian and asking for your permission for your child to participate in this project. We want to understand what aspects of this program work to help communities create positive changes and how these changes happen.

What Is Involved? I will ask your son/daughter to complete the SAFEN and ask for permission to share your answers with a Dixon Hall youth worker who is involved in supporting you. After your child finishes the SAFEN, I will ask your son/daughter to complete a short questionnaire that asks about your experiences with the SAFEN. The time required will be Approximately 1 hour and 30mins.

Who Is Doing the Research? Researcher and Master's student, Samartha Gamble, together with Dr. Debra Pepler, Professor and distinguished researcher at York University, located at 5022 Victor Philip Dahdaleh Building (DB) 4700 Keele St.

Benefits of Participating: A benefit to participating in our study of this new assessment, is that your child will have a far greater understanding of their emotional needs. Additionally, your child will be a part of a ground-breaking study that is aiming to put the emotional needs of Ontario's children and youth at the forefront, in an aim to promote early mental health intervention and prevention. Additionally, those who work with your child will get to know them beyond their behavior, and thus advocate on their behalf, with understanding and compassion.

Risks and Discomforts: If you child feels uncomfortable at any time answering the questions, they may stop. We have encouraged them to reach out to their worker at Dixon Hall for support if they are in anyway uncomfortable with this research. We are encouraging your child to contact Samartha Gamble to refer them to the appropriate service if your child is distressed.

Voluntary Participation: We do not want you or your child to feel any pressure to participate in this research project. It is up to you and your child to participate in the research or not, even if your child has agreed to participate by signing an assent form or consenting verbally, he/she can stop at any time without an explanation.

The decision to stop participating will not affect your or your child's relationship with the researchers or community members involved, York University or the Dixon Hall. Dixon Hall's programming will still happen in the community if you or your child decide not to participate in the research. If your child decides to stop participating in the research at any point, they can choose to let the research team keep what they have shared or erase the recordings, transcripts (text from audio recordings) and notes from their participation.

Benefits of The Research and Benefits to You: Dixon Hall, will be the first site to try the SAFEN. We are hoping that your child will see SAFEN, as a means of communicating to others, how they are feeling and needing. We hope that Dixon Hall youth workers will find it helpful to learn from your child, and to get to know your child better.

Privacy: Knowledge gathered from the questionnaires will be kept private and confidential. Your child's privacy will be protected to the fullest extent possible by law. However, if your child shares any information about current or ongoing child abuse, or risk of harm to self or to others, the researchers have a legal and ethical duty to report this information to the right people to help keep individuals in the community safe.

Where Will We Keep the Knowledge Your Child Shares? All knowledge your child shares - notes, audio recordings (if applicable) and transcripts (text from audio recordings), will be kept private and safe in a locked cabinet and/or a password-protected computer/hard drive. One secure location will be chosen by the researchers at York University after the project has finished, since both partners are sharing the knowledge gathered. The information gathered will be confidential: your child's personal identity will be replaced by a code or pseudonym, unless you both have given us permission to use your child's name.

Seven (7) years after the project is finished, the notes stored at York University will be destroyed. For the notes stored at the location chosen by members of [community], as mentioned above, community members will not have been given access to information that identified you and your child unless you and your child provided specific and direct permission for that. If you gave permission for your and your child's personal identity to be known.

Ethics Approval: This research has been reviewed and approved by York University's Ethics Review Board. If you have questions or concerns about this project at any time, Samartha Gamble will be available to speak with you. If you would like to speak to someone outside of your community, please contact project coordinator or my Graduate Supervisor, Debra Pepler.

Participant consent (questions for community-knowledge gatherers to ask participants)

1. Do you understand this project and your child's role?
2. Do you have any questions?
3. Do you consent for your child to participate in the project?

Written consent: If so, please print and sign your name below to let us know you give permission for your child to participate in this research:

I, _____ agree to allow _____ to participate in the Evaluating the Shopping Aisles for Emotional Needs Assessment. I understand that I am not waiving any of my or my child's legal rights by signing this form.

