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The Relationship Between Social Resourcefulness, Resilience and Wellbeing of Adolescents
With A Multi-problem Family Background

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Abstract

Background. Adolescents from multi-problem families are exposed to an abundance of adversity. Insight into resilience processes of these adolescents might be helpful in reducing additional risk. As social ties become increasingly important in adolescence, the question arises whether resilience processes or social support are more predictive of adolescent's wellbeing and how these compare between adolescents from multi-problem families and normative families. **Aim.** This study aimed to assess how resilience processes and social resourcefulness related to wellbeing in adolescents while also taking into account the possible moderating effect of the family background. **Methods.** Data from the GRIP-study was used. Participants were 46 adolescents with a multi-problem family background, aged 10 to 18, and 47 adolescents with a normative background, aged 17 to 24. Results were collected using the self-report questionnaires: CYRM-12, the Seeking Social Support subscale of the UCL and the WHO-5. Two hierarchical regression analyses were conducted. **Results.** Resilience processes had a strong positive relationship with wellbeing, whereas social resourcefulness did not. Additionally, resilience processes and social resourcefulness had a moderate positive relationship. Finally, family background did not moderate the relationship between resilience and wellbeing and social resourcefulness and wellbeing. **Conclusion.** Resilience processes were a stronger indicator than social resourcefulness for adolescent wellbeing, regardless of family background. Further research into whether specific protective factors play a different role in the resilience processes of adolescents from multi-problem families is advised, as well as how adolescent risk perception affects these processes.

Keywords: resilience, social resourcefulness, wellbeing, adolescence, multi-problem family, family background, risk

The Relationship Between Social Resourcefulness, Resilience and Wellbeing of Adolescents:
A Look Into Multi-problem Families

Adversity is especially characteristic for multi-problem families (Bodden & Deković, 2016; Jansen, 2014). Family adversity, such as abuse or even frequent arguing, increases the risk of mental health problems like depression or anxiety (Herrenkohl, Kosterman, Hawkins, & Mason, 2009). In the Netherlands 3-5% of all families can be considered a multi-problem family (Richtlijn Jeudhulp, 2017). These are 75.000 to 116.000 multi-problem families of which at least one parent and one child have struggled with a combination of social-economic and psychosocial problems. These families also experience problems in a variety of other domains: e.g. poverty, addiction, or externalising problem behaviour (Jansen, 2014; Richtlijnen Jeugdhelp, 2017). Problems in multiple contexts like these create harmful environments for youths and may be detrimental for their development (Jansen, 2014). For these youths it might be crucial to promote resilience processes in order to diminish even further negative effects and to support wellbeing, (Celinski & Pilowsky, 2008). Since youths with a multi-problem family background live in the context of multiple adversity, however, the question arises whether resilience processes in these youths are as efficient as resilience processes in youths with a normative family background.

Research into the resilience of multi-problem families is scarce, however (Bodden & Deković, 2016). Moreover, in clinical practice there is a dominant problem-centred perspective when it comes to helping multi-problem families (Sousa, Ribeiro, & Rodrigues, 2006). Resilience/strength-based perspectives might be especially helpful for multi-problem families as it enables the family to independently cope with stress to negate further adverse consequences (Benard, 2006). As adolescents with a multi-problem family background are often exposed to risk, supporting them in developing resilience processes to help adapt and overcome the risk, can be crucial. Gaining insight into resilience processes within this population might be a first step in enhancing support for these families. For this reason current research will examine how resilience processes relate to wellbeing in adolescents with a multi-problem family background, compared to adolescents with a normative family background.

Resilience

Resilience encompasses the notion of bouncing back in the face of adversity (Herrman et al., 2011). Two general definitions of resilience are recognised in literature: resilience as an outcome and resilience as a process (Kolar, 2011; Leipold & Greve, 2009; Masten, 2018). While the first definition focuses solely on the outcome, i.e. bouncing back, the second

definition tries to capture the factors and processes that play a significant role when a person endures stress and adapts positively. The concept of resilience has changed from being a static characteristic, to a dynamic process that develops and changes over time (Coyle, 2011; Gartland, Bond, Olsson, Buzwell & Sawyer, 2011; Herrman et al., 2011). This modern definition allows people to become resilient by increasing protective factors, even if their circumstances are less favourable. For this reason current research will focus on the process-definition of resilience.

