Youth group participation: A potential component of clinical care for behavioral difficulties

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INTRODUCTION

- Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD) account for 1/3-1/2 of all youth mental health referrals (Knock, Kazdin, Hirripi, & Kessler, 2006)
- Estimates of childhood conduct problems suggest 5%-10% of children, ages of 8 and 16 years, have persistent oppositional/aggressive behavior problems (Angold & Costello, 2001)

INTRODUCTION

- The behaviors that are associated with CD and ODD are broad, yet are regularly associated with:
  - sexual risk-taking
  - substance abuse
  - delinquent behaviors

INTRODUCTION

- Reviews of the treatment of ODD and CD disorders note several forms of clinical care are successful in reducing these behaviors
- However, disorders often fail to be reduced from clinical levels to non-clinical levels of impairment (Burke et al., 2002; Knock et al., 2006)

INTRODUCTION

- This suggests clinical care may benefit from other supplemental sources of mental health support that may enhance behavioral change
- These supplemental sources may enhance services and facilitate youth reaching the tipping point between clinical and non-clinical levels of CD and/or ODD

INTRODUCTION

- There has been a recent movement toward considering resources born of the community as a means to benefit youth mental health and behavioral outcomes
- Resources born of the community often reflect the values and needs of a specific community, which is recognized as a key to effective clinical care

OBJECTIVES

- The current study examines participation in youth groups (which are often a resource born of the community) as a possible factor protective of youth behavioral difficulties that may warrant consideration as a supplement to clinical care

LITERATURE REVIEW

- Sparse number of studies
- Research has linked youth group participation with reduced liklihood of substance abuse (Kerestes, Youniss, & Metz, 2004)
- Research has linked youth group participation with increased levels of youth prosocial behavior (Reinders-Heinz & Youniss, 2006)

LITERATURE REVIEW

- However, studies used convenience samples of mostly private school children
- Did not make rigorous inquiry into a broad range of sexual risk taking, substance abuse, and delinquent behaviors
- Prior works did not control for a large number of risk factors that may explain behavioral difficulties and which youth may even opt to join youth groups

RESEARCH QUESTION

- Will youth who participated in youth groups be significantly less likely to engage in sexual risk taking, substance abuse, and delinquent behaviors?
- Controlling for demographic characteristics, the presence of school problems, youth mental health state, exposure to community violence, and protective factors

METHODS

Study Setting

- All data were taken from the National Longitudinal Study of Adolescent Health
- One of the nation's largest and most rigorous studies of adolescent behavior
- Study uses Public-use dataset (Wave I)
- 5,612 of the 6,504 in this dataset provided data on youth group participation and are included in the current study

METHODS

Sample

- 52% female (n=3356) and 48% male (n=3147)
- Average child age is 16 years (SD=1.62)
- 66% (n=4291) White, 25% (n=1601) African-American, 12% (n=743) Hispanic, 4% (n=236) Asian, 1% (n=73) Native American, and 5% (n=297) other
- 10% (n=657) of families received public assistance in the last year

METHODS

Measures

Outcomes

- Delinquent behaviors. Youth reported on 15 delinquent behaviors over last year
- Sexual risk-taking. Single item where youth were asked if they ever had sex
- Substance abuse. Youth reported lifetime use of cigarettes, alcohol, and illegal drugs
- Joint occurrences. Youth reported if they combined alcohol, drugs, driving, and/or school attendance over last year

METHODS

Measures

Independent variable

- Participation in youth groups. Youth indicate if they attended youth groups weekly, infrequently (<once per month), or never, over the past 12 months.

METHODS

Measures

Covariates (control)

- Demographics. Race, age, sex, and family SES
- School problems. 2 items: 1) repeated a grade; and 2) out of school suspension
- Youth mental health state. 19-items
- Exposure to community violence. 8-items
- Protective factors. 8-items

METHODS

Data analysis

- Logistic regression was used to examine the association between youth group participation and behavioral outcomes, while controlling for various other behavioral difficulty risk factors

RESULTS

Descriptive data

Independent variable

Youth group participation (past 12 months).

	n (%)
Weekly	1403 (25%)
Infrequently (≤1 monthly)	1788 (32%)
Never	2421 (43%)
Total	5612 (100%)

Table 1. Delinquent behavior and youth groups

Group attendance (last 12 months)			OR (95% CI)
1) Shoplifted	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	1145 (82%)	254 (18%)	
Infrequently	1390 (78%)	391 (22%)	1.2 (.97-1.4)†
Never	1829 (76%)	573 (24%)	1.2 (1.0-1.4)*
2) Used drugs	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	1335 (96%)	63 (4%)	
Infrequently	1685 (95%)	95 (5%)	1.0 (.71-1.4)
Never	2197 (91%)	209 (9%)	1.4 (1.1-2.0)*
3) Stolen (<$50)	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	1195 (86%)	203 (14%)	
Infrequently	1469 (82%)	313 (18%)	1.2 (.95-1.4)
Never	1932 (80%)	473 (20%)	1.2 (1.0-1.5)*

†p<.10, *p<.05

Table 2. Sexual risk-taking and youth groups

Group attendance (last 12 months)			OR (95% CI)
1) Ever had sex	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	1003 (72%)	388 (28%)	
Infrequently	1078 (61%)	695 (39%)	1.6 (1.3-1.9)***
Never	1317 (55%)	1075(45%)	1.7 (1.4-2.0)***

