Individual assets and problem behaviors in at-risk adolescents: A longitudinal cross-lagged analysis

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ABSTRACT

Autoregressive cross-lagged structural equation modeling was conducted to examine longitudinal relationships between individual assets (social competence, positive values and identity) and problem behaviors in 373 adolescents (174 boys, 199 girls) who participated in a prospective study on the effects of prenatal cocaine exposure from birth. More behavioral problems at age 12 were related to fewer individual assets at age 15, while greater individual assets were related to more behavioral problems, with a non-significant yet nuanced (p = .076) gender difference. More problem behaviors were associated with decreased individual assets in girls, yet greater individual assets were associated with more problem behaviors in boys. Efforts to promote individual assets may not lower the risk of engaging in problem behaviors especially among boys. Continued studies into adulthood will uncover how individual assets and problem behaviors in childhood and adolescence may affect social and vocational adjustment in this high risk population.

Adolescence is a period of rapid development with increased opportunities, identity exploration, autonomy, and risk experimentations, subject to developing and/or escalating both adaptive and problematic behaviors (Schwartz, Pantin, Coatsworth, & Szapocznik, 2007). Studies on adolescence have long been centered on behavioral problems, such as delinquency, substance use, and sexual risk behaviors, reflecting the “stress-and-storm” view of adolescence (Hall, 1904); the lack of risk behaviors tends to be synonymous with healthy development in this tradition. As a reaction to the dominant deficit-driven models that marked the study of adolescence, an alternative conception was developed in the 1990s, focusing on the strengths of youth and the plasticity of human development (Lerner, 1998; Scales, Benson, Leffert, & Blyth, 2000). In this paradigm, the development of positive individual assets, such as social competence and positive identity that adolescents develop internally, along with ecological resources and support from family, school, and community, are expected to lead to the reduction of problem behaviors (Scales & Leffert, 2004; Schwartz et al., 2010). In this paradigm, the development of positive individual assets, such as social competence and positive identity that adolescents develop internally, along with ecological resources and support from family, school, and community, are expected to lead to the reduction of problem behaviors (Scales & Leffert, 2004; Schwartz et al., 2010). Thus, both approaches assumed that problem behaviors and positive development constitute opposite ends of a single dimension, overlooking ontogenetic relationships between positive and negative development.

Although greater individual strength and assets tend to be related to fewer problem behaviors in general (e.g., Jelicic, Bobek, Phelps, Lerner, & Lerner, 2007; Masten & Curtis, 2000; Schwartz et al., 2010), the nature of these relationships may become more complicated as children enter adolescence (Boles, Biglan, & Smolakowski, 2006; Warren, Wray-Lake, Rote, & Shubert, 2016). For example, popularity in adolescence is associated with higher levels of ego development, secure attachment, and more adaptive...
interactions with mothers and friends, as well as with engagement in minor levels of drug use and delinquency (Allen, Porter, McFarland, Marsh, & McElhaney, 2005) and increased alcohol use and sexual activity (Mayeux, Sandstrom, & Gillessen, 2008). Sports participation, shown to contribute to competence and confidence (Zarrett et al., 2009), is also related to problem alcohol use (Garry & Morrissey, 2000; Mays, DePadilla, Thompson, Kushner, & Windle, 2010). A series of recent studies reported that higher levels of confidence and competence were found not only in adolescents showing less likelihood of engagement in problem behavior (depressive symptoms, bullying, delinquency, substance use, sexual activity) but also in adolescents reporting alcohol and marijuana use (Arbeit et al., 2014; Lewin-Bizan et al., 2010b; Phelps et al., 2007; Warren et al., 2016), providing empirical support to the importance of conceptualizing and assessing problem behaviors and individual assets as distinct, separate dimensions of youth development.