In the process-definition of resilience two components play a substantial role: firstly, the presence of risk or adversity and secondly, positive adaptation (Gartland et al., 2011; Masten, 2018). In this process protective factors, like optimism or support from friends, will interact with present risk factors, such as poverty or abuse (Tusaie, Psukar, & Sereika, 2007; Zolkoski & Bullock, 2012). This interaction can happen at different levels ranging from individual to societal levels (Kolar, 2011). For a resilient outcome the protective factors will modify the risk impact in such a way that distress is avoided. The assets and resources within the individual and their environment help facilitate this ability to adapt and develop positively in the face of adversity (Liebenberg, Ungar, & LeBlac, 2013; Windle, Bennett, & Noyes, 2011). A person that has access to these assets and resources is more likely to be resilient than someone who is without these assets and resources. Resilient outcomes can be found at different contexts and different levels (Coyle, 2011; Kolar, 2011). Positive adaptation is subjective to each individual person (Giordano, 2010; Kolar, 2011) and can differ per contextual level (Leipold & Greve, 2009). As resilience processes help in coping with stress, wellbeing is promoted (Kinman & Grant, 2011), which is a vastly-used subjective indicator of resiliency (Herrman et al., 2011). Wellbeing can be defined as having a good mental health, being able to function in daily life and as being socially competent (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). It can thus be expected that resilience processes promote subjective wellbeing.

Coping through social resourcefulness

In adolescence seeking support from social ties, either from family or friends, becomes increasingly important (Bokhorst, Sumter, Westenberg 2010). Between the age of 16 to 18 the support from friends even takes on a more important role than support from parents. Social resourcefulness is a coping style that specifically makes use of social ties to relieve (emotional) stress (Bolger & Amarel, 2007; DeLongis & Holtzman, 2005; Schreurs, Van De Willige, Brosschot, Telegen, & Graus, 1993). Coping by seeking social support, also known as social resourcefulness, positively affects one's wellbeing (Zhu, Woo, Porter, & Brzezinski,

2013) and seems to be closely linked with help seeking, a resilience process recognised by Ng, Ang and Ho (2012). Both rely on seeking help through social ties to adapt to and deal with adversity. In their research, help seeking had the strongest negative relationship with psychopathology (e.g. depression, anxiety, aggression; Ng et al., 2012). Social resourcefulness, however, only focuses on the social level (Helgeson, Reynolds, & Tomich, 2006), whereas resilience encompasses multiple assets and resources that interact with risk factors on multiple levels (Kolar, 2011; Windle et al., 2011). It can be suggested that social resourcefulness is one mechanism within the construct of resilience that helps in reaching a positive outcome. This could indicate that, as a part of resilience, social resourcefulness can also influence positive adaptation, but as a mechanism that only works on the social level, it is not as strong as the entire resilience process.

Degree of risk

Rutter (2006) has proposed that, in some circumstances, the experience of adversity strengthens resistance to later stress. This was called the “steeling-effect”. However, “there is nothing about exposure to adversity that necessarily toughens one up” (Olssen et al., 2003, p. 7). Too much exposure at a too young age could lead to maladaptation instead of positive adaptation (Olssen et al., 2003). What is unclear, however, is whether the protective factors in the resilience processes or coping by seeking social support are sufficient to adapt positively when a person is exposed to high degrees of risk, like adolescents from multi-problem families compared to adolescents who don’t experience such adversity. Would adolescents with a multi-problem family background learn from being exposed to adversity, or, as Olsson et al. (2003) suggest, do high degrees of risk negatively affect the processes that lead to positive adaptation? The higher degree of risk that adolescents from multi-problem families experience may negatively, or positively affect the relationship between the resilience/coping processes and the outcome. The family background of the individual may thus possibly affect the resilience and coping processes.

Further insights into whether and how resilience is linked to wellbeing in adolescents from multi-problem families is necessary to diminish further negative consequences that this population might suffer. Since social ties become increasingly important in adolescence (Bokhorst et al., 2010), resilience processes will be compared to social resourcefulness to examine which factor is most predictive for wellbeing in adolescents. The family background will also be taken into account to analyse for differences between adolescents from normative and multi-problem families. The purpose of this study is to investigate the relationship

between resilience and wellbeing and how the degree of risk affects this relationship. Several hypotheses will be tested:

1. Social resourcefulness is related to resilience;
2. Resilience is positively related to wellbeing in adolescence;
3. Social resourcefulness is positively related to wellbeing in adolescence;
4. The relationship between resilience and wellbeing differs between adolescents from multi-problem families and adolescents from normative families;
5. The relationship between social resourcefulness and wellbeing differs between adolescents from multi-problem families and adolescents from normative families.

