

Employment Training for At-risk Youth: A Program Evaluation Focusing on Changes in Psychological Well-being

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Abstract The purpose of this study was to present and evaluate an employment training program specifically designed to help at-risk youth find work. Fifty-nine at-risk youth living in a small urban area participated in a 7-month program designed to help youth develop employment skills and improve their psychological well-being. Results of this pre- and post-test study showed significant improvement among participants on measures of psychological well-being by program's end. These results are discussed in terms of the need for employment training programs to be more holistic by working with youth to improve their psychological health, and thus helping them to overcome a barrier to employment.

Keywords At-risk youth · Employment · Program evaluation · Psychological well-being

Employment and Social Skills Training for At-risk Youth: A Program Evaluation

In today's world, many young adults find it difficult to secure employment. This is especially true for youth who face additional challenges of being homeless, having dropped out of school, battling with substance addictions, and/or having a criminal record, thus putting them in the "at-risk" category (McWhirter et al. 1998). Given past research showing psychological well-being as a predictor of finding work, we believe an effective employment training program for at-risk youth needs to incorporate a curriculum addressing psychological issues, such as poor self-esteem, loneliness and isolation, in addition to the traditional skills training protocol and work experience opportunities. The purpose of this paper are two-fold: First, we wish to present an employment training program for at-risk youth designed to help youth better cope with personal struggles (e.g., past abuse), develop social skills, and improve their psychological well-being. These

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components were in addition to more specific forms of employment skills training (e.g., gaining work experience). Second, we wish to present data demonstrating the effectiveness of the program on participants' psychological well-being.

Youth Employment and Psychological Well-being

A growing body of research has linked youth unemployment and psychological well-being. For example, Winefield (1997) reported that employment is associated with psychological improvements including higher levels of self-esteem and less depression. However, the specific effects are more complicated and depend on other factors such as job perception (Mortimer et al. 1992), work intensity (Mortimer et al. 1996), and hours worked (Steinberg and Dornbusch 1991). In addition, the direction of the pathway linking employment to psychological well-being remains uncertain: is it that unemployment causes poorer psychological health (social causation hypothesis)? Or is it that those individuals in poor psychological health have a difficult time finding work (selection hypothesis) (Winefield 1997)?

Many researchers have found support for the social causation hypothesis. Using the National Longitudinal Survey of Youth, Prause and Dooley (1997) compared employed, unemployed, and under-employed 21-year-olds on self-esteem. After controlling for demographic variables along with earlier self-esteem (7 years previous), the researchers reported higher self-esteem for those who were employed relative to those who were unemployed. Moreover, when the length of unemployment was monitored, Goldsmith and Veum (1997) reported that as the unemployment period lengthened, youth's self-esteem declined, particularly for females.

Evidence also exists for the selection hypothesis. For example, Patterson (1997) compared short-term to long-term unemployment (i.e., greater than 6 months), and found that those who took longer to find work were initially higher in negative self-esteem compared to those who found work sooner. Similar results were reported by Hammarström and Janlert (1997): they found that youth who were depressed or had nervous symptoms in their last year of schooling were more likely to be unemployed in comparison to those who did not suffer from these psychological conditions. As well, people who remained unemployed for prolonged periods of time were more likely to experience these kinds of psychological conditions suggesting an interactive effect between unemployment and psychological health.

Further evidence supporting an interaction model capturing the interplay between unemployment and psychological health comes from Hammarström and Janlert (2002). In their 14-year longitudinal study, they compared early unemployed (between 16 and 21 years), late unemployed (between ages 22 and 30) and a reference (employed) group. Initial group differences were found with the unemployed groups possessing more negative health behaviors (e.g., smoking and drinking) and psychosomatic symptoms (e.g., anxiety, depression, sleep problems) at the start. They also found that those who were initially unemployed showed more negative health behaviors and psychological symptoms relative to the employed and later unemployed groups after controlling for initial health behaviors and psychological symptoms. Hence, for youth who are in poor psychological health to begin with, finding work can be a challenge, which in turn can lead to continuing unemployment and further psychological health issues.