***p<.001

Table 3. Substance abuse and youth groups

Group attendance (last 12 months)			OR (95% CI)
1) Smoked cigarette	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	761 (55%)	635 (45%)	
Infrequently	823 (46%)	967 (54%)	1.2 (1.0-1.4)*
Never	967 (40%)	1441 (60%)	1.4 (1.2-1.6)***
2) Smoked regularly	No (*n; %*)	Yes (*n; %*)[1]	
Weekly (Reference)	223 (52%)	207 (48%)	
Infrequently	291 (41%)	412 (59%)	1.4 (1.1-1.8)**
Never	426 (37%)	722 (63%)	1.5 (1.2-1.9)***
3) Liquor 2-3 times	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	833 (60%)	563 (40%)	
Infrequently	782 (44%)	999 (56%)	1.7 (1.4-2.0)***
Never	927 (39%)	1478 (62%)	1.9 (1.6-2.2)***

*p<.05, **p<.01, ***p<.001
[1]Only youth who reported having smoked are included in these analysis

Table 3. Substance abuse/youth groups (cont.)

Group attendance (last 12 months)			OR (95% CI)
4) Used marijuana	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	1177 (85%)	212 (15%)	
Infrequently	1338 (79%)	436 (21%)	1.3 (1.0-1.5) *
Never	1605 (67%)	784 (33%)	2.1 (1.7-2.5)***
5) Used cocaine	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	1368 (98%)	22 (2%)	
Infrequently	1731 (97%)	44 (3%)	1.2 (.68-2.00)
Never	2288 (96%)	98 (4%)	1.5 (.94-2.53)†
6) Used other drug	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	1341 (97%)	48 (3%)	
Infrequently	1681 (95%)	93 (5%)	1.2 (.86-1.8)
Never	2139 (90%)	245 (10%)	2.1 (1.5-2.9)***

†p<.10,*p<.05, **p<.01, ***p<.001

Table 4. Joint occurrences and youth groups[1]

Group attendance (last 12 months)			OR (95% CI)
1) Alcohol w/drugs	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	142 (67%)	69 (33%)	
Infrequently	243 (65%)	134 (35%)	1.1 (.74-1.6)
Never	395 (54%)	341 (46%)	1.5 (1.0-2.1)*
2) Drive on drugs	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	222 (87%)	34 (13%)	
Infrequently	334 (79%)	88 (21%)	1.5 (.92-2.3)
Never	615 (74%)	220 (26%)	1.6 (1.0-2.4)*
3) High at school	No (*n; %*)	Yes (*n; %*)	
Weekly (Reference)	194 (76%)	62 (24%)	
Infrequently	291 (69%)	131 (31%)	1.3 (.92-1.9)
Never	511 (61%)	324 (39%)	1.6 (1.2-2.3)**

*p<.05, **p<.01, ***p<.001
[1]Only youth who reported drug use are included in these analysis

DISCUSSION

- Data indicate a protective role, where youth who participate in youth groups are less likely to engage in CD and/or ODD related behaviors
- Additionally, a further protective role was evident where youth who already engaged in some risky behaviors, but also attended youth groups weekly, evidenced a reduced severity of engaging in these behaviors

DISCUSSION

- Youth that never attended youth groups were significantly more likely to have:
  - shoplifted
  - used drugs
  - stolen something worth ≤$50

DISCUSSION

- Youth that infrequently/never attended youth groups were significantly more likely to have had sex

DISCUSSION

- Youth that infrequently/never attended youth groups were significantly more likely to have:
  - smoked a cigarette
  - smoked regularly
  - had a drink of beer, wine, or liquor more than 2 or 3 times in their lifetime
  - used marijuana, cocaine, or another illegal drug in their lifetime

DISCUSSION

- Of youth that had used drugs, youth that infrequently/never attended youth groups were significantly more likely to:
  - drink alcohol when using drugs
  - drive while high on drugs
  - have gone to school while high on drugs

DISCUSSION

- **More questions than answers**
  - Are youth groups protective of problem behavior or are prosocial youth simply more likely to become involved?
  - Does the format of particular youth groups impact behavioral outcomes (e.g., sports, mapping out the future)?

DISCUSSION

- **More questions than answers**
  - Is there a point on the developmental trajectory of a child when youth group attendance may be most effective in influencing behavioral outcomes?
  - Just before puberty, before youth determine how to "get their kicks"?
  - Could youth groups serve as a replacement behavior?

DISCUSSION

- **More questions than answers**
  - Finally, could youth groups be introduced as a support of clinical care?
  - Our plan to test, RCT involving urban youth diagnosed with ODD and/or CD who are receiving clinical services, where members of the experimental group attend youth groups

Limitations

- Current data were limited in examining if youth groups facilitated prosocial behavior or if more prosocial youth were more likely to join youth groups
- Non-clinical sample
- Data regarding youth group format was unavailable and could not be compared to outcomes

CONCLUSION

- Weekly youth group participation may be a factor protective of behaviors related to ODD and/or CD among youth
- These findings may offer preliminary evidence supporting the implementation of youth groups as an addendum to clinical care that may enhance therapeutic outcomes