Methods

Participants

This study used data collected by the GRIP-research (Koper, Creemers, Branje, & Van Dam, 2020), a cooperative research between the University of Utrecht, the University of Amsterdam, five youth care organisations (Enver, Jeugdformaat, Juzt, Spirit and Youké) and the YIM Foundation. All participants were from the Netherlands. Two groups were used and compared. Participants of the first group consisted of 47 adolescents, of which 53% was male, with a multi-problem family background that were at risk of out-of-home placement. These adolescents were aged 10 to 18 years old ($M = 15.45$, $SD = 1.70$). The second group consisted of 46 students, of which 37% was male, from intermediate vocational schools between the age of 17 to 24 ($M = 18.76$, $SD = 1.68$). Both groups lived in urban areas and were expected to have comparable SES. Participants from both groups mostly had a Dutch ethnic identity, 83% and 89% respectively. In total 93 youths participated of which 45% were male. A priori power analysis indicated that to acquire a moderate effect with sufficient power a sample size of 35 for both groups was needed (Cohen, 1988).

Procedure

Participants of the first group and their families were recruited by their youth care organisation and were asked to give consent to be approached for the GRIP-research. If the families had no objections they were called by GRIP researchers to ask if they were interested in a voluntary home visit. These home visits were carried out by a (student) research assistant. During the home visits research protocol had to be followed. At the first house visit the families were once again informed about the research and about their voluntary and anonymous participation in the research. If they agreed to participate all participating persons were asked to give informed consent. Parents had to give additional parental consent for their child if the child was younger than 16 years old. After giving consent the questionnaires could

be filled in. Filling in the questionnaires took around 30 to 60 minutes during which a researcher was always present with a participant to monitor and help if needed. Each participant received €10 as a reward for filling in the questionnaires. The total time in which the participating families took part in the research was around 15 months and consisted of four measurements. Current research only used the data collected in the first measurement.

Participants of the second group were recruited through their intermediate vocational school. The intermediate vocational schools were located in urban areas, similarly to the youth care organisations that participated in the GRIP-research. Firstly the school had to give consent to participate, then the students were approached. They were given information about the research two weeks before they would decide to participate. The students were met during school hours. At least two research assistants and one teacher were always present. The research assistants explained the purpose and content of the study. The students were asked to give informed consent after which the students could fill out the questionnaires. The students received a similar version of the questionnaire that the first group received. Participants of this group only had to fill in the questionnaire once.

Instruments

Resilience. The resilience of participating youths was measured using the Child and Youth Resilience Measure – Short form (CYRM-12) (Liebenberg et al., 2013). The CYRM-12 is a self-report questionnaire used among adolescents aged 13 to 23 years old. This self-report questionnaire consists of 12 items that measures key resilience characteristics among youth. Examples of items are: “I try to finish what I start” and “My friends support me during tough times”. Items are rated on a 5-point scale from 1 = *does not describe me at all* to 5 = *describes me a lot*. Total scores were calculated by adding up the score on each item. Here a higher score reflects a higher level of resilience. None of the items needed to be recoded. The measured Cronbach’s alpha of the CYRM-12 was .73, which was satisfactory (Tavakol & Dennick, 2011).

Social resourcefulness. Social resourcefulness was measured using the subscale Seeking Social Support of the self-report questionnaire Utrecht Coping List (UCL) (Schreurs et al., 1993). The UCL is used with participants aged 14 or older. The UCL consists of seven subscales, of which Seeking Social Support is one. This subscale measures seeking comfort and understanding from others; sharing worries with others or asking for help. The subscale counts a total of 6 items which are rated on a 4-point scale from 1 = *rarely or never* to 4 = *very often*. Examples of items are: “Sharing worries with someone” and “Searching for solace and understanding with someone”. Total scores were calculated by adding up the score on

each item. A higher score reflects more social resourcefulness. None of the items needed to be recoded. The measured Cronbach's alpha of the subscale of social resourcefulness was .90, which was satisfactory (Tavakol & Dennick, 2011).

