The 4-D

Assessing Four Dimensions of Youth Development: Belonging, Mastery, Autonomy, & Generosity

USERS GUIDE

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Growing Home is a national therapeutic foster care agency, headquartered in St. Paul, MN, with offices in Minnesota and South Carolina. Gayle O. Ricks is CEO.

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Getting Started with the 4-D

The 4-D are a set of four clinical rating scales for work with youth ages 12-19 who have experienced adversities. They are belonging, mastery, independence, and generosity. They represent the four dimensions of the Circle of Courage, an American Indian Medicine Wheel that integrates 15,000 years of Native American wisdom about child and youth socialization with contemporary theories of human development (Brendtro, Brokenleg, and Van Brocken, 1990).

This integration recognizes the transcultural nature of Native perspectives and contributes to a growing body of literature on the complementarity between Native and Western approaches to the promotion of well-being and healing from adversities.

The tools are designed to help in assessment, treatment planning, to monitor the course of treatment, and to provide outcome scores. They also have the potential to guide conversations that can lead both youth and social service professionals to new understandings.

The 4-D are most useful to professionals and agencies whose practice is based on principles that fit with the ideas on which the 4-D are based. An overview of these ideas are on the pages to follow.

Clinical Rating Scales

As clinical rating scales, that is, scales that are filled out by practitioners and not by clients, the instruments are designed to fit and add to practice. The instruments direct practitioners’ attention to risks and strengths that reside in individuals, families, peer groups, and community.

Each of the tools is composed of items that have a risk side and a strength side. Figure 1 shows the first two items of the Belonging instrument.

Sources of Information

The items are purposely broad in scope in order to help practitioners organize the information they already have of clients and their situations. Thus, scoring requires clinical judgment. Clinicians draw upon their multiple sources of knowledge, such as direct contact with youth and their biological and foster families, contact with collaterals such as teachers, social workers, and medical practitioners, and record reviews.

Scoring

Scoring is a two-step process based on knowledge of youth gained from sources just discussed. First, practitioners decide if youth has a strength, a risk, or an inconsistency on an item. Then they circle the number that most closely fits their assessment of the youth’s status on that item. Inconsistency means the youth sometimes shows the quality and sometimes does not.

The instruments provide two scores: a strengths score and a risk score that are calculated by adding the scores of each column. For the score of 1, one point is given to both the risk and strengths sides.

Reliability and Validity

The 4-D have reached the “gold standard” of a coefficient alpha of .9, showing high reliability. The indicators of validity are highly satisfactory.

Training

Training is required for practitioners to get the most out of the 4-D. This manual provides information needed to use the tools, including discussions of the four dimensions of the Circle of Courage. Persons who want additional background can pursue the readings listed in the reference section.

The Circle of Courage views adults as having major responsibilities in child and youth development, such as providing counsel, guidance, modeling, and resources that youth require to reach their potential.

In the Circle of Courage, questions about what adults are doing or not doing to promote youth’s belonging, mastery, independence, and generosity are as important as asking how young people are responding and what blocks their responses. Thus, the framework assumes trust, mutuality, and reciprocity between young people and the persons to whom they relate.

**Figure 1: The First Two Items of Belonging**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>4=high strength</td>
<td>4=high risk</td>
</tr>
<tr>
<td>3=medium strength</td>
<td>3=medium risk</td>
</tr>
<tr>
<td>2=low strength</td>
<td>2=low risk</td>
</tr>
<tr>
<td>1=inconsistent strength</td>
<td>1=inconsistent risk</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strengths</th>
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<tbody>
<tr>
<td>1. Youth feels connected to at least one other pro-social person.</td>
<td>4=high risk</td>
</tr>
<tr>
<td>5 4 3 2 1 2 3 4 5</td>
<td>3=medium risk</td>
</tr>
<tr>
<td>When stressed, youth seeks a person, a setting, or an activity that provides a safe haven.</td>
<td>2=low risk</td>
</tr>
<tr>
<td></td>
<td>1=inconsistent risk</td>
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Circles are symbols used worldwide from ancient times to the present to represent places for reflection, healing, and personal transformation (Cunningham, 2002). The stone circles of Stonehenge and other megalithic sites, Celtic designs, cathedral rotundas dating back to ancient Rome, the stained glass rose windows of medieval Gothic cathedrals such as Notre Dame in Paris, Buddhist mandalas, Hindu tantric diagrams, and American Indian medicine wheels represent the sacred through the symbolism of circles.

Even kaleidoscopes can be thought of as small rose windows. Artists such as Matisse have created great circles of glass, and Jung (1959) devoted an entire book to the therapeutic uses of mandalas. Besides glass, stone, and drawings, circles as symbols can be made of sand as among Tibetan Buddhists, paper maché, and cut paper, among many other materials (Gilgun & Chalmers, 2002).

Medicine Wheels are places where Native people come together in celebration, reflection, teaching, decision-making, healing, and restoration (Gilgun, 2002). They are made of stones of various sizes that are placed in a circle and divided into four quadrants: north, south, east, and west.

Medicine Wheels represent Native values, such as wisdom, relationship, balance, connection, and the spiritual nature of all things and the respect due them. The Medicine Wheel concept is used in several types of social services.

An example is Reclaiming the Spirit, a model of Indian women’s recovery from chemical dependency (Lowery, 1999). Here the wheel is not a physical space, but a representation of spiritual recovery. Its center is called Reclaiming the Spirit and the quadrants represent rebirth, re-rooting, and re-connecting.

As a medicine wheel, the Circle of Courage is also a representation of spiritual tasks but it is not a physical space. It is composed of four central themes found in Native child socialization practices: belonging, mastery, independence, and generosity (Brendtro et al, 1990; Chalmers, 1996; Gilgun, 2002).