In light of these findings, one may suspect that at-risk youth could be at a greater disadvantage in finding employment than those who are not at-risk. Previous research has

demonstrated that at-risk youth are more likely to come from low socioeconomic and ethnic minority backgrounds. As well, at-risk youth have often dropped out of school, misused substances, experienced low self-esteem, lacked empathy and engaged in criminal activity, aggressive behavior and other unhealthy behaviors (e.g., unprotected sex). All these factors have been shown to prevent youth from finding and maintaining employment (McWhirter et al. 1998; Mitchell et al. 2002; Wiesner et al. 2003).

Career Development Programs

If the literature is correct in demonstrating the positive benefits of employment on psychological health, then a challenge facing those who work with at-risk youth is to help them find employment. Many programs have been created to aid these youth to find work. Unfortunately, only a few have been empirically evaluated. One such program is the *BreakAway Co.*, a 12-week cognitive-behavioral intervention program providing at-risk youth self-management and control strategies (Campbell 1995). Employing a pre- and post-test design, Campbell collected information capturing youths' career self-efficacy, feelings towards making a career choice/entering the work world, and self-control. The results of the program revealed a small trend in improvement for at-risk youth on career self-efficacy.

In another study, Loughead et al. (1995) designed a summer career development program called *PRO-100* for inner city, impoverished youth. The goals of this 7-week summer program were to provide youth with work experience and career development education. Also using a pre- and post-test design, the researchers found that youth demonstrated improvement in their career planning and job searching skills as a result of their work experiences. On measures of self-concept (e.g., social acceptance, job competence, and self-worth), no changes were found. Thus, while this program demonstrated success in providing more practical job searching skills, it failed to change youths' self-concept.

Together these studies reveal modest effects with career development programs. Moreover, little evidence has emerged demonstrating program efficacy in impacting at-risk youths' psychological health. In light of past research linking psychological well-being and employment, effective career development programs ought to assess and address issues surrounding psychological health, particularly for at-risk youth. The program we present below is centered on youths' psychological well-being, believing that finding and sustaining employment is dependent on the psychological health of the individual.

Future Cents Program

At a most basic level, Future Cents is a program to help at-risk youth find employment. In the context of this program, an at-risk youth is one who is homeless, is not in mainstream school, is unemployed or underemployed, misuses substances, has been or is in trouble with the law, and/or involved in an unhealthy lifestyle, and who is between 16 and 30 years. Participating youth are recruited through word-of-mouth and referrals from other youth service providers. Youth first send in resumes and are then interviewed. Independent of their references and criminal history, all youth who show interest in the program are invited to participate in a part-time paid contract position. Part-time contracts serve the purpose of transitioning youth from unemployment to full-time paid employment, thereby

minimizing program dropout. Youth who show success with part-time work are “graduated” into full-time positions.

Typically, 10 youth are hired into full-time contract work from the part-time contract pool, and form the core of the Future Cents program, and is the focus of this program evaluation study. This full-time contract program runs for approximately 7 months and youth are employed to work 30 h per week. During work hours, youth devote time to gain job skills, as well as to overcome those barriers (e.g., substance use, poor literacy skills, poor anger management) that prevent them from finding and maintaining employment. To gain job skills, youth are required to organize and implement specific projects that serve the needs and interests of other youth in the larger community. Past projects have included developing cooking classes, creating a youth housing registry, and developing websites. In addition to gaining concrete skills, working on these projects help youth overcome other employment barriers such as low self-esteem. In successfully implementing their projects, youth gain insight that their life experiences and skills can be assets used to help others. Therefore, successful projects serve to empower youth and create a more positive self-concept.

To complement youth projects, staff and youth develop individualized personal plans to help each youth address their unique employment barriers. Personal plans can include youth enrolling in substance youth treatment groups, anger management, individual counseling for past abuse/neglect, education programs to allow them to earn their high school diploma, etc. Finally, given the small group size, youth are able to establish trusting relationships with staff and other youth, thereby creating a supportive, caring community.

