Couch, R. (1999). Objective and subjective Quality of Life (QOL) of adolescents: Using the Centre for Health Promotion Model for QOL and The McCreary Centre Society Adolescent Health Survey. Thesis in fulfillment of the requirements for BA Honours in Psychology.

Abstract: Couch, R. (1999). Objective and subjective Quality of Life (QOL) of adolescents: Using the Centre for Health Promotion Model for QOL and The McCreary Centre Society Adolescent Health Survey. Thesis in fulfillment of the requirements for BA Honours in Psychology. In this study, the relationship between the objective and subjective quality of life (QOF) of adolescents is explored. It was predicted that the subjective and objective QOL of adolescents would not be closely related (i.e. an adolescent’s personal feelings about an issue would not be closely related to objective circumstances), regardless of gender or age (12, 15, and 18 years). A scale was created using questions from the McCreary Centre Adolescent Health Survey based on the category of being from the Centre for Health Promotion Model for Quality of Life. Objective QOL items (e.g. health enhancing behaviours, risk taking behaviours, physical problems, psychological problems) and subjective QOL items were similarly formed, but had to be eliminated as a result of its low reliability. Instead 3 separated subjective categories were created: subjective health enhancing and weight behaviours category; subjective physical and psychological category, and a subjective spirituality category. Overall, there appeared to be a moderately positive correlation between objective total for QOL and subjective health enhancing behaviours and weight behaviours, a moderately negative relationship between objective total QOL and subjective physical and psychological condition, and no relationship between objective total QOL and subjective spirituality. This held true across different ages and for both genders, although the relative strength of these correlations varied.


Abstract: Kim, A. (1996). Characteristics of the adolescent father and comparison to adolescent non-fathers. Thesis in fulfillment of the requirements for an M.SC. in Health Care and Epidemiology. Recognizing adolescent pregnancy as a public health concern has given rise to programs targeting its prevention. This prevention is usually in the form of sex education programs or family planning programs most often addressing the adolescent girls. The objective of this thesis is to describe the adolescent father, as has been done for an adolescent mother. Comparisons will be made between adolescent males who are and are not sexually active, as well as between those sexually active males who have and have not caused a pregnancy, in order to provide clues for the prevention and counseling regarding initiation of sexual intercourse or adverse sequelae of sexual activity. Data from the 1992 Adolescent Health Survey was utilized, which included 7,254 young males in school. Of this group 2,345 men (31.9%) were sexually active, of whom 181 (7.7%) had caused one or more pregnancies. An additional 100 (4.3%) indicated they were unsure about having caused a pregnancy. Engaging in sexual activity was independently associated with provincial region, having academic difficulties, and use of alcohol, tobacco, marijuana and other recreational drugs. Furthermore, it was associated with risk-taking behaviours such as binge drinking and involvement in physical fights.


Abstract: MacKay, L. (2007). Much of the literature investigating adolescent health focuses on risk and problem behaviours and factors related to risk reduction. Recently, however, there has been increasing interest in identifying factors related to the positive aspects of adolescent health and development as opposed to the absence of risk. The current research extends this recent work by examining the relationship between youth assets and positive indicators of health and well-being among 30,588 adolescents in British Columbia using the Adolescent Health Survey III. The youth assets measures consist of family connectedness, parental presence at home, teacher connectedness, school belonging, perceived competence, peer influences, other adult support, religiosity, volunteerism, and extra-curricular activities. Positive indicators of health and well-being include
perceived health status, physical activity, academic achievement, seatbelt use, and bicycle helmet use. The results indicate that adolescents who possessed more youth assets had more positive outcomes than those with fewer assets. All possible subsets regression analyses revealed that the best subsets of youth assets predictors for perceived health, academic achievement, seatbelt use and bicycle helmet use included all 13 youth assets, further supporting the cumulative effect of assets on health outcomes. The regression analyses conducted on physical activity produced a 12 predictor best subset of youth assets that excluded parental presence at bedtime. The most consistent predictor of each positive indicator or health and well-being was family connectedness. Adolescents’ relationship to school (either in terms of school belonging or connectedness to teachers) also emerged as a consistent predictor for each positive health outcome. In contrast to the research on risk and resilience, other adult support was not a consistent predictor of any of the outcome measures in the current study. In general, the results did not differ by grade level. These findings suggest that connections to family and school are important for healthy youth development. However, these connections alone are not sufficient. Adolescents need a broad array of youth assets such as connections to the community (i.e., volunteering and extracurricular activities) in order to achieve the most successful outcomes.


Abstract: Rein, A. (1998). Sexual orientation and suicidal behaviour among adolescents. Dissertation in fulfillment of the requirements for PhD. in Clinical Psychology Abstract: The majority of research on teen suicide does not identify sexual orientation as an important factor. In fact, most studies do not actually investigate the extent to which sexual orientation contributes to suicidal ideation or attempts. Suicide risk among homosexual and bisexual youth remains a controversial issue. One of the primary goals of the present research was to examine the extent to which homosexuality is related to high risk for suicide within the general adolescent population.

