

RESILIENCE PROTECTIVE FACTORS CHECKLIST (RPFC)

- *RPFC-CLIN -CLINICAL VERSION
- *RPFC-YOUTH -YOUTH VERSION
- *RPFC-PAR -PARENT/CAREGIVER VERSION
- *RPFC-COLLEGE RSCH -COLLEGE RESEARCH VERSION

USER'S MANUAL

Table of Contents

Section 1: INTRODUCTION	3
General Description of the RPFC	3 3
Development of the RPFC	
Defining Resilience and Protective Factors	
Types of Protective Factors- Individual, Family, & Community	4
Positive Effects of Protective Factors- Protective, Preventive, and Promotive	4
Research on the RPFC	4
RPFC is a Clinical Tool, Not a Risk Assessment	5
Benefits to using the RPFC	6
Utilization of the RPFC as a Pre/Post Outcome Measure	6
Section 2: ADMINISTRATION & SCORING	7
Age & Life Role Requirements	7
Reading Level Requirements	7
Administering the RPFC	7
Hand Scoring Instructions for the RPFC	7
Possible Discussion Topics Regarding RPFC Results	8
Section 3: CONTENT DESCRIPTION FOR EACH RPFC ITEM	9
Section 4: FOUR VERSIONS OF THE RPFC	11
RPFC-CLIN (Clinical version)	12
RPFC-YOUTH (Youth version)	1
RPFC-PAR (Parent/ Caregiver version)	14
RPFC-COLLEGE RSCH (College Research version)	15
Section 5: SUGGESTED INTERVENTIONS FOR DEVELOPING & STRENGTHENING	
PROTECTIVE FACTORS IDENTIFIED IN THE RPFC	15
[Work in Progress]	
References	16
Appendix A: Copy of the RPFC-Clin (Clinical version)	
Appendix B: Copy of the RPFC-Youth (Youth version)	
Appendix C: Copy of the RPFC-Par (Parent/Caregiver version)	
Appendix D: Copy of the RPFC-College Rsch (College Research version)	
Appendix E: Copy of the RPFC-Scoring Key (Hand Scoring Info & Protective Factor list)	
Annendix F: Copy of the RPFC Graph	

NOTE: There is no cost to utilize the RPFC. Copies of the most up-to-date RPFC versions can be requested from Kevin M. Powell, Ph.D. at kevinpowellphd@gmail.com or thru his website www.kevinpowellphd.com

Section 1: INTRODUCTION

The field of mental health and criminal justice has historically placed a strong emphasis on the identification and treatment of problems and risk factors. However, there is growing awareness and empirical support for adopting a strengths-based orientation (Edwards, et al., 2017; Powell, 2015). This orientation places an emphasis on strengths and protective factors that can bolster resilience and healthy, prosocial development. The Resilience Protective Factors Checklist (RPFC) is part of this strengths-based movement.

General Description of the RPFC

The Resilience Protective Factors Checklist (RPFC) is a strengths-based oriented questionnaire that assists in the identification of protective factors empirically linked to resilience and positive outcomes. Four versions of the RPFC are described in this manual, which can be administered to people across the life span and who have different life roles.

The original RPFC was the clinical version (*RPFC-Clin*) and utilizes a checklist response format. This version was developed for clinical use to facilitate open communication and education about a myriad of different protective factors linked to resilience.

The other three versions of the RPFC (*RPFC-Youth*, *RPFC-Par*, & *RPFC-College Rsch*) utilize a more quantitative scoring system with the use of a 4-point Likert-Type rating scale. Refer to Section 4 for details about each version of the RPFC.

Development of the RPFC

The *RPFC* is a strengths-based questionnaire that was developed and utilized as a clinical tool during two decades of work in a maximum-security detention center serving adolescents, young adults, and their families. The clinical utility of the RPFC has been evident over the years regarding its capacity to positively engage at-risk (at-promise) clients and their families in treatment services. Rather than focusing on what is 'wrong' with clients or their families, the RPFC provides opportunities to look at what is 'right' with them by identifying, developing, and strengthening protective factors linked to resilient positive outcomes.