Signature _____ Date _____

I consent to the use of the knowledge my child shared today in future research: Yes No

I consent to be contacted again if the knowledge my child shared today is requested for use in future research:

Yes No

Signature of Researcher:

Date _____

Appendix D: Informed Consent Form

[Youth Worker Dixon Hall]

Study Name: Evaluating the Shopping Aisles for Emotional Needs (SAFEN): Promoting the Emotional Health of children and Youth in Ontario.

Researcher: Samartha Gamble, Graduate Program in Interdisciplinary Studies, York University.

Purpose of The Evaluation: The purpose of the evaluation is to evaluate the SAFEN emotional needs assessment with Dixon Hall Social Service Agency. I will provide the SAFEN to the youth clients, thereafter, I will provide the youth with a 10 questions questionnaire to reveal their experiences with the SAFEN. I will progress from this, with a 10-question questionnaire to the youth workers at Dixon Hall. They will be asked to provide their experience working with the data retrieved from the completed SAFEN assessments, of the participants.

What You Will Be Asked to Do in the Research? You will be asked to use the completed SAFEN profile with your clients for three weeks. After, the three weeks deadline you will be asked to complete a short 10-question feedback form. The time required to complete the questionnaire would be approximately 45mins.

Risks and Discomforts: I will not identify you by name or use any identifiers regarding your workplace. I will identify you by profession and include the general setting in which you work; for example, each youth worker participant will be given a pseudonym.” The pseudonym name, is primarily for the benefit of protecting your identity of in our work computers.

Benefits of the Research and Benefits to You: As an employee of Dixon Hall, you will be the first youth worker to try the SAFEN, emotional health assessment in Ontario, with your youth clients. Additionally, by interacting with the emotional profiles of your clients, we anticipate that you may experience personal benefits, including: increased understanding of the emotional health needs of your youth clients, increased nurturing relational capacities with your youth clients, and improved advocacy skills, in your purpose to facilitate their personal, social, and educational development.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the ongoing relationship you may have with the researcher, or the nature of your relationship with York University either now, or in the future. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible. Should you wish to withdraw after the study, you will have the option to also withdraw your data up until the analysis is complete.

Confidentiality: All information you supply during the research will be held in confidence and unless you specifically indicate your consent, your name will not appear in any report or publication of the research. The data will be digitally recorded and subsequently transcribed, and the researcher will take handwritten notes during the interview. Your data will be safely stored in a locked cabinet and password-protected computer and only the researcher will have access to this information. The data will be destroyed by the researcher by April 30, 2019. Digital files and transcriptions will be deleted, trashed, and the trash will be emptied so no cache of the files exists. Handwritten notes will be shredded. Confidentiality will be provided to the fullest extent possible by law.

Questions About the Research? If you have questions about the research in general or about your role in the study, please contact Samartha Gamble by email, or the Graduate Program Interdisciplinary Studies. This resubmitted thesis proposal research has not received ethics review and approval by the Human Participants Review Sub-Committee, York University’s Ethics Review Board. If you have any questions about this process, or about your rights as a participant in the study, please contact the Sr. Manager & Policy Advisor for the Office of Research Ethics, 5th Floor, Kaneff Tower, York University.

Legal Rights and Signatures:

I _____ (*print your name*), consent to participate in the research project by Samartha Gamble, entitled “Evaluating the SAFEN, Shopping Aisles for Emotional Needs: Promoting the Emotional Health Needs of Ontario’s Children and youth. A self-administered assessment for the emotional functions of children and youth assessment, I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Signature _____
Participant

Date _____

Signature _____
Researcher, Samartha Gamble, Graduate Student,
Interdisciplinary Studies, York University
227 Vanier College, York University
4700 Keele Street, Toronto, ON M3J 1P3

Date _____

I, _____, waive anonymity and consent to the publication of my name.

