

Adverse Life Events and Psychopathology and Prosocial Behavior in Late Adolescence: Testing the Timing, Specificity, Accumulation, Gradient, and Moderation of Contextual Risk

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ABSTRACT

Objective: To explore the timing, specificity, accumulation, gradient, and moderation of contextual risk in psychopathology and prosocial behavior in late adolescence. **Method:** In 2006, three hundred eighty-one 16- to 18-year-olds in Britain reported on the number and type of adverse life events experienced in the past month, when they were age 15, and when they were age 10, and on their concurrent psychopathology and prosocial behavior. They also undertook a reasoning ability test. Control variables were sex, age, and mothers' and fathers' educational attainment when participants were age 10 years. **Results:** Although the number of adverse life events irrespective of their timing was associated with emotional and behavioral problems, the number of proximal adverse life events experienced was associated with psychopathology over and above the association of contextual risk in late childhood and in middle adolescence with psychopathology. The cumulative risk model was more parsimonious than the specific risk model. The relationship between proximal cumulative adversity and psychopathology was monotonic, and reasoning ability buffered the association of proximal cumulative adversity with psychopathology, mainly because it moderated the association of proximal cumulative adversity with hyperactivity. **Conclusions:** This study highlighted the importance of exploring risk accumulation rather than specificity in explaining psychopathology and showed that the number of adverse life events experienced has a nonmultiplicative association with psychopathology. *J. Am. Acad. Child Adolesc. Psychiatry*, 2007;46(12):1651–1659. **Key Words:** contextual risk, multivariate response models, Strengths and Difficulties Questionnaire.

RISK ACCUMULATION

Contextual risk factors do not occur in isolation, and it is the combination of various risk factors that portends numerous negative child outcomes. In Rutter's (1979) approach to risk in child psychiatry, organismic characteristics as well as proximal and distal qualities of the environment are modeled collectively.

Cumulative risk is then calculated by a simple summation of the multiple risk categories. In this approach, therefore, no one risk factor is seen as more important than another, which is in line with the foundation of cumulative risk theory that the confluence of risk factors rather than any singular risk, regardless of its context, is what leads to dysfunction because it overwhelms the adaptive capacities of the organism. This depicts the theoretical notion of mass accumulation or the idea that the total effect of individual risk factors is greater than the sum of their individual effects. Simmons et al. (1987), for example, found evidence that cumulative life transitions affected child outcomes in a curvilinear, accelerated manner, indicating that a high level of life change is especially difficult to manage.

This theoretical justification aside, the methodological benefits of using the cumulative risk approach are

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that cumulative risk indexes can capture the natural covariation of risk factors (e.g., physical risk factors such as poor housing quality, noise, and pollution are highly interrelated as are psychosocial risk parameters such as family turmoil and violence [Evans, 2003]), that aggregate variables of risk are more stable than any individual measure, and that there is increased power to detect effects because errors of measurement decrease as scores are summed and degrees of freedom are preserved (Burchinal et al., 2000). Cumulative risk measures are consistently found to explain more variance in children's outcomes than single factors (Atzaba-Poria et al., 2004; Deater-Deckard et al., 1998; Sameroff et al., 1993). However, it is not clear whether the relationship between cumulative risk and child mental health problems is linear or nonlinear. Most studies have identified a linear relationship whereby increments in risk factors have a steady, additive effect on child psychopathology (e.g., Deater-Deckard et al., 1998). Because few researchers (e.g., Gerard and Buehler, 2004) actually report whether their investigations included appropriate tests for nonlinear patterns of cumulative risk, this ignores the possibility of a nonlinear relationship that may manifest itself, for example, as an acceleration of mental health problems at a critical level of risk.

Specificity

A drawback of the cumulative risk approach is the assumption that each risk factor carries the same weight in children's lives and that risk factors are interchangeable. Although several investigators have shown that the explanatory power of the cumulative risk metric in explaining psychopathology and adjustment is far greater than individual risk effects (e.g., Ackerman et al., 1999), individual risk factors do vary in the respective impacts that they have. Therefore, one needs to also assess the influence of individual risk factors so that they could be examined simultaneously without losing their particular salience. In the aforementioned Ackerman et al. (1999) study, for instance, although their 11 risk factor indicators together were significantly associated with child psychopathology, parental alcohol/drug abuse was the only individual risk factor that accounted for a significant amount of unique variance. Therefore, the importance of testing for stressor specificity in child psychopathology and adjustment should, equally, not be underestimated (McMahon

et al., 2003). At the same time, risk indicators underlying the development of problem behavior in one child adjustment domain may not underlie the development of problem behavior in another child adjustment domain (Tiet et al., 2001), which also raises questions about the legitimacy of the cumulative risk perspective, and calls for tests of outcome specificity as well.

Resilience

Although numerous recent studies in child and adolescent psychiatry have paid attention to the phenomenon of resilience, meaning a degree of resistance to adversities, operationally defined as relatively good outcomes despite experiencing major risks, few studies (e.g., Ackerman et al., 1999) have actually examined factors that protect against cumulative risk. Various protective factors, usually conceptualized at the individual level (e.g., intelligence, self-regulation, positive temperament) because resilience suggests the individual's response to risk factors, have been identified in the literature as moderating the impact of contextual risk on children's psychopathology and adjustment (Masten, 2001), with cognitive ability featuring as an adaptive resource with importance for positive adult outcomes as well (Masten et al., 2004). More recently, Grant et al. (2006), reviewing the studies that have tested for moderators of the relationship between stressors and child and adolescent psychopathology, showed that of the at least 11 studies that have examined intellectual/academic competence as a moderating variable, 55% found such an effect. However, studies have yet to explore (see also Tiet et al., 1998) ability as moderating the impact of cumulative risk on psychopathology and adjustment.

Rationale for the Proposed Study

This study was undertaken to address the concerns raised above. It was designed to extend in several ways previous work on the role of contextual risk in psychopathology and adjustment. First, following the suggestion of Grant et al. (2003) that future studies should aim to develop a taxonomy of stressors similar to the taxonomies developed for child and adolescent psychopathology, it used a well-validated measure of family risk. This is important because the variability in cumulative stressor measurement is often such that makes comparisons of studies almost meaningless, with

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