Of those who complete the program (85%), 88% of these youth find work and/or attend school 12 weeks after completion.¹ However, no assessment of changes in youth’s psychological well-being has been undertaken thus far. In light of the literature reviewed, there is reason to believe that these youths’ successful employment and entrance into academic institutions may be attributed, in part, to improvements in their psychological well-being. This study was a first step in the investigation of changes in at-risk youth’s psychological well-being before and after their participation in the program. Measures of psychological well-being included life satisfaction, loneliness and self-esteem. We predicted youth would show improvements in these areas over the course of the program. In addition, given the association between at-risk youth status, and aggression and violence (McWhirter et al. 1998), we predicted youth would experience a decrease in aggression as a result of being involved in the program. We also conjectured that through this program youth would be better able to manage their verbal and behavior reactions to perceived threats to their personal freedoms. In counseling contexts, hostile reactions, as demonstrated by oppositional behaviors, have been committed by non-compliant clients (Dowd et al. 1991). Hence, for at-risk youth, program success will be dependent on youths’ level of compliance within work-related environments.

Third, past research has suggested that at-risk youth often lack empathy (McWhirter et al. 2002). Given the programs focus on serving the needs of others, we predicted that youth would show more empathy by program’s end. Finally, we measured the level of support youth felt throughout the program as a check that the program was meeting one of its objectives, which was being a supportive community.

¹ Work also includes youth who are on medical or parental leave from their employer. Schools include universities, colleges, and alternative school programs. These statistics are based on 12-week post-program reports submitted to Human Resources Development Canada.

Method

Participants

A sample of 59 at-risk youth was recruited for this study. They lived in the inner city of a small urban area located in a northwestern region of Canada. Given that the maximum number of at-risk youth going through the program at any one time was typically 10, data collection took 4 years to complete. The mean age of the sample was 19.8 years ($SD = 2.6$), with 63% males. Only 37% of the sample had completed high school or beyond, and 58% reported attending an “alternative” school. The majority of the youth were Aboriginal (69%), with the remainder being White. Finally, of those who did know about their parents’ educational level, approximately half of the parents had completed high school or beyond.

Procedure

At the beginning of their programs, participants filled out an informed consent form and then the pre-test measures in a room at work. The questionnaires took approximately 45 min for participants to complete. Upon completion, participants were thanked for their time. No compensation was given outside their regular pay for participating in this study during work hours. Approximately 7 months later—at the end of the program—the youth completed the post-test questionnaires in the same pre-test location. Again, this 30-min post-test survey was written during regular work hours. For eight youth who completed only a portion of the 7-month program, their post-test survey data were collected upon exiting the program and these data are included in our analyses.

Measures of Psychological Well-being

UCLA Loneliness Scale (Version 3) (Russell 1996)

The 20-item UCLA Loneliness Scale measures how lonely one feels. Items included “How often do you feel alone” and “How often do you feel left out.” Participants respond to the items using a 4-point Likert-type scale, ranging from 1 (never) to 4 (always). Scores on the measure can range from 20 to 80 with higher scores reflecting greater loneliness. The UCLA Loneliness Scale has high inter-item and test–retest reliability, and good convergent and discriminant validity (Russell 1996). The alpha coefficient was .94 in this study.

Rosenberg Self Esteem Scale (RSE) (Rosenberg 1965)

The 10-item RSE assesses global self-esteem, and include items such as “I feel that I have a number of good qualities” and “I certainly feel useless at times” (reversed scored). Participants respond to items using a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Scores can range from 1 to 5, and are calculate by averaging item scores. The RSE has high inter-item and test–retest reliability (see Gray-Little et al. 1997), and good construct validity (Robins et al. 2001). The alpha coefficient was .74 in this study.

Satisfaction with Life Scale (SWLS) (Diener et al. 1985)

The SWLS is a 5-item scale assessing participants' global satisfaction, and include items like "In most ways my life is close to my ideal" and "I am satisfied with my life." Participants responded to items using a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). Scores range from 1 to 7, and are calculated by averaging across the item scores. The SWLS has high internal consistency, high temporal reliability, and good construct validity (Diener et al. 1985). The alpha coefficient was .87 in this study.