Defining 'Resilience' and 'Protective Factors'

Resilience and the interrelated *protective factors* describe a multidimensional, dynamic process, which has made it challenging to operationally define. A general definition of these two constructs is:

RESILIENCE: The process of effectively managing, adapting, and 'bouncing back' from significant sources of adversity, as it relates to life stressors including traumatic experiences.

PROTECTIVE FACTORS: The assets and resources within an individual, their family, and/or their community that facilitate the capacity for resilient responses.

Types of Protective Factors- Individual, Family, & Community

An ecologically-based exploration of protective factors is required due to the heterogeneity of protections that include both external resources (from the person's family and community) and internal attributes within the person.

The RPFC items are organized into three categories of protection - Individual, Family, and Community Protective Factors. *Individual protective factors* are traits and actions within an individual that can enhance resilience when faced with hard times. *Family protective factors* are dynamics within the family that can augment a resilient response to adversity. *Community protective factors* are influences within the social environment (e.g., peer group, school, neighborhood) that can heighten a person's resilience. Refer to Table 1 (in Section 3) for a list of the individual, family, and community protective factors.

Positive Effects of Protective Factors- Protective, Preventive, and Promotive

Many of the factors included in the RPFC are not only *protective* (buffers the effects of life adversity) but are also *preventive* (reduce the risk of exposure to future adversity) and *promotive* (leads to positive life outcomes). For example, the RPFC item – "I have a positive family member who gives me support in good and bad times"-- assesses the protective factor of having a close, supportive relationship with a prosocial, stable family member. This factor can have protective, preventative, and promotive effects. A *positive, stable familial relationship* can buffer the negative effects of life adversity through support and encouragement to cope and adjust well (*Protective Effects*); it can reduce exposure to future life adversity (e.g., reduced risk of interpersonal abuse; reduced risk of gravitating toward negative peers; and reduced risk of anxiety and depression problems (*Preventive Effects*); and this stable, prosocial familial relationship can lead to many positive life outcomes due to acquiring a developmentally secure attachment, witnessing many prosocial actions, and learning strong social skills (*Promotive Effects*).

The term *protective factor* is used to describe all the RPFC items, but users of the RPFC are encouraged to also be cognizant of the *preventive* and *promotive* influences.

Research on the RPFC

All the protective factors included in the *Resilience Protective Factors Checklist (RPFC)* have empirical support linking them to resilience and positive outcomes. The initial item selection and early revisions of the RPFC were based on protective factors (individual, family, and community influences) identified in the research literature (i.e., Masten & Coatsworth, 1998; Masten et al., 2009; Masten & Reed, 2002).

Over the past two decades, additional items have been added to the RPFC based on contemporary research, including a post-traumatic growth, 'steeling effects' item (Collier, 2016; Holtge et al., 2018; Meyerson et al., 2011; Schaefer et al., 2018; Seery et al., 2013) a physical exercise item (e.g., Ahn & Fedewa, 2011; Emerson et al., 2009; Otto & Smits, 2011; Weir, 2011), an internal motivation item (Karver et al., 2006; Miller & Rollnick, 2002; Walters et al., 2007) and a psychological-mindedness, problem-solving item (Nyklicek et al., 2010; Roxas & Glenwick, 2014). More recently added protective factors that are being studied include, the capacity for 'perseverance', 'distress tolerance', and 'having relationships with cultural/ ethnic supports'. The wording of the RPFC questions for some items have

been modified over time based on feedback from youth, as well as the mental health professionals administering the RPFC.