Wellbeing. Wellbeing was measured using the WHO-5-Well-Being-Index (Who-5) (Topp, Østergaard, Søndergaard, & Bech, 2015). This self-report questionnaire consists of five items that measure the psychological wellbeing of the two weeks prior to filling in the questionnaire. The items are rated on a 6-point scale that ranges from 0 = *at no time* to 5 = *all of the time*. Examples of items are: "I felt calm and relaxed" and "I felt fresh and rested when I woke up". The score is found by totalling all items and multiplying that score by four. A higher score indicates a higher wellbeing. None of the items needed to be recoded. The measured Cronbach's alpha of the WHO-5 was .85, which was satisfactory (Tavakol & Dennick, 2011).

Statistical analysis

Variables. All analyses were conducted using the program *Statistical Package for the Social Sciences* version 25 ([SPSS 25]; IBM Corp., 2017). This research used a total of four variables, these were two independent variables (social resourcefulness and resilience), one dependent variable (wellbeing) and one moderator (family background). The first three variables were total scores on their respective questionnaire. A new variable need to be created for the moderator, this variable was be called 'family background' and was an indication of the degree of risk an adolescent was exposed to. Each participant was assigned to one of two groups: having a normative family background (= 0) and having a multi-problem family background (= 1). The assignment to either group was be decided on whether the participant was recruited through their youth care organisation or whether they were an intermediate vocational student.

Hierarchical regression analysis. To analyse the relationships between resilience and wellbeing and social resourcefulness and wellbeing and whether these relationships are moderated by family background, two hierarchical regression analyses were conducted (Field, 2013).

Results

Preliminary

Missing values. One participant had to be excluded for social resourcefulness as they had failed to fill in this subsection of the questionnaire. Prior to computing the resilience and social resourcefulness total scores two missing values had to be corrected. This was done by manually calculating the participants series mean and putting this in for the missing value.

Interaction variable. To include family background as a moderator in the hierarchical regression analyses two interaction terms were created for Resilience \times Family Background and Social Resourcefulness \times Family Background. Prior to creating these interaction terms resilience and social resourcefulness were centred.

Descriptive statistics

The Pearson's correlations, means and standard deviations of the scores on resilience, social resourcefulness, wellbeing and family background can be found in Table 1. Table 1 shows that wellbeing was only significantly related to resilience. The significant relationship between social resourcefulness and resilience indicated multicollinearity, which impedes on the ability to assess the individual importance of the predictors (Field, 2013). For this reason two separate hierarchical regression analyses were conducted.

Table 1.

Pearson's Correlations, Means and Standard Deviations of Scores on Resilience, Social Resourcefulness, Wellbeing and Family Background

	1.	2.	3.	4.	<i>M/n</i>	<i>SD/%</i>
1. Resilience	-				47.05	5.73
2. Social Resourcefulness	.26*	-			13.44	4.25
3. Wellbeing	.51**	.11	-		58.75	21.50
4. Family Background: multi-problem family	-.14	-.05	-.07	-	47	50.50%

Note. * $p < .005$. ** $p < .001$.

Family background differences in the relationship between resilience, social resourcefulness and wellbeing

Resilience and wellbeing. Prior to conducting the hierarchical regression analysis a number of assumptions were tested. Stem-and-leaf plots and boxplots indicated that each variable in the regression was normally distributed, however three univariate outliers were detected. Since these scores were not extreme they were not deleted. Two multivariate outliers were detected, with a maximum Mahalanobis distance larger than the critical χ^2 for $df = 3$ (at $\alpha = .005$) of 16.27. However, Cook's Distance showed that none of the multivariate outliers influenced the predictive efficacy of the model. For this reason the multivariate outliers were not removed. Finally, the assumptions of linearity, multicollinearity and homoscedasticity of residuals were not violated (Field, 2013).

In step 1 of the hierarchical regression analysis, resilience accounted for a significant 25.9% of the variance in wellbeing, $R^2 = .259$, $F(1, 91) = 31.73$, $p < .001$. The β for resilience

was significant and positive, and indicated that higher levels of resilience are associated with higher levels of wellbeing. In step 2 family background was added to the regression model and accounted for an additional non-significant 0% of the variance in wellbeing $\Delta R^2 < .000$, $\Delta F(2, 90) = .000$, $p = .992$. The β for family background was also not significant. In step 3 the interaction variable Resilience \times FB was added, and accounted for an additional non-significant 0.1% $\Delta R^2 = .001$, $\Delta F(3, 89) = .18$, $p = .674$. The interaction variable was not significant, indicating that family background does not influence the relationship between resilience and wellbeing. In total the independent variables explained 26% of the variance in wellbeing, $R^2 = .26$, adjusted $R^2 = .24$, $F(3, 89) = 10.42$, $p < .001$. This combined effect size ($f^2 = .35$) can be considered “medium” (Cohen, 1988).