An ecological model, the Circle of Courage views adults as responsible for creating conditions under which young people can thrive. Young people, in turn, have responsibilities to respond. Youths’ issues are community issues.

These perspectives protect against tendencies to blaming youth while still placing responsibilities on them. Blaming can happen when individuals are viewed as sites of problems. For Brendtro et al (1990), these four themes not only are relevant to Native cultures, "but also are a cultural birthright for all the world’s children" (p. 36).

Growing Home’s Adaptation of the Circle of Courage

Growing Home, a national therapeutic foster care agency that serves youth in Minnesota and South Carolina, adapted the Circle of Courage to their practice. Growing Home assumes that most people want to build and keep healthy relationships (belonging), feel competent, feel hopeful about their futures, and know they have something to give. The following discusses the meanings of the four central concepts of the Circle of Courage and the 4-D. Further details are in Gilgun (2002).

Belonging

The need to belong is universal and is fostered in many ways, such as through feeling loved and supported, through positive relationships, and through a sense of connection to family, friends, and community. Persons who foster a sense of belonging can be found in birth and foster families, in schools, and neighborhoods, and in a range of other settings. For children and youth, these persons can be peers or adults.

In many Native cultures, kinship and belonging is not only a matter of biological relationships but a connection to all others with whom persons had regular contact. This sense of connection extends to a harmony with all living things, animals, vegetation, and the land.

Children and youth in foster care have special issues with belonging and feeling loved. They are separated from their birth families, which are sites of loving relationships and a sense of belonging. Often their issues with separations and loss are compounded by a series of out-of-home placements and by problematic relationships in their birth families.

Belonging includes coming to terms with separations from birth families and other significant people, a sense of connection to culture and ethnicity, the ability to make friends and maintain peer relationships, participation in community activities, and regular contact with people who model, encourage, and reward activities that promote a sense of belonging.

A sense of belonging and being loved is third in Maslow’s (1968) hierarchy of needs, after physiological needs for food, clothing and shelter
Mastery with beliefs of being incompetent. They do not have a sense of belonging and are plagued by feelings of incompetence. Emancipated adults may be impaired in their abilities to provide for themselves, as are the elements of the Circle of Courage (Brendtro et al., 1990).

Basic needs are interconnected and mutually dependent, as are the elements of the Medicine Wheel. They are the foundation of the achievement of higher capacity needs, but the satisfaction of basic needs often depends upon higher-order capacities. For example, youth who are about to leave foster care as emancipated adults may be impaired in their abilities to provide for themselves with food, clothing, and shelter if they do not have a sense of belonging and are plagued with feelings of incompetence.

Mastery
Mastery is being able to do some things well and to feel pride in being able to do so. Competence often is used interchangeably with mastery. Age and developmental stage are important in assessing competence. Competencies are enhanced when child and youth experience control over their life events, show a capacity for self-regulation, and have both motivation and abilities to accomplish goals.

Within Growing Home, mastery encompasses being really good at something, enjoying a variety of activities, abilities to cope with adversities, emotional expressiveness, healthy sexual development, and being able to regulate emotions. Empowerment is an important aspect of mastery.

Competence is fundamental to Erikson’s (1963) developmental theory and begins with secure attachment relationships and capacities for self-regulation (Masten & Coatsworth, 1998). Masten’s and Coatsworth’s review of research on competency and resilience identifies capacities and skills similar to those of the Medicine Wheel. These authors also note the importance of recognizing that what constitutes competence may vary across racial and socio-economic groups. For example, children who live in dangerous neighborhoods may develop coping strategies that would be inappropriate in other settings (Coll et al., 1996), while teenagers and their parents may aspire to what Burton and colleagues (Burton, Allison, & Obeidallah, 1995) call "The Revised American Dream" in their definitions of successful, competent outcomes.

Adults especially and also peers have major roles in promoting competence. Provision of models of conduct, persons who cope successfully in the face of adversities, limit-setting, and helpful explanations for issues central to development are some of the roles that others play in the promotion of competence. High expectations stemming from the self and from others also encourages the development of competence in a range of domains (Batavick, 1997).

Resources within families, schools, and communities also have parts to play in the promotion of competence (Batavick, 1997; Gilgun, 1996a & b). As Batavick (1997) pointed out communities that offer a wide variety of child and youth-oriented activities help to ensure that youth will find areas of interest in which they will become competent. Activities include special interest classes such as in art and dance and sports programs. Littel and Wynn (1989) found a great disparity between resources for youth in an well-financed suburban community as compared to a poor urban neighborhood. Lack of resources is an obvious threat to the development of competence.

Independence
Independence means the freedom to make choices and to have control over your own life (Brendtro et al., 1990). Autonomy is used interchangeably with independence and is the term that Growing Home uses. The development of autonomy is gradual, beginning with planned dependency early in life, learning to respect elders, and being taught about the value of autonomy. Elders provide guidance and values, but young people are encouraged to make their own choices and to control their own destinies. Throughout life, autonomy is balanced by social controls. Given the mutuality between adults and youth, the word interdependent may be closer to the spirit of the Circle of Courage.

In the context of Growing Home, autonomy is future-oriented and involves active preparations for the future and developing capacities for optimal functioning beyond foster care. Qualities associated with autonomy include relationships with others who model and affirm interdependency, positive views of the future, and a sense of self-efficacy.

Autonomy is a major, life-long developmental task whose beginnings are in infancy. As Erikson (1963) pointed out, when care providers deny children opportunities for exercising autonomy, many adverse affects are possible, including the development of shame and doubt. Shame is a sense of the self as fundamentally defective, while doubt involves fear of others, fear of being attacked by others, and innate belief in an unjust world. Such attitudes and beliefs obviously undermine optimism about the future and capacities for resisting negative role models and situations.

