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).

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

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).

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.

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

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

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

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.

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

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).

<table>
<thead>
<tr>
<th></th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>1403 (25%)</td>
</tr>
<tr>
<td>Infrequently (≤1 monthly)</td>
<td>1788 (32%)</td>
</tr>
<tr>
<td>Never</td>
<td>2421 (43%)</td>
</tr>
<tr>
<td>Total</td>
<td>5612 (100%)</td>
</tr>
</tbody>
</table>

Table 1. Delinquent behavior and youth groups

<table>
<thead>
<tr>
<th>Group attendance (last 12 months)</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Shoplifted</td>
<td>No (n: %) Yes (n: %)</td>
</tr>
<tr>
<td>Weekly (Reference) 1145 (82%)</td>
<td>254 (18%)</td>
</tr>
<tr>
<td>Infrequently</td>
<td>1390 (78%)</td>
</tr>
<tr>
<td>Never</td>
<td>1829 (76%)</td>
</tr>
<tr>
<td>2) Used drugs</td>
<td>No (n: %) Yes (n: %)</td>
</tr>
<tr>
<td>Weekly (Reference) 1335 (96%)</td>
<td>63 (4%)</td>
</tr>
<tr>
<td>Infrequently</td>
<td>1685 (95%)</td>
</tr>
<tr>
<td>Never</td>
<td>2197 (91%)</td>
</tr>
<tr>
<td>3) Stolen (&lt;$50)</td>
<td>No (n: %) Yes (n: %)</td>
</tr>
<tr>
<td>Weekly (Reference) 1195 (86%)</td>
<td>203 (14%)</td>
</tr>
<tr>
<td>Infrequently</td>
<td>1469 (82%)</td>
</tr>
<tr>
<td>Never</td>
<td>1932 (80%)</td>
</tr>
</tbody>
</table>

†p<.10, *p<.05
### Table 2. Sexual risk-taking and youth groups

<table>
<thead>
<tr>
<th>Group attendance (last 12 months)</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Ever had sex</td>
<td></td>
</tr>
<tr>
<td>Weekly (Reference)</td>
<td>1.2 (1.2--2.3)**</td>
</tr>
<tr>
<td>Infrequently</td>
<td>1.7 (1.7--2.5)***</td>
</tr>
<tr>
<td>Never</td>
<td>1.0 (1.0--1.5) *</td>
</tr>
</tbody>
</table>

### Table 3. Substance abuse and youth groups

<table>
<thead>
<tr>
<th>Group attendance (last 12 months)</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Smoked cigarette</td>
<td></td>
</tr>
<tr>
<td>Weekly (Reference)</td>
<td>1.6 (1.6--2.2)***</td>
</tr>
<tr>
<td>Infrequently</td>
<td>1.4 (1.4-2.0)***</td>
</tr>
<tr>
<td>Never</td>
<td>1.0 (1.0-1.4)*</td>
</tr>
</tbody>
</table>

### Table 3. Substance abuse and youth groups (cont.)

<table>
<thead>
<tr>
<th>Group attendance (last 12 months)</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Smoked regularly</td>
<td></td>
</tr>
<tr>
<td>Weekly (Reference)</td>
<td>1.7 (1.7--2.5)***</td>
</tr>
<tr>
<td>Infrequently</td>
<td>1.4 (1.4-2.0)***</td>
</tr>
<tr>
<td>Never</td>
<td>1.2 (1.2--1.9)***</td>
</tr>
</tbody>
</table>

### Table 4. Joint occurrences and youth groups

<table>
<thead>
<tr>
<th>Group attendance (last 12 months)</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Alcohol w/drugs</td>
<td></td>
</tr>
<tr>
<td>Weekly (Reference)</td>
<td>1.7 (1.7--2.5)***</td>
</tr>
<tr>
<td>Infrequently</td>
<td>1.4 (1.4-2.0)***</td>
</tr>
<tr>
<td>Never</td>
<td>1.2 (1.2--1.9)***</td>
</tr>
</tbody>
</table>

### 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.

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

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**Tampa, March 2009**

22nd Annual RTC Conference Presented in
DISCUSSION

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

- 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

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