Unstandardised (B) and standardised (β) regression coefficients, squared semi-partial correlations (sr^2), R^2 , and ΔR^2 of the hierarchical regression analysis for Resilience and Wellbeing are provided in Table 2.

Table 2

Unstandardised (B) and Standardised (β) Regression Coefficients, Squared Semi-Partial Correlations (sr^2), R^2 , and ΔR^2 of the Hierarchical Regression Analysis for Resilience and Wellbeing ($N = 92$)

Variable	B [95% CI]	β	sr^2	R^2	ΔR^2
Step 1				.26*	.26
Resilience	1.91 [1.23, 2.58]	.51*	.26*		
Step 2				.26	.00
Family Background	-.04 [-7,82, 7.75]	-.00	.00		
Step 3				.24	.00
Resilience \times FB	.29 [-1.08, 1.66]	.05	.00		

Note. Family Background was dummy coded (0 = normative family background).

CI = confidence interval.

* $p < .001$.

Social resourcefulness and wellbeing. Prior to conducting the hierarchical regression analysis a number of assumptions were tested. Stem-and-leaf plots and boxplots indicated that each variable in the regression was normally distributed and free from univariate outliers. No multivariate outliers were detected, with a maximum Mahalanobis distance larger than the critical χ^2 for $df = 3$ (at $\alpha = .005$) of 16.27. Finally, the assumptions of linearity, multicollinearity, and homoscedasticity of residuals were not violated (Field, 2013).

In step 1 of the hierarchical regression analysis, social resourcefulness accounted for a non-significant 1.2% of the variance in wellbeing, $R^2 = .01$, $F(1, 90) = 1.09$, $p = .300$. The β for social resourcefulness was not significant, this indicated that higher levels of social resourcefulness are not associated with higher levels of wellbeing. In step 2 family background was added to the regression model and accounted for an additional non-significant 0.5% of the variance in wellbeing $\Delta R^2 < .01$, $\Delta F(2, 89) = .420$, $p = .518$. The β for family background was not significant. In step 3 the interaction variable Social Resourcefulness \times FB was added, and accounted for an additional non-significant 4% $\Delta R^2 = .04$, $\Delta F(3, 88) = 3.82$, $p = .054$. The interaction variable was not significant, which indicated that family background does not influence the relationship between social resourcefulness and wellbeing. In total the independent variables explained 5.8% of the variance in wellbeing, $R^2 = .06$, adjusted $R^2 = .03$, $F(3, 88) = 1.79$, $p = .155$. This combined effect size ($f^2 = .03$) can be considered “small” (Cohen, 1988).

Unstandardised (B) and standardised (β) regression coefficients, squared semi-partial correlations (sr^2), R^2 , and ΔR^2 of the hierarchical regression analysis for Social Resourcefulness and Wellbeing are provided in Table 3.

Table 3

Unstandardised (B) and Standardised (β) Regression Coefficients, Squared Semi-Partial Correlations (sr^2), R^2 , and ΔR^2 of the Hierarchical Regression Analysis for Social Resourcefulness and Wellbeing ($N = 92$)

Variable	B [95% CI]	β	sr^2	R^2	ΔR^2
Step 1				.01	.01
Social Resourcefulness	.56 [-.50, 1.61]	.11	.01		
Step 2				.02	.01
Family Background	-2.93 [-11.92, 6.06]	-.07	.00		
Step 3				.06	.04
Social Resourcefulness \times FB	-2.06 [-4.15, .03]	-.29	.04		

Note. Family Background was dummy coded (0 = normative family background).

CI = confidence interval.

Discussion

Adolescents from multi-problem families are a vulnerable population due to the multiple adversity they face in several contexts (Bodden, 2016; Jansen, 2014). Knowledge into the resilience processes of adolescents from multi-problem families might be a first-step towards offering support in adapting from the adversity that they experience, and by doing so

lessening the negative impact of living in a multi-problem family. To gain insight, the current study compared the relationship of resilience processes and social-resourcefulness to the wellbeing of adolescents with differing family backgrounds, while also examining the effect of family background on these relationships.