Thus far, research that has been conducted on the RPFC (Powell, Rahm-Knigge, & Conner, 2021) has revealed good psychometric properties and the factor analysis support the resilience structural model of three interrelated areas of protective factors - Individual, Family, and Community influences. The RPFC's Individual, Family, and Community Protective Factors have all been found to be positively correlated with four domains of positive life outcomes [physical health, psychological health, social relationships, and a healthy (safe, supportive) environment], as well as negatively correlated with adverse childhood experiences (ACE). When taking a closer look at participants who had one or more ACE, the RPFC was found to predict several positive life outcomes. The RPFC's 'individual protective factors' positively predicted physical health and psychological health outcomes, while the 'community protective factors' positively predicted healthy living environment outcomes. In addition, the RPFC's 'family protective factors' moderated the path between adverse childhood experiences and social relationships. That is, for individuals who have experienced more adverse childhood experiences, those with higher levels of RPFC family protective factors had positive social relationship outcomes, while those with lower levels of family protective factors had negative social relationship outcomes. These findings lend support for the utilization of assessment measures for identifying and promoting protective factors that can buffer life adversity and heighten resilient positive outcomes.

The results of a more recent CFA (Confirmatory Factor Analysis, n=653) on the RPFC (Arkfeld, Powell, & Conner, 2024) added more clarity to the RPFC items that make up the three areas of protection- Individual, Family, and Community influences. This CFA included a few additional protective factor items that explore perseverance, distress tolerance, cultural/ ethnic supports. In addition, a few items were reworded or broken up into two separate questions due to the original items including two related concepts in one question. For example, in addition to the original question "I am good at calming myself down and thinking before I act", two additional questions were added that separate the two related self-regulation skills, "I am good at calming myself down" and "I am good at thinking before I act". This will help to better determine the specific influence of each self-regulation skill as it relates to calming yourself (emotional regulation), and/or thinking before acting (cognitive regulation). The updated RPFC items based on this CFA are described in Section 3.

Although each protective factor item included in the RPFC has empirical support linking it to resilience, research on the RPFC is in the early stages of investigation. Additional research is currently being conducted investigating the RPFC with youth samples. Results of this research will be shared as it becomes available.

RPFC is a Clinical Tool, Not a Risk Assessment

Users of the RPFC should utilize this instrument as a clinical tool for educating and promoting protective factors and resilience, and *not* as a predictor of risk or any other type of predictive assessment.

Benefits to using the RPFC

There are several benefits to utilizing the RPFC including:

- *RPFC helps *engage/motivate* youth and families in human services by focusing attention on strengths/ protective factors (focusing on what is right with them, as opposed to what is wrong with them).
- *RPFC helps to *provide a clear strengths-based, solution-focused plan* regarding what to target (to develop and/or strengthen) in treatment.
- *RPFC results can assist in the development of strengths-based goals/ treatment plan objectives.
- *The RPFC can be *utilized in multiple settings* (i.e., mental health agencies, schools, home-based services, detention centers, residential facilities).
- *The RPFC can provide a *baseline measure of current protective factors*, which can help inform service recommendations.
- *The RPFC can be used as *pre- and post-outcome measures* for *individual client feedback* and/or *agency effectiveness*.

Utilization of the RPFC as a Pre and Post Outcome Measure

The RPFC, especially the versions that utilize a Likert-type rating scale (i.e., RPFC-Youth & RPFC-PAR), can be utilized as a Pre and Post Measure regarding the development and/or strengthening of protective factors during the course of services.

The *Professional Use* section (located near the top of each *RPFC* form) can be used to designate the approximate time in which the *RPFC* is being completed:

Circle **PRE Services** if the client is completing the RPFC at the beginning of services.

Circle **MID Services** if the client is completing the RPFC at a midpoint in services.

Circle **POST Services** if the client is completing the RPFC near the end of services.

Scores on the PRE, MID, & POST administration can be compared, as a method of *assessing individualized progress*, as it relates to the enhancement of protective factors within a client's life. These scores can also be utilized as an *agency outcome measure* to help determine the effectiveness of services for promoting individual, family, and community protective factors linked to resilience.