Persons whose autonomy has been respected and enhanced, on the other hand, expect to have their wills affirmed in a range of domains and they also respect and affirm the wills of other people.

The involvement of children in youth in planning for their futures and in making decisions that affect them are important parts of respecting and fostering autonomy. Reviews of the youth development
literature shows that positive outcomes are associated with youth autonomy, meaning youth have voices in decisions that affect them, that they can make some of their own choices, and that they have opportunities to contribute to the well-being of others. Batavick (1997) pointed out that when young people have such opportunities, they take ownership, they develop important skills, and they shape their activities to build on existing skills.

Agency is a component of autonomy. Agency encompasses determination, will, and abilities to set and reach goals. Agency can be pro-social or anti-social (Gilgun, 1999b). Some youth have frankly anti-social goals in some domains, such as the determination to be the toughest kid on the block and to be willing to hurt others to achieve that status. Children and youth are much more likely to develop and achieve pro-social goals when they emulate positive peer and adult role models, have opportunities to work through the effects of adversities, and when adults encourage and praise their positive efforts. Some youth display a great deal of autonomy when they resist emulating negative role models and reject anti-social goals.

**Generosity**

Generosity involves giving to others in many forms: time, caring, recognition, material goods, and services. It requires balancing one’s own interests with the interests of others, and it does not mean selflessness to the point where the person’s own interests are discounted. Generosity often involves sacrifice, however. Giving to others can involve giving up something that one wants.

The generous person understands that what one gives comes back. In Native cultures, elders transmitted the message in word and deed that generosity is the highest virtue (Brendtro et al, 1990). Property was acquired not to display one’s worthiness but to be in a better position to help others. The hunt was valued because it brought food to the entire community.

Responsibility for the welfare of others is a major value in Native cultures. Generosity is learned from being the recipient of generosity and gradually experiencing the rewards of giving to others. Generosity can involve graciously accepting the largesse of others.

Time, attention, and material things are what usually are given. Learning to give has many benefits. Besides being rewarding in and of itself, interpersonal giving and receiving is key to building relationships. Community volunteer work builds skills that enhance self-efficacy and help prepare youth for the future. Growing Home promotes the development of generosity by encouraging young people to volunteer in school and community projects; by mentoring and supporting other youth in care, tutoring and teachings others new skills, and developing a philosophy of being of service to others.

Though generosity is a positive value that is important in itself, research that shows that generosity is a significant resource in coping with stress (Selye, 1974) and boosts the self-esteem of troubled youth (Brentro & Ness, 1983; Elkind, 1984). In Maslow’s (1968) theory, respect and esteem for self and others and self actualization are important human needs. Through caring and service, young people contribute to their own satisfaction and development in these areas.

**Generativity** is equivalent to generosity and is the term Erikson (1963) used for a variety of capacities including the capacity for caring for others and for all living things, the "need to be needed" (p. 266-267), and the provision of assistance to others, such as running errands, making clothes, and respecting other people. Being considerate of others while pursuing one’s own life goals is a quality Erikson emphasized in later writings (Erikson, Erikson, & Kivnik, 1986).

**Roles of Others**

The Circle of Courage highlights the role of adults in providing resources, guidance, modeling, and affirmation, as discussed earlier. It also is an ecological model, taking note of the multiple settings in which youth lives their lives and in which adults and youth have mutual responsibilities.

Children and youth are socialized through examples that multiple others set and through explanations from others on how to lead a good life (Brendtro et al, 1990). Young people emulate the behaviors, words, attitudes, and life goals of the persons around them. They are most likely to emulate the behaviors that bring rewards they value.

Thus, persons who are involved in the lives of children and youth have a responsibility to set good examples, to reward appropriate behaviors and discourage inappropriateness, and to talk to children and youth in ways that children and youth can understand. Helping young people to lead a good life includes modeling and explaining the importance of considering about the effects of words and behaviors on others and modifying behaviors accordingly.

As an ecological model, the Circle of Courage states that the mutual responsibilities of adults and youth take place within several different environments: families, schools, peer groups, and communities. Adults are responsible for the quality of these environments because adults provide resources, guidance, modeling, and affirmation. In contemporary society, adults have major responsibilities for the quality of family and community life.
In addition, adults create and implement policies and programs that influence the course of child and youth development. Not only do adults have major responsibilities for creating conditions under which young people can thrive, but when youth are not thriving, the Circle of Courage assigns major responsibility to adults. Questions about what adults do or do not do to promote belonging, mastery, autonomy, and generosity are as important as asking how young people are responding and what blocks their responses to positive influences and interventions. This ecological perspective protects against tendencies to adopt blame-the-victim interventions which can happen when individuals are viewed as sites of problems, as Lyons, Wodarski, & Feit (1998) pointed out.

An assessment of roles of others is part of the 4-D assessment package, but the tool was not tested psychometrically. Originally, roles of others was part of each of the four field tested instruments, but many of the social workers who participated in the field test said the roles of others items were repetitious and made the four tools too long. In response to this observation, the items related to roles of others were taken out of each of the four tools and a single tool that assessed the roles of others was constructed.

**Using the 4-D**

As assessment tools, the 4-D are designed to be completed as soon as youth becomes a client. If the 4-D are to be used as outcome tools, they also are completed when youth leaves care. To evaluate progress in treatment, they can be used with youth one or more times while in care. Some of the information that the 4-D call for may be difficult to obtain. Thus the 4-D can be completed over several weeks time. Even preliminary information about the four dimensions of the 4-D will guide treatment planning.