Therapeutic Reactance Scale (TRS) (Dowd et al. 1991)

The TRS is a 28-item self-report questionnaire consisting of two subscales (behavior and verbal reactance) that make up an overall total reactance scale. Examples of items include "I resent authority figures who try to tell me what to do" (behavioral reactance), and "I enjoy debates with other people" (verbal reactance). Participants were asked to rate these items using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Subscale scores were calculated by averaging over items. Dowd et al. (1991) report that the TRS has good reliability and validity. In our study, the internal consistency ranged from .66 to .82 with an average of .76.

Aggression Scale (Orpinas and Frankowski 2001)

This scale consists of 11 items designed to measure the frequency of various forms of aggressive behaviors. Items include "I tease people to make them angry" and "I threatened to hurt or to hit someone." Participants are asked how many times they engaged in 11-types of behavior over the last 7 days. The scale options range from 0 (0 times) to 6 (six or more times), and the scale scores were calculated by summing the items. Orpinas and Frankowski (2001) report good reliability and validity. Our reliability was .73 on the pre-test and .80 on the post-test.

Interpersonal Reactivity Index (IRI) (Davis 1983)

The IRI is a 28-item self-report questionnaire consisting of four empathy-related subscales (perspective-taking, fantasy, empathic concern, and personal distress) of 7-items each. Example of items include "I believe there are two sides to every question and try to look at them both" (perspective-taking), "I really get involved with the feelings of the characters in a novel" (fantasy), "I would describe myself as a pretty soft-hearted person" (empathic concern), and "I tend to lose control during emergencies" (personal distress). Participants respond to items using a 5-point Likert scale from 1 (does not describe me well) to 5 (describes me very well). Subscale scores were averaged across items. The IRI has been found to have good psychometric properties (see Davis 1983). In our study, the alpha coefficients ranged from .69 to .80 with an average of .75.

Community Connectedness Scale (Dornbusch et al. 2001)

This 8-item scale measures participants' feelings of attachment to their program. Originally designed for a high school sample, this scale was modified to be appropriate for Future Cents participants. "You feel close to people at Future Cents" and "How often have you had trouble getting along with the staff?" (reversed scored) are examples of items on this measure. Participants respond to items using a 5-point Likert-type scale ranging from 1 (strongly agree/not at all/never) to 5 (strongly disagree/very much/everyday), and scores were calculated by averaging across items. This measure has good construct validity and high internal consistency (Dornbusch et al. 2001). The alpha coefficient was .69 in this study.

Results

Pre- and Post-test Difference Scores

Using one-sampled *t*-tests, pre- and post-test difference scores were compared to determine how at-risk youth changed psycho-socially as a result of their participation in the Future Cents program (see Table 1). On measures of psychological well-being, at-risk youth showed an improvement in their satisfaction with life, $t(56) = 4.24, p < .001$, and self-esteem, $t(57) = 3.78, p < .001$, and a reduction in loneliness, $t(57) = -2.45, p = .017$.

On measures of aggression, a significant effect was found in aggressive behaviors with at-risk youth reporting more aggressive behaviors at the end of the program, $t(42) = 3.07, p = .004$. However, no pre- and post-test differences were found in terms of reactivity as measured by the Therapeutic Reactance Scale. Nor were there significant differences on the empathy-related subscales—perspective-taking, fantasy, empathy, and personal distress scales.

Table 1 Pre- and post-test scores on measures of psychological well-being

Variables	Pre-test		Post-test	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Satisfaction with life***	4.04	1.32	4.67	1.06
Loneliness*	47.8	9.9	45.3	9.4
Self-esteem***	3.46	0.74	3.71	0.74
Interpersonal reactivity index				
Perspective-taking	2.41	0.72	2.75	1.25
Fantasy	2.09	0.74	2.37	1.14
Empathy	2.64	0.82	2.98	1.11
Personal distress	1.54	0.71	1.92	1.62
Therapeutic reactance				
Behavior	46.2	9.1	46.9	8.7
Verbal	36.1	6.0	36.2	5.4
Total	82.3	13.5	83.1	11.7
Aggression**	8.4	7.6	13.1	10.1
Connectedness**	32.3	4.0	29.7	4.8