Section 2: ADMINISTRATION & SCORING

Age & Life Role Requirements

All ages and life roles can benefit from the RPFC, which is why there are four versions:

- 1) **RPFC-CLIN** (*Clinical* version): For All Ages
- 2) RPFC-YOUTH (Youth version): For Youth, 12-20 years old
- 3) RPFC-PAR (Parent/ Caregiver version): For Parents/ Caregivers, 18 years or older
- 4) **RPFC-COLLEGE RSCH** (*College Research* version): For Adults, 18 years or older (and some younger-aged college students)

Reading Level Requirements

The RPFC is written with user-friendly language with limited psychological jargon. Based on the Text Readability Consensus Calculator (readability formulas.com), which uses a combination of seven popular readability formulas, the RPFC text requires participants to have a *Sixth Grade Reading Level*.

Administering the RPFC

Prior to administering the RPFC, ensure that participants read the instructions at the top of the page. The instructions ask participants to rate how true each statement is as it relates to their life (or the life of their child). The instructions also remind participants that there are no right or wrong answers, just what is true as it relates to their life.

Hand Scoring Instructions for the RPFC

The *RPFC-Clin* utilizes a checklist response format. The *RPFC-Youth*, *RPFC-Par*, & *RPFC-College Rsch* utilize a 4-point Likert-type rating scale.

Scoring for the RPFC-Clin: The RPFC-Clin utilizes a checklist response format that is used as a clinical guide for clients and their providers. It is not quantitatively scored.

Suggested ways to utilize the RPFC-CLIN:

- 1) Mark an T (True) next to the 'protective factors' that are most true in your life
- 2) Mark an I (Important) next to the 'protective factors' you believe are *most important* to further work on to better your life
- 3) Transfer the results from the RPFC versions that use a 4-point Likert-type rating scale (1-4 scores) and discuss the results
- 4) Identify your top 2-3 protective factors that you would like to focus on, to improve your life.
- Scoring for the RPFC-Youth, RPFC-Par, & RPFC-College Rsch: These three versions of the RPFC utilize a 4-point Likert-type scale in which participants select one of four responses as it relates to their life. Responses are scored as follows:

Not True = 1 Sometimes True = 2 Often True = 3 Almost Always True = 4

Refer to the *RPFC-Scoring Key* (Appendix E) for additional information about hand scoring Also, additional details about the scoring for each RPFC version can be found in **Section 4.**

Possible Discussion Topics Regarding RPFC Results

The results of RPFC should be shared and discussed with individuals who complete it (except for research subjects who complete the RPFC anonymously). Possible topics to discuss and collaborate on include:

1) Which Protective Factors (individual, family, & community) are ALREADY PRESENT/
COMMON in your current life [those items you rated as *Often True* (3) or *Almost Always True* (4) in your life]?

Are these COMMON PFs helpful in your life (make life easier/ happier)?

What can we do to keep these Protective Factors strong?

2) Which Protective Factors (individual, family, & community) are LESS COMMON in your current life [those items you rated as *Not True* (1) or *Sometimes True* (2) in your life]?

Which of these Less Common Protective Factors do you think are MOST IMPORTANT for helping you lead a better life (a more resilient, stable, and happy life)?

What can we do to make these Protective Factors more Common in your life?

- 3) Are any of these LESS COMMON protective factors MAKING LIFE HARD for you? What can we do to make these Protective Factors more Common in your life?
- 4) When you consider all the protective factors (listed on the *RPFC-CLIN*)...

 What do you think is the MOST IMPORTANT *Individual PF* for helping you to lead a good life?

 What do you think is the MOST IMPORTANT *Family PF* for helping you to lead a good life?

 What do you think is the MOST IMPORTANT *Community PF* for helping you to lead a good life?
- 5) What are the TOP THREE PROTECTIVE FACTORS that you would like to focus on (in treatment, at home, in school)?
- 6) Let's Brainstorm about what STRATEGIES/ SUPPORTS/ SERVICES could help us DEVELOP and/or STRENGTHEN your most important Protective Factors.
- 7) Let's use your RPFC results to help us DEVELOP YOUR TREATMENT PLAN.