A key source of information about young people are young people themselves, although the 4-D are designed to incorporate information that practitioners gather from other usual contacts, such as other professionals including care providers, social workers, therapists, and teachers. Thus, the 4-D can be used as a semi-structured interview guide. Structured interviews are widely used in psychiatry and clinical psychology and are rare in social work. With the advent of managed care and increased demands on social services as discussed earlier, social work may move into developing more formal, in-depth assessments. Interviews designed to elicit the information called for by the 4-D are likely to be semi-structured, meaning that practitioners are encouraged to have an interview guide that allows them to formulate additional questions that arise in the course of the interview.

The items of the 4-D are not designed to be read to youth. The language in which they are written is technical and professional. Once in a while, social workers in the pilot or field test let youth fill them out themselves, but these were youth who had strong conceptual and reading skills and enjoyed reviewing about their skills and capacities.

The following are questions that will guide the interviews. They are meant to stimulate practitioner thinking. When practitioners are familiar with the items of the 4-D and the ideas on which the 4-D are based, they are likely to generate their own list of questions that can help them elicit information. The questions below assume that practitioners have established initial rapport with youth. As with any aspect of practice, each of these questions must be tailored to fit youth and their situations. Finally, many of these questions will elicit information that is responsive to more than one dimension of the 4-D.

**Friendly Reminders About Interviewing**

Using the 4-D as the basis of a semi-structured interview requires skills in interviewing. Interviewing is an art and a skill that has some of the following qualities:

- establishing initial rapport
- active listening
- respect for client autonomy and self-determination
- freedom of choice not to respond to questions when youth’s sense of personal safety is threatened
- good timing in asking questions and making comments
- quiet times when youth are processing thoughts and emotions
- check-ins--how are you doing? Want a break?
- Closure

In general, practitioners explore in an on-going way how the youth are doing in these four areas and how others are supporting youth in being successful in these areas.

If some youth are unwilling to talk, be patient. Spend time with them. Sometimes practitioners collect information about youth from many other sources and find they have little direct contact with youth themselves. They therefore take supportive roles with foster parents, other care providers, and with therapists.

**Broad questions that address the entire set of tools**
• Does anyone give you time and attention? Who are they? What kinds of things do you do with them?
• Is there anything that you really want but don’t have? Is there any way you can get what you want? Is there something you can get that might be almost as good as what you really want?
• Does anyone care about what you want? Who? How do they know what you want?
• Who do you really care about? What are they like? Do you think about them much? Do you ever see them?
• Is there anyone you admire and would like to be like? Who are they? What are they like? How often are you with them?
• Tell me about your friends
  • At the present time
  • In the past

**Belonging**

- Who are some people who are important to you?
- Who are people who would say you are important to them?
- What kinds of things do you like to do?
- How are things going?
  • at home
  • school
  • with friends
  • with biological family
  • other places where youth spends time.

- Do you spend much time by yourself? With others?
- How do you spend your free time?
  • hobbies
  • interests
  • Are you part of any organized activities?
  • clubs
  • organized sports
  • spiritual organizations
- Are you a spiritual person? Are you practicing a religion at this time?
- Does anyone encourage you to be part of organized and informal groups and clubs?
- Do people you know belong to organized groups and clubs?
- Do you ever do things with kids your own age? What kinds of things? Where do you do this? What’s it like to do this?

- Are there people in your life you’ve known a long time?
  • How are things going with them?
- Do you have anyone to talk to about things that bother you?

- Does talking help?
- Have you talked to anyone about your present situation, such as why you’re not living with your biological family? Who are they? Who does most of the talking?
- Do you ever see anyone from your family of origin?
- Did you ever have a serious talk with anyone about what it means to belong and not belong? Is this hard to talk about? What happens to you when you talk about it?

**Mastery**

- What are you good at?
- What’s it like to start something new?
- Is anyone showing you how to do things?
- What kinds of things do you do with friends?
- How do you get to the activities you enjoy?
- What’s it like to be happy?
  • What makes you happy? Sad? Upset? Angry?
  • Do you ever think of hurting yourself? Others?

- What do the adults in your life do when they are angry or upset?
- How do adults in your life behave when they are happy?
- Does anyone talk to you about race, ethnicity, and culture?

- How did you learn about sex?
- Are there any questions about sex that I could help you with?
- Have you ever seen adults do sexual things?
- Has anyone ever talked to you about sexual respect?
- Do you have any questions about sexuality that I could help you with?

- Is there anything in your life that is not fair? What do you do when something isn’t fair?
- Does anything ever make you angry? What? What do you do when you are angry?
- Has anyone ever given you some guidance about how to handle hot (or hurt) emotions? Who? What did they do? When? What did you think of that?

- Have you ever been punished for sexual behaviors? When? Who punished you? What was it like to be punished? Did the punishment have a good effect? A bad effect? What would you like to say to that person now?
• Has anyone ever spent anytime with you discussing your feelings? Who? What did you do?
• Have you ever felt embarrassed by someone else’s sexual behaviors? Sexual talk? Who? What did you do?
• Have you ever said or done anything that hurt someone else? Who? What happened? How did things turn out?

**Autonomy**
• What would you like to be doing after you leave care?
• What plans are you making for the future?
• Do you have what you need to do what you want?
• Does anyone ever help you think about what you could do for the future?
• What skills do you have now that might help you find a job later?
• Are you doing anything now that you really like to do?
• Do you know anyone who is doing something you’d like to do? Who are they? What are they doing? Do you think they would want to spend time with you talking to you about their work? About how to get into their fields?
• Is anyone helping you make plans for the future? What kinds of things do you do with this person?
• Is there anything about the future that scares you? What scares you? How can I help you feel better about your future?
• Do you know other youth who have left care and are doing well?
  • How did they prepare for their independent living?
• Is this hard to talk about? What happens to you when you talk about it?