* $p < .05$; ** $p < .01$,

*** $p < .001$

Table 2 Job status and difference scores on measures of psychological well-being

Variables	Employed		Unemployed	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Satisfaction with life	0.61	1.28	0.28	0.64
Loneliness	-0.24	8.04	-0.40	9.81
Self-esteem	0.28	0.60	0.20	0.37
Interpersonal reactivity index				
Perspective-taking	0.31	1.21	0.00	0.71
Fantasy	0.23	1.09	-0.46	0.46
Empathy	0.29	1.08	0.00	0.40
Personal Distress	0.29	1.51	0.14	0.76
Therapeutic reactance				
Behavior	1.59	7.33	2.75	13.74
Verbal	-0.09	3.99	2.00	0.82
Total	1.50	9.19	4.75	14.06
Aggression	4.42	11.12	7.25	9.71
Connectedness	-2.63	5.27	-4.00	8.29

Table 3 Job status and pre-test scores on measures of psychological well-being

Variables	Employed		Unemployed	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Satisfaction with life	4.15	1.31	4.36	1.51
Loneliness	47.56	9.80	45.6	6.15
Self-esteem	3.46	0.74	3.50	0.65
Interpersonal reactivity index				
Perspective-taking	3.49	0.71	3.46	0.64
Fantasy	3.18	0.75	3.09	0.98
Empathy	3.68	0.73	4.00	0.32
Personal distress	2.64	0.64	2.40	0.76
Therapeutic reactance				
Behavior	45.50	8.67	49.00	6.78
Verbal	36.22	5.84	36.75	2.84
Total	81.72	12.31	85.75	9.14
Aggression	8.66	8.16	9.50	6.61
Connectedness	32.83	3.86	34.00	3.74

In terms of their “connectedness” to the Future Cents program, at-risk youth showed a significant decline, $t(42) = -3.26, p = .002$.

Job Outcome Status and Difference Scores on Self Measures

As mentioned earlier, 88% of those youth who completed the program were employed and/or in school 12 weeks later. To determine whether there were any group differences

between those youth who found work or attended school ($n = 41$), and those who did not ($n = 5$),² we descriptively compared results between groups on our measures of psychological well-being. With the exception of loneliness, the general trend was for the employed youth to show more positive outcomes on our measures relative to the unemployed youth (see Table 2). That is, youth who were employed and/or in school 12 weeks after leaving the program, showed greater positive changes in satisfaction of life, self-esteem, and empathy compared to those youth who were unemployed. Furthermore, employed youth showed less increases in therapeutic reactance and aggression, and less reduction in connectedness to the Future Cents community. Given that pre-test scores between groups were very similar (see Table 3), this trend was unlikely to be explained by pre-existing differences on these measures. However, due to the small number of youth who did not complete the program and the large standard deviations associated with many of the mean scores, one needs to be very cautious in interpreting these results.

Discussion

Reframing the self is no easy feat, and to expect and see significant changes among at-risk youth after a 7-month program may be unreasonable given the multiple traumas they have faced. Yet our results show that on measures of psychological well-being, youth show an improvement after being involved in the program. These results suggest that Future Cents has been helpful in increasing their self-esteem, reducing their sense of loneliness, and improving their overall satisfaction with life. Moreover, given that 88% of the youth who complete the program find employment or are enrolled in educational institutions 12 weeks after the program, there is good reason to be optimistic about their long-term prognosis.

In addition, our descriptive results comparing those youth who find employment with those who do not suggest that employment success for our youth may be attributed, in part, to their improved psychological health. On all the desirable outcome variables (e.g., satisfaction with life, self-esteem, empathy), there appears to be a greater increase between pre- and post-test scores for the employed/in school youth relative to the unemployed youth. Similarly, there appears to be less of an increase on many of the undesirable outcome variables (e.g., therapeutic reactance and aggression) for the employed/in school youth compared to the unemployed youth. However, given the small number of youth who do not find employment, we need to be cautious in drawing any firm conclusions. Nevertheless, our results are sufficiently intriguing to warrant further research considering the differences in psychological well-being between employed and unemployed youth after completion of the program.