Section 3: CONTENT DESCRIPTION OF EACH RPFC ITEM

A list of each protective factors (PF) included in the RPFC (#1-36) can be found in Table 1. The PFs are broken down into three major categories [Individual, Family, & Community protective factors] and further organized into eleven subcategories: *Five Individual PF subcategories*: Thoughts/Values; Emotions/Affect; Self-Concept; Self-Directed; and Attitude/ Social Attributes. *Three Family PF subcategories*: Home Life; Education Value; Parenting Style. *Three Community PF subcategories*: Relationships; Activities/ School; Neighborhood Support/ Safety.

TABLE 1: List of RPFC Protective Factors

25. Authoritative (Democratic) parenting- Provide rationale for limits

26. Authoritative (Democratic) parenting- Moderate to high positive expectations

INDIVIDUAL Protective Factors:
Thoughts/ Values
1. Problem-solving skills; Psychological-mindedness
2. Self-regulation skills for self-control of attention, arousal, and impulses (Cognitive Regulation)
3. Faith; Religion; Spirituality; Sense of meaning in life
Emotions/ Affect
4. Self-regulation skills for self-control of attention, arousal, and impulses (Emotional Regulation)
5. Distress tolerance
*6. Physical exercise/ movement
Self-Concept
7. Positive self-perception; Self-esteem
8. Talents (i.e., computer skills, writing, music, athletics, cooking)
9. Posttraumatic growth; "Steeling effects"; Life adversity that enhances skills and confidence to cope with hard times
<u>Self-Directed</u>
10. Self-efficacy (believe you can effect your environment- exert control over one's own motivation, behavior, and social
environment); Hope; Internal Locus of Control
11. Internal motivation; Being committed to putting forth effort to improve your life
12. Perseverance (not giving up even when things are difficult)
Attitude/ Social Attributes
13. Positive outlook on life; Adaptive humor (tolerant, accepting, self-supporting) that helps manage stress & connect with other
14. Adaptable personality; General appeal or Attractiveness to others
FAMILY Protective Factors:
Home Life
15. Relationship with stable, prosocial family member(s)
16. Safe home; Positive family climate with low conflict
17. Organized, predictable home
18. Home with socioeconomic advantages- Families that have enough money to pay for food, clothing, rent/mortgage,
schooling, childcare, health care, leisure activities, etc.
Education Value
19. Parent/Caregiver who values education
20. Parent/Caregiver involved in child's education- <i>Schoolwork</i>
21. Parent/Caregiver involved in child's education- <i>Activities</i>
Parenting Style
22. Authoritative (Democratic) parenting- Provide structure & supervision
23. Authoritative (Democratic) parenting- Regular communication/ check-ins
24. Authoritative (Democratic) parenting- <i>Provide fair rules/limits; age-appropriate autonomy</i>

TABLE 1: List of RPFC Protective Factors (cont.)

COMMUNITY Protective Factors:

<u>Relationships</u>
27. Relationship with stable, prosocial adult(s) outside the family (i.e., teacher, coach, minister, family friend, counselor)
28. Relationship with stable, prosocial adult(s) from similar cultural background
29. Connections to prosocial, rule-abiding peers
*30. Relationship with prosocial, well-adjusted partner, boyfriend, girlfriend, spouse
Activities/ School
31. Ties to prosocial activities/ organizations
32. Attend a safe, prosocial, effective school- <i>Feel Safe</i>
33. Attend a safe, prosocial, effective school- <i>Supportive Teachers</i>
34. Attend a safe, prosocial, effective school- <i>Enjoy school</i>
Neighborhood Support/ Safety
35. Neighborhood with high 'collective efficacy' (care and support from neighbors)
36. High levels of public safety- safe neighborhood
50. Tright levels of public safety- safe heighborhood

Note: Item #6 & #30 are marked with an asterisk (*) because these items (Physical exercise/ movement & Having prosocial, well-adjusted partner) did *not* significantly load onto one of the three subscales of protection (Individual, Family or Community) in our initial study (Powell et al., 2021); however, it has been retained in the RPFC for clinical use due to empirical support in other studies and the need to further study these items with other subject pools.