**Generosity**
• Tell me about a time when you’ve helped someone out. What was that like for you?
• Do you know people who spend time being of service to others? What do you think of them? Would you like to be like them? Do you think they’d take you with them sometime?
• Can you say “no” when someone asks you to do something? What’s it like for you to say “no?”
• What’s it like for you when someone tells you a secret? Does it make you feel special? Do you enjoy letting other people tell you what they are really thinking and feeling?
• What’s it like to do things for other people?
• Does it ever feel good to do things for others?
• Does it ever feel like just another obligation?
• Does anyone encourage you to do things for others?
• Does anyone talk to you about doing things for others/giving back?
• Do you get praise for doing things for others?
• Do people you know do things for others?
• Does anyone ever tell you personal things?
• Do you like talking about personal things?
• Do you have friends who talk about personal things?
• Do you know of any groups or clubs that do things for others?
• Are you involved in any community service programs?
• Do you know anyone who is involved in community service programs?
• Can you think of any reasons why people might be involved in community service projects?

**Endings**
Endings are important, as experienced social service professionals know. The following are intended to help practitioners formulate their own thinking about ending interviews with youth.

Is there anything else you’d like to say?
• Is there anything you'd like to say to the person you just talked about? What?
• What was it like for you to talk about these things?
  • Did I do okay? Is there anything I could’ve done better? Do I do anything you'd like me to do more of?

The most effective way to use the 4-D is to engage the youth in informal conversations as practitioners and youth are involved in a range of activities. As they talk, practitioners found that the youth offered a great deal of information about belonging, mastery, autonomy, and generosity.

In piloting and testing the 4-D, practitioners found that the tools helped to build rapport and brought important new information to light. Workers who had this experience said they stayed connected to youth and followed youth’s lead. Sometimes they spent considerable time talking about one area of the instrument. This was far more important than getting through the questions. Rarely did social workers complete the 4-D in one session.

Sometimes youth opened up in ways they have not done before. When this happens, it’s important to let youth talk. During these times, being present to youth is more important that gathering information. Open-ended discussions often provide much of the information the 4-D call for.
Social workers who have used the 4-D also found they did not cover the questions in order. Instead, they picked areas to cover based on keeping continuity going in the conversation and based on youths’ comfort level. Rarely did they complete the instruments in one conversation with youth.
Other Sources of Information

Other sources of information include practitioners’ on-going conversations with care providers and biological families, referral information, case records, and conversations with teachers, youth leaders, therapists, and other service providers who have contact with youth. Care providers appear to be the primary source of information about youth. As discussed earlier, adults have responsibilities to provide the resources youth require in order to develop and maintain the capacities covered in the 4-D. How adults fulfill their responsibilities to youth is part of the 4-D assessment.

Responsibility for Completing the 4-D

The 4-D were designed to be completed by practitioners who have major responsibilities for working with youth and who therefore have regular contact with other service providers and with the youth themselves. The assumption was that practitioners already have much of the information called for by the 4-D as a result of these contacts and that the 4-D would sharpen focus and perhaps open up new areas to cover in work with youth.

Missing Information

Sometimes practitioners don’t have the information they need to complete the 4-D. When this happens, practitioners can leave the items blank. They can obtain the information later.

If practitioners must have a score for an item, but they don’t have the information, score both sides of the item as a mixed; that is, give a score of 1 for both the strength and the risk. If the practitioner obtains information later, then the items can be rescoring to reflect the new information.

Scoring the Items

Responding to the items is a two-step process. First, practitioners decide if the appropriate response is yes, no, or mixed. Decisions are based upon evidence; that is, specific instances that show that youth has a particular quality, shows particular behaviors, and has particular supports from adults and peers in the various environments in which youth live their lives. “Yes” represents a strength and “no” represents a risk. Mixed means there is inconsistency, where the youth sometimes shows that quality and sometimes does not.

The next step is to decide how much of a risk the youth has. The range is from 1 to 4 for both risks and strengths. Figure 2 shows the rating scale of the 4-D.

<table>
<thead>
<tr>
<th>Strength</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>4=high strength</td>
<td>4=high risk</td>
</tr>
<tr>
<td>3=medium strength</td>
<td>3=medium risk</td>
</tr>
<tr>
<td>2=low strength</td>
<td>2=low risk</td>
</tr>
<tr>
<td>1=inconsistent</td>
<td>1=inconsistent</td>
</tr>
</tbody>
</table>

As practitioners decide upon which score to give, we encourage them to think of a youth who is functioning at an optimal level. A standard could be what practitioners would expect from their own children. Youth who are functioning optimally are doing well in school, getting along at home, are appropriately emotionally expressive, well-adjusted sexually, behaving in pro-social ways, have strong emotional connections to families and friends, have long-term relationships with peers and adults that foster the sharing of personal and private information and that model and reward pro-social behaviors. This youth would be contributing to the well-being of others through being helpful to others; community service activities also are an important part of giving to others. In addition, youth are optimistic about the future and are making realistic plans for the future.

Other indicators of optimal functioning includes doing well when others behave unfairly, as when a youth who is dealing with adversity is not treated with understanding and sensitivity. The optimally functioning youth recognizes the inappropriate behaviors of others and/or seeks help in coping with such inappropriate behaviors. In other words, the youth responds appropriately to inappropriate behaviors.