Given our results, we believe that any at-risk youth career development program that hopes to attain any meaningful and long lasting effect needs to address the underlying psycho-socio-emotional struggles that at-risk youth face. In these ways Future Cents is unique. The program provides youth with specific job skills training and concrete work experiences. Moreover, the program works with each youth to deal with many of the underlying issues that have prevented them from finding and keeping employment, including substance abuse treatment, anger management workshops, and individual psychological counseling. Together, all these group workshops, private counseling sessions,

² There were eight youth who did not complete the 7-month program: Some found early work opportunities, while others were unable to fulfill some of their contractual obligations associated with the program. We also did not have job outcome data for five youth.

work experiences, etc., are designed to reframe youths' sense of self so they see themselves as productive members of society.

Overall, our results leave us cautiously optimistic in terms of these youths' sustained employment prognosis knowing that many of them are only at the start of their journey towards psychological healing. Further, we believe Future Cents, and other programs like it, are important because they address many of the underlying issues that prevent youth from finding and sustaining work. Yet is 7 months enough of a "booster" to effect sufficient change in the lives of at-risk youth so that they stay employed? Thus, further work is needed to assess the long-term efficacy of the program beyond the 12-week period.

From a cultural perspective, some comments regarding the large proportion of aboriginal youth in our study seems warranted. In the province of British Columbia, Canada, where this study takes place, aboriginal youth are more likely to have been exposed to suicide,³ to be involved in drinking and driving, and to have earlier experiences with smoking and sex compared to non-aboriginal youth (McCreary Centre Society 2000). Moreover, aboriginal females have been exposed to violence and sexual harassment, while aboriginal males are more involved in physical fights compared to their non-aboriginal counterparts. Many of these factors are negatively associated with employment as mentioned previously. Hence, one should not be surprised that there are a disproportionate number of aboriginal youth involved in the Future Cents program.

Recent work by Chandler and Lalonde (1998) suggests that aboriginal youth raised in communities rich in cultural autonomy are less likely to commit suicide. Here level of cultural autonomy is determined by the level of control First Nations have over their community's education and health, fire and police services. Chandler and Lalonde found that indigenous cultures high on autonomy were negatively correlated with youth suicide rates. In light of Chandler and Lalonde's findings, future career development researchers that serve aboriginal youth may wish to explore the benefits of aiding youth to discover their ancestral roots. Embedding youth in a healthy, vibrant, and autonomous culture may help to empower them to find meaning and ways to contribute to their nation.

Like any research project, there are limitations associated with this study. For brevity sake we only address a few limitations here. First, the sample size of this study was small. Unfortunately, this is a challenge of doing more naturalistic research in northern BC. In our case, the program was already operating and funded to hire a small number of youth at a time. On the other hand, despite the small sample, many of our results were still significant illustrating the clear benefits for those participating in Future Cents. Second, our study lacked control groups; hence, it is unclear whether the changes we have attributed to the program are not due to maturation effects or to work experience independent of the additional components of the program. Third, a majority of the sample was male, and so the results may not be generalizable to female at-risk youth. Future evaluation studies may wish to consider including control groups to determine if the psycho-social differences reported here can be attributed to the treatment program, and including equal number of males and females in order to study sex differences.

The results of this program evaluation study give us hope that programs like Future Cents that develop a curriculum beyond concrete job skills to include social and psychological aspects associated with employment can be effective in helping at-risk youth find and maintain work. These results are consistent with past research demonstrating the link between employment and psychological health, and provide hope for those youth who

³ Exposed to suicide includes knowing someone who has attempted or committed suicide, or having considered, planned or attempted suicide themselves.

are struggling to overcome the many obstacles hindering their efforts to attain job success. Finally, for career-development program specialists, we hope that this study will provide additional “food-for-thought” and add to the ongoing dialogue regarding what we must do to increase the number of at-risk youth entering the workforce.

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