Section 4: FOUR VERSIONS OF THE RPFC

Everyone can benefit from learning about their protective factors and capacity to be resilient and psychologically healthy, which is why the RPFC has multiple versions available.

Four versions of the RPFC are described:

- 1) RPFC-CLIN (*Clinical* version)
- 2) RPFC-YOUTH (Youth version)
- 3) RPFC-PAR (*Parent/ Caregiver* version)
- 4) RPFC-COLLEGE RSCH (College Research version)

The main differences between the four versions of the RPFC is the *age range* and the *life role* for the participants completing the RPFC (e.g., youth vs. parent/caregiver)

Another difference is the response format being utilized. The *RPFC-Clin* uses a checklist format, while the *RPFC-Youth*, *RPFC-Par*, and *RPFC-College Rsch* use a 4-point Likert-type rating scale.

Refer to Appendix A-D for a copy of the all the RPFC versions

1) RPFC-CLIN (Clinical version)

RPFC-Clin is a 36-item clinical tool that is designed to help facilitate open communication between youth, parents/ caregivers, and human service providers regarding the identification of protective factors linked to resilience and positive outcomes. RPFC items include individual, family and community protective factors that are also organized into eleven subcategories.

Age Requirement: All Ages (with the assistance of parents/caregivers and human service providers)

Life Role Requirement: Youth and Parents/Caregivers (and others) who want to learn more about their *Protective Factors* and *Resilience*.

Response Format: Checklist

Instructions: Read each statement (protective factor) and then have discussions about how important each protective factor might be for leading a happy, successful life. <u>Note</u>: The name for each Protective Factor (PF) is listed in italics. Suggested ways to utilize the RPFC-CLIN:

- 1) Mark an T (True) next to the 'protective factors' that are most true in your life
- 2) Mark an I (Important) next to the 'protective factors' you believe are *most important* to further work on to better your life
- 3) Transfer the results from the RPFC versions that use a 4-point Likert-type rating scale (1-4 scores) and discuss the results

Hand Scoring: The *RPFC-Clin* utilizes a checklist response format that is used as a clinical guide for clients and their providers.

Specific Attributes of the *RPFC-Clin***:**

- * The RPFC-Clin is a clinical tool with a simple checklist response format
- * The *RPFC-Clin* is a useful tool for helping people (youth, parents/caregivers, and their human service providers) to be well-informed about their personal protective factors and resilience. Compared to the other RPFC versions, the *RPFC-Clin* provides a more in-depth description of the construct of resilience and protective factors (refer to the grey box at the beginning of the form). In addition, listed underneath each RPFC item is the actual name of the protective factor (PF=) being measured.

Refer to Appendix A for a copy of the RPFC-Clin

2) RPFC-YOUTH (Youth version)

RPFC-Youth is a 36-item questionnaire to assist *Youth* in identifying protective factors in their life that have been linked to resilience and positive outcomes. The 36 items include individual, family and community protective factors.

Age Requirement: 12-20 years old (or younger if Parents/ Caregivers elect to complete the *RPFC-Youth* together with their child)

Life Role Requirement: Any youth interested in learning about their *Protective Factors* and *Resilience*

Instructions for Youth: Read each statement below and check the box that best describes HOW TRUE IT IS IN YOUR LIFE. There are no right or wrong answers, just what is true for you.

Response Format: 4-point Likert-type rating scale

Not True Sometimes True Often True Almost Always True

Scoring: Responses are given a numeric score based on their rating:

Not True= 1 Sometimes True= 2 Often True= 3 Almost Always True= 4

Refer to Appendix E for a copy of *RPFC-Scoring Key* that provides instructions on how to score the RPFC-Youth and RPFC-Par version.

Specific Attributes of the *RPFC-Youth***:**

* The *RPFC-Youth* is a useful tool for gathering information about youth, *from the youth's point of view*.

Refer to Appendix B for a copy of the RPFC-Youth

3) <u>RPFC-PAR (Parent/ Caregiver version)</u>

RPFC-Par is a 36-item questionnaire to assist Parents/ Caregivers in identifying protective factors (within the life of their child) that have been linked to resilience and positive outcomes. The 36 items include individual, family and community protective factors. The Family Protective Factor section requires parents/caregivers to self-report about their personal parenting style and specific conditions within their home, which can influence their child's resilience.