Two scores. The instruments yield two scores: a risk score and an asset score. Two scores often puzzle practitioners who are accustomed to instruments that provide only one. Since the goal of treatment is to increase assets and decrease risks, both assets and risks need to be identified and their relative strengths assessed. Furthermore, conceptually, risks and assets are not the same. The idea of two scores builds upon the assumption that persons can have positive and negative aspects of a single broad attribute. Others have noted this. As Erikson (1963) demonstrated in his theory of psychosocial development, the notion of nuclear conflict posits that aspects of the same quality co-exist within persons, such as capacities for trust and mistrust. In addition, semantic differentials are composed of bi-polar items, although these instruments provide one score.

With two scores, children can be classified according to their mix of strengths and risks as shown in Figure 3 below. The ideal is to move children into a
high strengths/low risk classification. Two scores helps clinicians and clients identify and work with both strengths and risks.

### Figure 3: Classification by Strengths and Risks

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>High-High</td>
<td>High-Low</td>
</tr>
<tr>
<td>Low-High</td>
<td>Low-Low</td>
</tr>
</tbody>
</table>

From Gilgun et al (1999)

Scores can also be graphed. Most youth begin treatment high in risks and low in assets, at least on the issues that brought them into treatment in the first place. As discussed, the goal of treatment is to reduce risks and increase assets. Figure 3 below shows the graph of a successful course of treatment when clients began as low-high and ended as high-low. In those cases, the asset line intersects with the risks line.

Using graphs to assess the effects of treatment has many benefits. They are a visual representation of progress or lack of progress in treatment. Clients can see for themselves how they are responding to treatment. Such easy to interpret information can spark discussions and insights about what is working and not working in treatment in a variety of settings. That is, clinicians can talk to clients directly about their progress and can discuss the case in group and peer supervision. Finally, having scores and graphs documents the effectiveness of treatment. Such documentation is important to funders and to the general public, as well as to clinicians, clients, and their agencies.

### The Psychometrics of the 4-D

The 4-D have excellent psychometric properties, with coefficient alphas of .9 or above, the “gold” standard for instruments meant to be used with individuals (Nunnally, 1978; Rosenthal, 1994). There is much less room for unreliable and inconsistent tools when individuals are being evaluated. In group evaluations, the errors of instruments tend to average out. Psychological and educational tools often are group measurements and thus have lower standards of reliability.

#### Coefficient Alpha

Coefficient alpha is the most important test of the reliability of an instrument because it shows whether the items of the instrument are measuring the same thing and not a hodgepodge of unrelated phenomena. They should be the first test of reliability, even if other measures of reliability also will be used (DeVellis, 1991; Nunnally, 1978). If the coefficient alpha is low, with low being .40 or lower, then the instrument should be reconstructed. It simply will not reliably tell anything about what is being measured. Table 1 shows the coefficient alphas for the 4-D.
Table 1 Coefficient Alphas for the 4-D

<table>
<thead>
<tr>
<th>Instruments</th>
<th>Alphas</th>
<th>No. of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belonging</td>
<td>.89</td>
<td>11</td>
</tr>
<tr>
<td>Mastery</td>
<td>.93</td>
<td>19</td>
</tr>
<tr>
<td>Autonomy</td>
<td>.91</td>
<td>8</td>
</tr>
<tr>
<td>Generosity</td>
<td>.91</td>
<td>9</td>
</tr>
<tr>
<td>Total Item Pool</td>
<td>.96</td>
<td>47</td>
</tr>
</tbody>
</table>

The coefficient alpha for the total item pool is higher than any of the individual instruments because, in general, the longer the instrument the higher the coefficient. That three of the instruments have 11 or fewer items and still have respectable coefficient alphas testifies to their reliability. (See Nunnally, 1978).

Standard Errors of Measurement

In social work, standard errors of measurement (SEM) of instruments usually are reported as an additional measure of reliability. SEMs are dependent upon coefficient alphas and the variability of the scores. The most reliable instruments are thought to have SEMs that are about 5% or less of the possible total score of an instrument (Springer, Abell, & Nugent, 2002).

Table 2 SEMs for the 4-D

<table>
<thead>
<tr>
<th>Instruments</th>
<th>Expected</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belonging</td>
<td>5.5</td>
<td>5.62</td>
</tr>
<tr>
<td>Mastery</td>
<td>9.5</td>
<td>7.16</td>
</tr>
<tr>
<td>Autonomy</td>
<td>4.0</td>
<td>3.84</td>
</tr>
<tr>
<td>Generosity</td>
<td>4.5</td>
<td>4.87</td>
</tr>
<tr>
<td>Total</td>
<td>11.94</td>
<td>11.75</td>
</tr>
</tbody>
</table>

Each of the scales that comprise the 4-D have SEMs that are close to or less than 5% of the total scores.

Item Total Analysis

For the item-total analysis, all but four of the 48 items that compose the 4-D reached the .5 standard or above, which is appropriate for tools to be used with individuals (Nunnally, 1978). Item-total analysis is an indirect test of content validity and a test of the consistency of items. Researchers use item-total analysis for guidance about items to keep and eliminate. In this test, each individual item is correlated with the total score of the instruments. An item-total score of .5 or above is appropriate for tools to be used with individuals, while instruments used with groups may have item-total scores of .4 or below. Items that correlate highly are kept and those that have low correlations are discarded. Some items are kept even when scores fall below the ideal if theory and/or practice experience suggests that they are useful.

We moved one item “Youth is aware of his/her own ethnic/cultural roots” from belonging where it had an item-total correlation of .14, to mastery where it had an score of .30. The item became part of the mastery tool.

We kept two items from mastery (knowing) where the item-total score was below .5 because of their theoretical and practical importance. One was “Youth does at least one thing well, such as caring for an animal, or having a hobby or sport” with an item-total correlation of .41. The other was “Youth shows a range of feelings” with an item-total correlation of .31.