The first aim of the study was to inspect the relationship between resilience and wellbeing. Based on previous research it was expected that resilience would have a positive relationship with wellbeing, as resilience processes deal with stress and in doing so promote wellbeing (Condly, 2006; Kinman & Grant, 2011; Leipold & Greve, 2009). Results from the current study supported this expectation and even found a strong relationship between resilience and wellbeing for either adolescent group (Field, 2013). This indicates that an adolescent's wellbeing would be higher if they showed more resilience processes.

The second aim of the study consisted of examining the relationship between social resourcefulness and wellbeing, which was expected to be positive (Bolger & Amarel, 2007; Ng et al., 2012). The current study, however, did not find any support for this notion. An explanation for this could be that social resourcefulness as a coping style was not preferred over other ways of coping, meaning that participants would rather find different ways to cope with stress than to use their social ties. In the current study the participants scored an average of 41.35% of the UCL's maximum score, roughly indicating that on average the participants only sometimes tried coping through social resources (Schreurs et al., 1993). Additionally, due to social resourcefulness being only a part of resilience (Helgeson et al., 2006; Kolar, 2011; Windle et al., 2011), its mechanisms might not be strong enough to cope with stress in such a way that it positively affects one's wellbeing. These findings demonstrate that resilience processes is a stronger predictor for wellbeing than social resourcefulness.

Finally, it was investigated whether the relationship between resilience, social resourcefulness and wellbeing was similar for adolescents from normative and multi-problematic family backgrounds. Current research showed that neither relationship was affected by the degree of risk the adolescent experienced. This finding goes against Rutter's (2006) suggestion of the "steeling-effect". A possible explanation for this result could be that, while the presence of adversity is necessary for resilience to show (Kolar, 2011), being exposed to more and multiple kinds of adversity does not necessarily increase or decrease resilience processes. The degree of risk alone should thus not be a predictor for resilient outcomes. Adolescents with a multi-problem family background could therefore possibly benefit equally from resiliency training without needing special adaptation. A theoretical finding that may explain the non-significant results of family background for social

resourcefulness is that of stress-perception (Seiffge-Krenke, Aunola, & Nurmi, 2009). In their research they found that coping style and levels of coping were influenced by which context the stressor came from and whether or not the adolescent appraised something as stressful or adverse. This alludes to a subjectiveness in adversity similar to the subjectiveness in positive adaptation (Giordano, 2010; Kolar, 2011; Leipold & Greve, 2009). As the degree of risk in the current study was predetermined by which group the participant came from, and not directly measured, it is possible that an effect of degree of risk could not be measured on the relationship between social resourcefulness and wellbeing. Future research should take into account the perception of risk levels when measuring risk.

The current study should be taken in light with some limitations. Firstly, there's a notable mean difference of 3 years in age between the two adolescent groups. While this age-gap may be considered small, research has shown that coping capacities increase with age (Zimmer-Gembeck & Skinner, 2011). This difference in age may affect research results. Future research should therefore use comparison groups that are of a more similar age. A second limitation concerns the use of self-report questionnaires which can impact the objectivity of the measured data. While the current research ensured anonymity of the participants' data, the use of self-report questionnaires still invites the possibility of socially desirable answers. Eliminating the chance of socially desirable answers entirely is difficult. Future research is advised to use multiple sources of information to collect data to ensure a more accurate result. However, some aspects such as insights into their own thinking and feeling may only be known to the participant themselves. For this reason the use of self-report measurements may be most insightful. A third and final limitation might be the ethnically conform make-up of the current sample. Only 15% of the participants had a non-Dutch ethnic identity, while in the Netherlands 24% of the population shares a migration background (CBS, 2019). In terms of ethnic identity, the current study's sample does not fully represent the population in the Netherlands.

Despite these limitations, current research offers more insight into resilience processes of adolescents with a multi-problem family background. As research into multi-problem families is scarce (Bodden & Deković, 2016), current research may act as a stepping stone for further research concerning resilience processes in this population. This research showed that resilience processes, but not social resourcefulness, are related to wellbeing and that family background does not affect this relationship. This reveals that social resourcefulness, as a part of resilience, is not sufficient for affecting the level of wellbeing. To further advance resilience research in the adolescent multi-problem population, future research should more

extensively examine which protective factors specifically play an important role in the resilience processes of this population and whether risk perceptions alters these processes. What is clear though, is that resilience based support is beneficial for adolescents from multi-problem families.

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