Despite great interest in understanding and promoting optimal adolescent development in a more comprehensive and integrative way (Masten & Curtis, 2000; Schwartz et al., 2007), few studies examined how both individual assets and problem behaviors may develop and interrelate prospectively over time during adolescence, failing to disentangle temporal precedence and directions of associations and to control for co-varying and stability effects. A longitudinal study based on Norwegian youth found that lack of social competence (defined as cooperation, assertion, responsibility, and self-control) at age 13 predicted antisocial behavior at age 15, over and above the variance explained by the earlier assessment of antisocial behavior (Sørlie, Hagen, & Ogden, 2008), while others (Racz, Putnick, Suwalsky, Hendricks, & Bornstein, 2017) reported that higher externalizing behavior at age 10 predicted lower social adaptation (interpersonal relationships, play skills, coping abilities) at age 14, but not vice versa. In contrary, the 4-H Study found that individual assets (operationalized as competence, confidence, character, connection, and caring) assessed in 7th grade were not related to problem behaviors (delinquency, substance use, and depression) assessed a year later in 8th grade when 7th grade problem behaviors were controlled (Lewin-Bizan, Bowers, & Lerner, 2010a), consistent with the NICHD Study of Early Child Care and Youth Development reporting no relationship (i.e., no cross-lagged effect) between social competence and externalizing behavior from ages 9 to 15 (Burt & Roisman, 2010). These mixed findings from longitudinal studies may reflect methodological differences among studies such as variability in operationalization of individual assets (social competence, coping, caring), ages at assessment, length of the intervals between assessments, and confounders controlled for. Further, previous studies mostly consist of the 4-H Study sample, which overrepresented (∼65%) White, largely middle-class youth (Lewin-Bizan et al., 2010a), a national study where White adolescents also comprised the majority of the sample (∼76%) (Burt & Roisman, 2010), or a sample from a relatively high socioeconomic status group (Racz et al., 2017; Sørlie et al., 2008), severely limiting the relevance of the findings to non-White adolescents in contexts marked by limited resources and multiple adversity.

In a resource-deprived, unpredictable, urban, inner-city setting with diminished opportunities and prospects, high levels of crime and violence and coupled with negative racial images, delinquent and risky behaviors may have adaptive value to achieve social status, especially among boys (Frankenhuis & Del Giudice, 2012). They often enhance reputations for bravery (Ellis et al., 2012), and adolescents even may be encouraged to be aggressive as a way to appear “tough” and to protect themselves in their unsafe environments (Brown, 1998; Miller & Sperry, 1987). Aggressive children and adolescents may become dominant, respected, and popular leaders in their peer groups, especially when they also possess prosocial skills such as cooperation and negotiation (Rodkin, Farmer, Pearl, & Acker, 2006), and their high social status may further facilitate their antisocial behavior (Rodkin, Farmer, Pearl, & Van Acker, 2000). These positive associations between social status and aggression may be more salient for adolescent boys than girls, since societal gender-based norms expect stronger compliance from girls than boys (Martin, 1996; Min, Minnes, Lang, Yoon, & Singer, 2015; Waasdorp, Baker, Paskewich, & Leff, 2013). Boys are socialized to be more competitive and dominant, with aggression perceived as more typical of boys and more detrimental for girls. Thus, social competence and aggression may be positively linked bidirectionally for adolescent boys but not for girls.

The purpose of the current study is to examine the longitudinal relationship between self-reported individual assets and problem behaviors in at-risk adolescents from ages 12–17 years. Using a high-risk community sample of minority adolescents with low socioeconomic status and prenatal substance exposure, we investigated whether temporal changes in individual assets were related to problem behaviors or vice versa, complementing previous studies that heavily relied on White middle-class adolescents. Correlates of individual assets and problem behaviors were assessed and controlled, including maternal drug use during pregnancy/prenatal exposure to cocaine, race, maternal education, quality of the home environment, violence exposure and IQ, based on our findings from prior studies (Min et al., 2014a, 2014b; Singer et al., 2008) and others (Bada et al., 2011; Frank et al., 2011; Richardson, Goldschmidt, Larkby, & Day, 2015). Although it was not clear, given the mixed findings with possible context and gender variations, what to expect for the relationship between individual assets and problem behaviors in our high-risk sample, we hypothesized that, controlling for earlier levels of problem behaviors and individual assets (within-domain stability) and covariation between problem behaviors and individual assets within the same assessments (within-time covariance), adolescents with higher individual assets in prior assessment would have more subsequent behavioral problems, while adolescents with greater behavioral problems in earlier assessment would have lower subsequent individual assets. We further hypothesized that the positive interrelations between individual assets and problem behaviors would be stronger for boys.

1. **Method**

1.1. **Sample and procedure**

The study sample consisted of 373 adolescents (174 boys, 199 girls) who were recruited at birth (September 1994 to June 1996) from a large, urban, teaching hospital in the Midwest United States and followed prospectively for a longitudinal investigation of the
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