The item that was dropped was “Youth has one or more friends who are actively preparing for the future (.36), which was its highest item-total correlation. We removed it for strictly psychometric purposes. If it remained, the coefficient alpha of the autonomy scale would have been .88. Removing led to an alpha of .91, an important increase. The item did not fit psychometrically or theoretically with the other tools.

We also believed that the idea behind this item was covered adequately by other items that inquired about peer influences, such as “Youth has one or more friends who do something well” from the mastery instrument.

Content Validity

The 4-D appear to have adequate content validity, as we drew upon multiple sources of information, including the Circle of Courage, research and theory on risk and resilience, social work’s strengths perspective, the CASPARS instruments (Gilgun, 1999a, Gilgun et al, 1999) and practitioner experience.

Face Validity

Experienced social workers and one clinical psychologist were deeply involved in the development of the tools. They provided rigorous critique of the 4-D and suggested the elimination of some items and the addition of others. The instrumented was also piloted providing further opportunities to ensure that the tools contained items relevant to practice.

Roles of Others

As field tested, items for roles of others was part of each of the four tools. Users found the items redundant. We therefore created a single tool for roles of others. It has not been field tested. It is in the Appendix. If social workers and other professionals view this tool as useful without the psychometrics, then we recommend its use. We will do psychometric testing of this new tool in the future.
A Short Form

Within two months after the field test was completed, social workers at Growing Home created a short form of the 4-D. They eliminated 19 additional items that they found through practice experience did not add appreciably to their assessment of youth and their situations.

The short form has 28 items and has not been field tested. Using the same data on which the long form was tested, however, gives a preliminary estimate of the psychometrics of the 4-D Short Form. The coefficient alphas and the SEMs are well within contemporary social work norms (Springer et al, 2002). Table 3 shows the coefficient alphas of the 4-D Short From. Table 4 shows the SEMs.

Table 3. Coefficient Alphas of the Short Form

<table>
<thead>
<tr>
<th>Instruments</th>
<th>Alphas</th>
<th>No. of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belonging</td>
<td>.84</td>
<td>7</td>
</tr>
<tr>
<td>Mastery</td>
<td>.86</td>
<td>10</td>
</tr>
<tr>
<td>Autonomy</td>
<td>.91</td>
<td>7</td>
</tr>
<tr>
<td>Generosity</td>
<td>.83</td>
<td>4</td>
</tr>
<tr>
<td>Total Item Pool</td>
<td>.94</td>
<td>28</td>
</tr>
</tbody>
</table>

Table 4. SEMs of the Short Form

<table>
<thead>
<tr>
<th>Instruments</th>
<th>Expected</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belonging</td>
<td>2.8</td>
<td>3.41</td>
</tr>
<tr>
<td>Mastery</td>
<td>3.99</td>
<td>4.0</td>
</tr>
<tr>
<td>Autonomy</td>
<td>2.8</td>
<td>2.64</td>
</tr>
<tr>
<td>Generosity</td>
<td>1.6</td>
<td>2.49</td>
</tr>
<tr>
<td>Total Item Pool</td>
<td>11.2</td>
<td>6.89</td>
</tr>
</tbody>
</table>

The Field Test: Conversations with Users

Conversations with users of the 4-D provide helpful information on how to use them.

4-D as Helpful

Many professionals who used the 4-D in the field test found that the tools helped them to get to know youth better and brought important new information to light. The 4-D served as guides to conversations, often when professionals were doing other things with youth, such as driving them long distances. In the course of talking about the topics the 4-D suggest, youth sometimes opened up in ways they have not done before. Some youth did not want to talk to practitioners. In those cases, practitioners completed the 4-D based on the multiple other sources of information they had. Those who were most satisfied with the tool talked both to the youth and to the multiple others who are resources to youth.

The 4-D helped in treatment planning. A social worker said, “The 4-D led to some wonderful conversations with youth and helped me think and do more about preparing kids for independent living.” Another user reported that completing the 4-D helped him to stop and re-evaluate what he was doing with his kids. He found things he’d been overlooking through using the 4-D. Another practitioner said the 4-D not only gave her some new ideas about her work with youth but they also gave care providers more direction.

A practitioner who ran an independent living program for teenagers used some of the items of the 4-D for discussion questions for group work with teens ages 17-19 and who had been meeting for several months. They used the 4-D to interview each other.

This practitioner found to questions to be “real good icebreakers” and said he learned a lot about the teens that he said he might not otherwise have known. He said about the 4-D, “Thumbs up.”

A few social workers reported that they used the 4-D to test their ideas about youth. For example, a youth who might have issues with attachment might not see the value of confiding in others or having others confide in them, which are topics covered in the 4-D.

These questions can help practitioners get a better understanding of the level of trust and distrust that youth have.

Limited Direct Contact with Youth

Some users reported that they had limited direct contact with youth. In these cases, their information came from multiple other sources.

Fit With Practice

For many practitioners, the 4-D fit with and add to their practice, as the above discussion demonstrates. Several social workers said that the 4-D would be really effective for intensive work, such as psychotherapy, where therapists see kids once a week, observe their behaviors in school, and keep in weekly touch with teachers and care providers. One social worker in therapeutic foster care said, “If we did our own therapy that would be a great way to use 4-D.” She said that they also could be helpful in team approaches to work with youth, where therapists and care providers could use them. For her, the 4-D had many things professionals could talk to youth about.
“This is one of the better ones I’ve seen as far as questions go,” she said. She added that she does not see youth often enough to be able to use the 4-D effectively.

Where there were difficulties fitting the 4-D to practice, social workers saw their practice as supporting the work with others, not having much direct contact with youth, and dealing either with ongoing crises or with basic issues such as personal hygiene.