Age Requirement: 18 years old and up

Life Role Requirement: Any Parent/ Caregiver who is interested in learning about the *Protective Factors* and *Resilience* with their child and family.

Instructions for Parent/Caregiver: Read each statement below and check the box that best describes

HOW TRUE IT IS IN YOUR CHILD'S LIFE and/or FAMILY'S LIFE. There are no
right or wrong answers, just what is true as it relates to your child and family

Response Format: 4-point Likert-type rating scale

Not True Sometimes True Often True Almost Always True

Scoring: Responses are given a numeric score based on their rating:

Not True= 1 Sometimes True= 2 Often True= 3 Almost Always True= 4

Refer to Appendix E for a copy of *RPFC-Scoring Key* that provides instructions on how to score the RPFC-Youth and RPFC-Par version.

Specific Attributes of the RPFC-Par:

- *The *RPFC-Par* is a useful tool for gathering information about a youth *from the perspective of their parent/caregiver*.
- * The *RPFC-Par* is also a helpful resource when a child/youth is unable to complete the *RPFC-Youth* version on their own due to their young age, lower reading level, and/or resistance to participate.

Refer to Appendix C for a copy of the RPFC-Par

4) RPFC-COLLEGE RSCH (College Research version)

RPFC-College Rsch version is currently being utilized to assist in the validation of the RPFC. This version requires adult/college age participants to rate how true each protective factor is in their current adult life and/or retrospectively rating protective factors within their family and community during their childhood years (e.g., *Growing up I lived in a neighborhood where I felt safe*).

Refer to Appendix D for a copy of the RPFC-College Rsch

Section 5: SUGGESTED INTERVENTIONS FOR DEVELOPING & STRENGTHENING PROTECTIVE FACTORS IDENTIFIED IN THE RPFC

(Work in Progress)

