



Change in externalizing problems over time among ethnic minority youth exposed to violence

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ABSTRACT

Youth exposed to violence, many of whom are from racial/ethnic minority backgrounds, are at high risk for externalizing problems such as aggressive and oppositional behavior, conduct problems, and delinquency. Most interventions target youth with already high levels of such problems, while selective prevention efforts have received less attention. It is important for researchers, policy makers and practitioners to understand how such problems develop and change over time, and how selective prevention may impact externalizing problems. In this study, we examined one-year trajectories of externalizing problems in 883 low-income, ethnic minority youth exposed to violence who participated in randomized controlled trials testing a prevention program for high-risk youth called the Strengthening Families Program. We found three trajectories of externalizing problems: Low Externalizing (43% of the sample had consistently low levels of externalizing symptoms), Persisters (39% of the sample had consistently high levels of externalizing symptoms), and Improvers (18% of the sample had initially high levels of externalizing symptoms that decreased over time). There were demographic differences between the three trajectories with individuals in the Low Externalizing trajectory more likely to be female and younger than those in the other two trajectories and Persisters and Improvers had significantly more problems with baseline internalizing symptoms, family conflict, and parenting behavior compared to the Low Externalizing trajectory. Logistic regressions then tested several predictors of membership in the Persisters trajectory compared to the Improvers trajectory, controlling for all covariates simultaneously. Only baseline parenting behavior and intervention group membership significantly predicted trajectory membership, and these were small and unreliable effects. Thus, children with varying levels of violence exposure, co-occurring emotional/behavioral problems and family issues, and varying demographics (e.g., age and gender) may do equally well over time, but engagement in this type of intervention may increase the likelihood that high levels of externalizing problems are ameliorated over time.

1. Introduction

Children and youth's exposure to violence such as child maltreatment, witnessing domestic violence, and community and school violence, is relatively common. Recent data from a nationally representative sample indicated that 58% of children had been exposed to violence in the past year, and 48% had been exposed to multiple types of violence (Finkelhor, Shattuck, Turner, & Hamby, 2014; Finkelhor, Turner, Shattuck, & Hamby, 2015). Low income and racial and ethnic minority youth are at particularly high risk for violence exposure. For example, one large national survey found that as income increased, prevalence of youth witnessing violence or being physically or sexually abused/assaulted significantly decreased (Crouch, Hanson, Saunders, Kilpatrick, & Resnick, 2000). Differences were also observed by race

and ethnicity, where Black and Hispanic youth were more likely to have been exposed to violence compared to their White non-Hispanic peers (Crouch et al., 2000).

Empirical research has established that children and adolescents exposed to violence are at high risk for developing a range of emotional and behavioral problems, including externalizing problems (e.g., aggression, conduct problems, oppositional and risky behavior) (Foster & Brooks-Gunn, 2009; Vu, Jouriles, McDonald, & Rosenfield, 2016). For instance, through a meta-analysis of 1870 studies on family violence, Sternberg, Baradaran, Abbott, Lamb, and Guterman (2006) estimated that 29–43% (depending on gender and type of violence exposure) of 10–14 year olds exposed to violence had clinically significant externalizing problems, compared to 16% of those not exposed to violence (Sternberg et al., 2006). The association between youth

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violence exposure and externalizing problems has been extensively studied, and implicated mechanisms of risk include biological and social learning processes (Caspi et al., 2002; Dodge, Bates, & Pettit, 1990; Widom, 1989).

There is strong evidence that interventions for youth externalizing problems—particularly those focused on changing parental behaviors and family processes with cognitive behavioral techniques—can substantially reduce problematic externalizing behaviors (Hambree-Kigin & McNeil, 2013; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009; McMahon & Forehand, 2005; Sanders, 1999). Some of these treatments have also demonstrated efficacy in samples of youth exposed to specific forms of violence (Timmer, Ware, Urquiza, & Zebell, 2010). However, the vast majority of interventions for externalizing problems were designed for youth with clinically significant levels of symptoms. There is much less extant research on selective prevention programs that aim to reduce or prevent symptoms from developing following violence exposure. Further, tests of interventions for externalizing problems within violence-exposed youth populations have typically selected youth exposed to a specific form of violence (e.g., physical abuse or witnessing domestic violence). However, as stated above, research has shown that youth are commonly exposed to more than one type of violence (Finkelhor, Ormrod, Turner, & Hamby, 2005), limiting the generalizability of such findings. Thus, there is a need to examine the efficacy and effectiveness of selective prevention programs for youth exposed to a range of different forms of violence exposure.