Such concerns could be training issues, at least partially. The for agency-level goals that they 4-D help develop do not preclude individualized goals for particular cases. Furthermore, individualized goals are likely to fit within the broad scope of the concepts of the 4-D.

Subjectivity of the 4-D
Several service providers expressed concern about the “subjectivity” involved in evaluating information about youth and the services they receive and in deciding upon a score. Such subjectivity can be reduced to some degree by on-going training on the use of the 4-D and on the meanings of the concepts on which they are based.

On the other hand, some subjectivity appears to be inherent in clinical tools. The very nature of being human suggests that even when two practitioners are confronted with identical information delivered in identical formats, they may still not reach the same conclusions. The best the 4-D can do is to help practitioners organize a great deal of information and to lead them to use this information in their work with youth.

Intrusiveness of Sexuality Items
Some practitioners observed that the 4-D ask good questions and they are not invasive. On the other hand, intrusiveness was an issue for some social workers. They cited in particular the sexuality items of the mastery (knowing) instrument. Although some social workers expressed comfort in talking about sexuality with youth, other did not get into sensitive areas with youth unless there is a problem about that area. Still others felt unprepared to deal with youth’s sexuality. Some noted that youth don’t want to talk about it anyway. Those who struggled with the sexuality items stated it was up to youth’s therapist to deal with sexuality.

Agencies will have to make decisions about whether their practitioners talk about sexuality with youth. If they want this, then they must also provide training on why it’s important and how to talk to youth about sexuality.

Issues and Challenges in Assessing Youth
Several practitioners pointed out the challenges inherent in using clinical instruments with youth and getting accurate pictures of youth. The youth can change from day to day, week to week. Some youth simply do not want to talk about themselves out of fear, mistrust, or “therapy fatigue.” Some may simply have not learned how to reach deep into themselves in order to understand their past and present. This too is a training issue that agencies will confront when they use the 4-D.

Issues Inherent in Assessing Roles of Others
Several social workers expressed difficulties in responding to the roles of others items. In some cases, they wondered if other professionals’ assessments were influenced by their own concerns about being judged and their desires to show that they are effective. Thus, sometimes other professionals rated youth higher than the practitioners thought warranted. Other times, they thought other professionals rated youth lower so as to be able to maintain the youth in the placement and in the other settings where youth was getting services.

This, too, is an training issue that agencies will confront if they choose to use the 4-D.

Implementation Issues
Through interviews with practitioners, we also found that implementation is a major issue. This showed itself in different ways: the amount of training that may be necessary for best use of the 4-D, the sheer amount of paperwork that many practitioners must complete, and the duplication of the 4-D with other required paperwork. Further details are in Gilgun and Chalmers (2002). This are serious issues that could threaten the usefulness of the 4-D.

Concerns About Strengths-Based Instruments
Conversations with users surfaced some concerns about using strengths-based instruments. Several social

Future Work with the 4-D
Future work with the 4-D themselves involves testing the reliabilities and validities of the Short Form, additional testing of the Long Form, and testing of the Roles of Others tool. The Short Form and the Roles of Others tool require coefficient alpha, SEM, item-total, inter-rater reliability, and construct validity. The Long Form requires testing the inter-rater reliabilities and doing construct validity and predictive validity studies. Inter-rater reliabilities depend upon a group of practitioners having a common framework for assessment, intervention, and evaluation. In order to do them, the practitioners who participate must undergo training on the ideas of the 4-D.
Construct validity studies test how well instruments correlate with other instruments thought to measure the same thing and whether they do not correlate with instruments thought not to measure the same thing. We did not do construct validity studies because of our concerns with the amount of paperwork that practitioners were already required to do.

Finally, having a sense of the predictive validity of the 4-D would increase confidence in them. The predicted outcome could be something quite simple, such as whether reach their individualized goals once they are ready to move to another setting.

**SUMMARY**

The 4-D is a set of clinical rating scales tested on youth ages 12 to 19 and who have experienced adversities in childhood and adolescence. There is a field tested form of the 4-D and the 4-D Short Form. As a result of the field test, we also created a separate tool to assess Roles of Others.

The Short and Long Forms of the 4-D both have good to excellent psychometric properties, though the properties of the Short Form are preliminary and require testing.

The tools represent the four dimensions of the Circle of Courage: belonging, mastery, autonomy, and generosity. Designed to respond to the standards of practice that have become prominent during the past decade or so, they give equal consideration to client strengths and risks, are based on best research evidence, and guide practitioners to focus on aspects of client functioning that research, theory, practice experience, and Native wisdom has identified as fundamental to the promotion of youth capacities and well-being.

An important point to make about the 4-D is their capacity to create a common language, to identify significant areas of youth functioning, and to coordinate practice across settings. In addition, though the 4-D provide for agency-level goals, they also do not preclude individualized goals for particular cases.

Furthermore, individualized goals are likely to fit within the broad scope of the concepts of the 4-D.

Some issues that we discovered in the field test are unrelated to the 4-D but are more general practice and paper work issues. For example, social workers may require additional training on how to engage youth in meaningful conversations. They may require training on the concepts behind the 4-D and on how to score the 4-D.

Paperwork is a major issue, not only in terms of the sheer amount but also in terms of their redundancy. Before implementing the 4-D, agency administrators would be fostering more effective use of the 4-D if they conducted a paperwork audit. There may be ways to streamline paperwork. Creating data management programs that require a single entry for information that is required on multiple forms would be a great boost to reducing practitioner stress about paperwork.

In summary, the 4-D have much to recommend them, both conceptually and psychometrically. They point the way to more effective ways to gain balanced views of youth and to provide services that promote youth’s optimal development. Completing the circle so that youth in turn can provide resources, modeling, counseling, and guidance to others is a lofty ideal but a worthy one.

**REFERENCES**