References

- Ahn, S. & Fedewa, A. L. (2011). A meta-analysis of the relationship between children's physical activity and mental health. *Journal of Pediatric Psychology*, 36(4), 385-397.
- Arkfeld, P., Powell, K. M., & Conner, B. T. (2024). Resilience protective factor checklist (RPFC): A broad range of individual, family, and community protections [Manuscript in preparation] Department of Psychology, Colorado State University.
- Collier, L. (2016). Growth after Trauma. Monitor on Psychology, 47(10), 48-52.
- Edwards, J. K., Young, A., & Nikels, H. J. (Eds.) (2017). Handbook of strengths-based clinical practices: Finding common factors. Routledge.
- Emerson, D. Sharma, R., Chaudhry, S. & Turner, J. (2009). Trauma-sensitive yoga: Principles, practice, and research. *International Journal of Yoga Therapy*, 19, 123-128.
- Holtge, J., McGee, S. L., Maercker, A., & Thoma, M. V. (2018). A salutogenic perspective on adverse experiences: The curvilinear relationship of adversity and well-being. *European Journal of Health Psychology*, 25(2), 53-69.
- Karver, M. S., Handelsman, J. B., Fields, S. & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in child and adolescent treatment outcome literature. *Clinical Psychology Review*, 26, 50-65.
- Kuiper, N. A., Grimshaw, M., Leite, C., & Kirsh, G. (2004). Humor is not always the best medicine: Specific components of sense of humor and psychological well-being. *Humor: International Journal of Humor Research*, 17, 135-168.
- Masten, A. S. & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, 53(2), 205-220.
- Masten, A.S., Cutuli, J. J., Herbers, J. E, & Reed, M.G. J. (2009). Resilience in Development. In C.R. Snyder & S.J. Lopez (Eds.), Oxford handbook of positive psychology (2nd ed.) (pp. 117-131). New York: Oxford University Press.
- Masten, A. S. & Reed, M.G. J. (2002). Resilience in development. In C.R. Snyder & S.J. Lopez (Eds.), *The handbook of positive psychology* (pp. 74-88). New York: Oxford University Press.
- Meyerson, D. A., Grant, K. E., Smith-Carter, J., & Kilmer, R. P. (2011). Posttraumatic growth among children and adolescents: A systematic review. Clinical Psychology Review, 31, 949-964.
- Miller, W. R., and Rollnick, S. (2002) (2nd ed.). Motivational interviewing: Preparing people for change. New York: Guilford Press
- Nyklicek, I, Majoor, D., and Schalken, P. (2010). Psychological mindedness and symptom reduction after psychotherapy in heterogeneous psychiatric sample. *Comprehensive Psychiatry*, 51, 492-496.
- Otto, M. W. & Smits, J. A. J. (2011). Exercise for mood and anxiety: Proven strategies for overcoming depression and enhancing well-being. New York: Oxford University Press
- Powell, K. M. (2015). A Strengths-Based Approach for Intervention with At-Risk Youth. Champaign, IL: Research Press.
- Powell, K. M. (2017). Engaging adolescents and families: In S. Righthand & W. Murphy (Eds.), The safer society handbook of assessment and treatment of adolescents who have sexually offended (pp. 215-250). Brandon, VT: Safer Society Press.
- Powell, K. M., Rahm-Knigge, R L. & Conner, B. T. (2021). Resilience Protective Factors Checklist (RPFC): Buffering Childhood Adversity and Promoting Positive Outcomes. *Psychological Reports*, 124(4), 1437-1461. doi.org/10.1177/0033294120950288
- Roxas, A. S. & Glenwick, D. S. (2014). The relationship of psychological mindedness and general coping to psychological adjustment and distress in high-school adolescents. *Individual Differences Research*, 12(2), 38-49.
- Seery, M. D., Leo, R. J., Lupien, S. P., Kondrak, C. L., & Almonte, J. L. (2013). An upside to adversity? Moderate cumulative lifetime adversity is associated with resilient responses in the face of controlled stressors. *Psychological Science*, 24(7), 1181-1189.
- Walters, S. T., Clark, M. D., Gingerich, R. and Meltzer, M. L. (June, 2007). *Motivating offenders to change: A guide for probation and parole.* US Dept of Justice National Institute of Corrections.
- Weir, K. (2011). The exercise effect. APA Monitor on Psychology, 42(11), 48-52.
- Windle, G. (2011). What is resilience? A review and concept analysis. Reviews in Clinical Gerontology, 21, 152–169.

APPENDIX A

RPFC-CLIN (*Clinical* version)

Copies of the most up-to-date versions of the RPFC are available by contacting Kevin M. Powell, Ph.D. at kevinpowellphd@gmail.com or thru his website www.kevinpowellphd.com

APPENDIX B

RPFC-YOUTH (Youth version)

Copies of the most up-to-date versions of the RPFC are available by contacting Kevin M. Powell, Ph.D. at kevinpowellphd@gmail.com or thru his website www.kevinpowellphd.com

APPENDIX C

RPFC-PAR (Parent/Caregiver version)

Copies of the most up-to-date versions of the RPFC are available by contacting Kevin M. Powell, Ph.D. at kevinpowellphd@gmail.com or thru his website www.kevinpowellphd.com

APPENDIX D

RPFC-COLLEGE RSCH (College Research version)

Copies of the most up-to-date versions of the RPFC are available by contacting Kevin M. Powell, Ph.D. at kevinpowellphd@gmail.com or thru his website www.kevinpowellphd.com

APPENDIX E

RPFC-SCORING KEY (Hand Scoring Info & Protective Factor list)

Copies of the most up-to-date versions of the RPFC are available by contacting Kevin M. Powell, Ph.D. at kevinpowellphd@gmail.com or thru his website www.kevinpowellphd.com

APPENDIX F

RPFC Graph

Copies of the most up-to-date versions of the RPFC are available by contacting Kevin M. Powell, Ph.D. at kevinpowellphd@gmail.com or thru his website www.kevinpowellphd.com