To address this important gap, the United States Department of Justice's Office of Juvenile Justice and Delinquency Prevention sponsored the Safe Start Promising Approaches (SSPA) initiative. Through SSPA, community based organizations and behavioral health agencies implemented and tested a range of evidence-informed programs for diverse populations of violence-exposed youth across the country. These selective prevention programs were designed to identify children exposed to violence and reduce or prevent symptoms from developing subsequent to the violence exposure. Among the programs tested was the Strengthening Families Program (SFP) (Kumpfer, Alvarado, Tait, & Turner, 2002; Kumpfer & DeMarsh, 1985), which is a 14-week prevention program designed for families of children at high risk for substance use and delinquency. SFP uses social learning and family systems theories to teach parenting skills related to child discipline and communication to encourage positive child behaviors. Children and youth also attend separate workshops focused on life skills during the first hour of the session, and then join their parent(s) for the second hour for a joint session incorporating skill-building exercises that allow families to apply the skills they learned in the first hour. SFP is disseminated as a “model program” by the Center for Substance Abuse Prevention (CSAP), which is part of the Substance Abuse and Mental Health Services Administration (SAMHSA). There is quasi-experimental evidence that SFP can impact parenting skills, family relationships and behavioral self-regulation, among other outcomes related to externalizing behaviors (Kumpfer et al., 2002; Kumpfer & DeMarsh, 1985). However, a randomized controlled trial (RCT) of SFP in urban African American families found that the intervention did not help to reduce externalizing problems in participating youth (Gottfredson et al., 2006). The authors noted that difficulty recruiting and retaining participants may have contributed to their null findings. In light of this mixed evidence for SFP even as it is widely disseminated with federal support, it is important to conduct rigorous tests in diverse high-risk communities to determine whether it can help to reduce youth externalizing problems.

Two of the ten sites funded through the SSPA initiative conducted RCTs testing SFP in primarily Black and Hispanic families exposed to a range of violence types. These sites achieved relatively high retention rates in the intervention and in the study, addressing one of the limitations of previous research. Results of intent to treat analyses showed that externalizing symptoms in both the intervention and comparison

groups improved significantly from baseline to six and twelve-month follow-ups but there were no significant group differences [BLINDED]. In other words, externalizing problems in the intervention group did not decrease significantly more than they did in the comparison condition. One explanation for these null findings is the possibility that—since the target populations for SFP were not selected based on symptom levels—the baseline levels of externalizing problem behaviors were not high enough to demonstrate detectably different rates of change between groups. It is also possible that factors other than intervention group are more powerful predictors of the rate of change in externalizing problems over time. However, the analysis of average treatment effects used in most RCTs can obscure the differential impact that treatments can have on subgroups of individuals (Chaney, 2016; Gabler et al., 2016). For example, a treatment may work well for certain racial/ethnic groups but not others.

In the current study, we conducted secondary analyses of the SSPA data to further explore the rates of change in externalizing problems in the full sample of youth who participated at the two sites testing SFP. Our primary goal was to determine whether—given both intervention and comparison groups improved throughout the study—we could identify subgroups of youth whose externalizing symptoms improved faster or slower than others (i.e., trajectories of externalizing behavior problems), and to test baseline (“prognostic”) indicators of these trajectories, including intervention group. For example, some youth may exhibit a high level of externalizing problems following violence exposure but a decline in symptoms over time, whereas others' symptoms remain high over the same period. Similarly, some youth may display a delayed onset of externalizing problems where symptoms worsen over time following violence exposure, and others may never display externalizing problems. Participation in SFP may be associated with change in externalizing problems within some subgroups but not others. However, there are also other factors, beyond intervention group, that may predict differential rates of change in externalizing problems.

To select potential prognostic indicators of externalizing trajectories beyond intervention group, we looked to the empirical literature for factors with established associations with externalizing problems in youth. We found that some of the most consistent predictors of externalizing problems included demographic characteristics such as age, gender, race/ethnicity and family income, polyvictimization, parenting, family conflict, and other psychopathology such as internalizing problems (Beyers, Bates, Pettit, & Dodge, 2003; Dearing, McCartney, & Taylor, 2006; Ford, Elhai, Connor, & Frueh, 2010; Koblinsky, Kvalanka, & Randolph, 2006; Lindahl & Malik, 1999; Miner & Clarke-Stewart, 2008; Reitz, Dekovic, & Meijer, 2006; Snyder, Cramer, Afrank, & Patterson, 2005). For example, low-income, racial/ethnic minority and male youth are more likely to be rated by caregivers and teachers as having externalizing problems compared to higher-income, White and female youth (Dearing et al., 2006; Miner & Clarke-Stewart, 2008). Youth who experience multiple types of victimization (i.e., polyvictimization) are at high risk for externalizing problems even after accounting for other types of psychopathology (Ford et al., 2010). Further, youth whose parents utilize ineffective discipline strategies, provide less parental monitoring, and lower levels of positive involvement display higher levels of externalizing behavior (Beyers et al., 2003; Snyder et al., 2005), as do those living in families with high levels of conflict (Koblinsky et al., 2006; Lindahl & Malik, 1999). Finally, there is strong evidence that internalizing problems (e.g., depression and anxiety) and externalizing problems (e.g., aggression/oppositional behavior, conduct problems, delinquency) frequently co-occur in youth, and that youth with internalizing symptoms are at elevated risk for developing externalizing problems (Beyers & Loeber, 2003; Verhulst & van der Ende, 1993).

In this study we examined the course of externalizing problems over one year for a sample of 883 primarily low-income, racial/ethnic minority youth exposed to violence who participated in an RCT testing

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