Shaw, C. An investigation into the heterogeneity of eating disorders in adolescents. Thesis in fulfillment of the requirements for BA Honours in Psychology.

Ternowski, D.R. (2000). Physical Activity and Psychological Well-Being in an Adolescent Population. Thesis in fulfillment of the requirements for MA in Clinical Psychology. Abstract: Ternowski, D.R. (2000). Physical Activity and Psychological Well-Being in an Adolescent Population. Thesis in fulfillment of the requirements for MA in Clinical Psychology. Abstract: There exists a notion that physical activity is positively related to psychological well-being. A review of the literature indicates that this relationship is supported with adults, however, little research has been conducted with adolescents making the validity of this belief unknown. This study examined the relationship between levels of physical activity and measures of self-esteem and emotional distress in an adolescent population. Questions were part of a larger Adolescent Health Survey that obtained information on health and risk behaviors of youth. Participants were 14,568 students attending grades 7 through 12 from different regions of the province of British Columbia, Canada. Results indicated that physical activity was not related to these measures of psychological well-being. These findings suggest that the overall psychological benefits that are traditionally associated with exercise do not apply to most adolescents.


Abstract: Turner, R.A. (1999). Risk and protective factors for propensity for suicide among British Columbia First Nations adolescents using the Adolescent Health Survey. Dissertation in fulfillment of the requirements for PhD. in Clinical Psychology Abstract: The majority of research on resilience, or risk and protective factors that predict or prevent a particular maladaptive behaviour among adolescents, does not identify cultural or ethnic variables. Of the existing studies that include ethnicity as a factor, many are based on American samples. The present study explores factors (e.g. depression, substance use, parental support, self-appraisal) that predict and prevent a
particular maladaptive behaviour – propensity for suicide - among a large sample of Canadian minority adolescents, specifically the British Columbian First Nations youth. The study also aims to determine the extent to which factors contribute to high or low propensity for suicide, and whether these findings differ from those for non-First Nations youth.


Abstract: Van Blyderveen, S. L. (2003). Peer victimization is an issue which has recently received considerable attention from the media, the school system, and academic literature. The present study examines a number of expected correlates, both risk factors and outcomes, of peer victimization through the use of the Adolescent Health Survey - II conducted by the McCreary Centre Society in the province of British Columbia. Approximately 25,800 youth, from grades 7 through 12, from various regions of the province completed the questionnaire. Potential risk factors, including gender, grade, age, age relative to classmates, appearing younger or older than classmates, ethnicity, family socioeconomic status, sexual orientation, disability, body weight, family relationships, peer relationships, teacher relationships and having moved recently, and outcome factors, including depression, suicidal ideation, suicide attempts, anxiety/stress, physical health, drug use, body image, eating disorders, academic achievement and aspirations, school enjoyment and attendance, and school connectedness, were evaluated. Possible moderators between peer victimization and risk factors and between peer victimization and outcome factors were considered. Results indicated that most of the proposed risk factors were indeed associated with peer victimization. However, the effect sizes of these relationships were marginal. When gender and age were considered as moderators between each of the risk factors and peer victimization they were found not to add predictive power. In regards to outcome factors, results again indicated that most factors were associated with peer victimization. Effect sizes were marginal. When gender, grade, family connectedness, teacher connectedness, peer relationships, school connectedness, and academic achievement were considered as moderators between each of the outcome factors and peer victimization they were found not to add any predictive power. Findings of the present study expand on past literature by considering novel factors as well as considering effect sizes.


Abstract: van der Woerd, K.A. Educational Status and its association with Risk and Protective Factors for Aboriginal Youth in Alert Bay, British Columbia. Thesis in fulfillment of the requirements for an MA in Experimental Psychology. Abstract: This study included the administration of the 127-item Aboriginal Youth Health Survey. The purpose of this study was to determine how school and family connectedness are associated with delinquent and health promoting behaviors, and whether school attendance is associated with delinquency and health status for First Nations youth. In total, 131 Aboriginal youth (55% female, 45% male) from Alert Bay, B.C. participated. It was found that higher levels of school connectedness (not family connectedness) were associated with lower levels of delinquency, but not associated with health and well-being measures. When individual delinquency items were contrasted, participants who dropped out were more likely to be addicted to alcohol and marijuana than participants' in-school/graduated. Both participants in-school/graduated and youth who dropped out reported similar levels of health and well-being. Of particular interest is the finding that youth who had been pregnant or were parents revealed a similar profile as those youth who dropped out of school. Participants who dropped out reported many reasons for dropping out including pregnancy, problems at home or at school, and employment. In total, 57% of those who dropped out of school reported that they did not talk to anyone about the decision. Of those youth who did talk to someone, most reported that they talked to their parent or a friend. Limitations to this study and possible interventions to keep First Nations youth in school are discussed. This study is founded on the assumptions that it is more advantageous for adolescents to be in school than out of school, that any education is superior to no education, that there are explicit social costs that society must bear when adolescents drop out of high school, and to improve completion or graduation rates, society or community members must find a way to encourage teachers to work with those youth at risk, and encourage the youth themselves.