***** I APPROVE THIS INFORMED CONSENT FORM:

Signature _____
Dr. Debra Pepler, Coordinating Chair of Supervisory Committee. LaMarsh Centre

Date _____

Appendix E: Youth Feedback Survey

1. Were the questions easy for you to complete?

Yes

No

2. Did SAFEN help you express what you are feeling and needing?

Yes

No

3. Did SAFEN make you feel comfortable expressing your feelings?

Yes

Not sure

No

4. Did SAFEN help you get to know yourself better?

Yes

Not sure

No

5. Do you think that the SAFEN could help adults understand you better?

Yes

Not sure

No

6. Would you like Dixon Hall to use SAFEN with you in the future?

Yes

Not sure

No

7. Through research, youth have said that they don't like to complete assessments that they believe are disrespectful, judgemental and criticizing of them. Did the SAFEN make you feel any of these ways?

Yes

Not sure

No

8. What did you like most about SAFEN? Please tell us in your own words.

9. What did you like least about SAFEN?

Thank you for your feedback

Appendix F: Youth Worker Feedback Survey

1) Please select the response below that best describes your overall satisfaction level with SAFEN:

<p>INSTRUCTIONS:</p> <p>For each of the following categories, please rate your satisfaction level with SAFEN, by placing an "X" in the appropriate box.</p>	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
a) Allowed me to get to know my youth client better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Helped me to be more understanding and less judgemental of my youth client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I have a better understanding of the underlying causes of the externalizing behaviours of my youth clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Allowed me to be more attuned to the needs of my youth client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Helped me to understand the feelings, strengths, felt-needs, and distresses of my youth clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I feel more engaged with my clients with respect and compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Helpful in planning with my youth clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) The SAFEN profile allowed me to work more effectively with my youth client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I felt more positive and involved in my relationship with my client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Allowed me to advocate with more conviction with others (e.g. parents, teachers) on behalf of my youth clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) What section(s) of SAFEN did you find most helpful to your work with youth? Please provide your answer in the space below:

3) Were you able to integrate the SAFEN profile with other assessments (i.e. intake assessments) that are currently being used at Dixon hall? Yes or No. Please explain.

4) If the SAFEN were available today, how likely would you want to use it in your work? Please select an answer from the list below:

- Very Likely
- Unlikely
- Not Sure

5) How likely it is that you would recommend SAFEN to your administrators at Dixon Hall?

- Very Likely
- Unlikely

Not Sure

6) What is your opinion on the future of the SAFEN? How might it be applied to the challenges you or Dixon Hall are trying to address?

7) Do you have any additional revelations about SAFEN that you think we should be aware of?

Appendix G: Youth Worker Feedback Survey Written Responses

- 1) **What section(s) of SAFEN did you find most helpful to your work with youth? Please provide your answer in the space below:**

a) I liked the Relationship Aisle: What type of character traits would you like in your youth worker.
b) I liked the Helping Hand Aisle

- 2) **Were you able to integrate the SAFEN profile with other assessments (i.e. intake assessments) that are currently being used at Dixon hall? Yes or No. Please explain.**

Yes, I was able to integrate in Intake, Program Development. It helps with knowing what topics to integrate. One-on-ones, drop-in ...everything.

- 3) **What is your opinion on the future of the SAFEN? How might it be applied to the challenges you or Dixon Hall are trying to address?**

SAFEN, will be a life changing tool for young people. It appreciates the voice of the people and sends a strong message to young people that they can identify, understand and voice their needs.

- 4) **Do you have any additional revelations about SAFEN that you think we should be aware of?**

a) Interesting to see what people don't fill out. What they checked marked and then crossed out. What they checked mark really big and really small.
b) Encourage to implement this type of reading in trainings (in the future).

- 5) **What section(s) of SAFEN did you find most helpful to your work with youth? Please provide your answer in the space below:**

Their wishes: The Wish Aisle
Helps me support the youth much better. I also loved Aisle 2 "Talents and Smarts": What do you love about yourself.

- 6) **Were you able to integrate the SAFEN profile with other assessments (i.e. intake assessments) that are currently being used at Dixon hall? Yes or No. Please explain.**

Yes, I was able to use for their intake and case files. Very easy to adapt to the SAFEN tool.

- 7) **What is your opinion on the future of the SAFEN? How might it be applied to the challenges you or Dixon Hall are trying to address?**

I think there is a HUGE future for SAFEN. Helps me get to know how the youth are feeling emotionally.

- 8) **Do you have any additional revelations about SAFEN that you think we should be aware of?**

None
