

Commentary: Understanding Adolescent Health-Risk Behaviors From a Prevention Science Perspective

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Prevention science offers a unique perspective on adolescent health-risk behavior and provides a framework for developing interventions that promote adaptive functioning and resilience among youths. Research in the area of social and emotional learning (SEL) has provided empirical evidence that SEL programs are effective in informing constructive decision-making and reducing problem behaviors among youths. Consultation with school and community service providers offers psychiatrists a more contextualized picture of adolescents' needs and assets. The invaluable role that forensic psychiatry plays in understanding the clinical and legal implications of adolescent engagement in various health-risk behaviors is discussed.

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In their article, Grant *et al.*¹ sought to examine the prevalence and sociodemographic correlates of high school students who steal as well as the clinical characteristics of those students who warrant a diagnosis of kleptomania. This study has important implications for mental health and primary health care services as well as school settings that serve youths. It speaks to the need for high-quality interventions to address stealing and associated problem behaviors. In addition, the authors suggest that forensic psychiatrists can benefit from understanding how best to access collateral school and community resources to assist in their assessment of adolescent stealing and other problem behaviors such as school failure, drug use or abuse, or other mental health challenges that place the adolescents at high risk for negative developmental outcomes.

We offer perspectives from the field of prevention science that will help frame the authors' findings and present information on evidence-based interventions in the area of social emotional learning (SEL) that have demonstrated efficacy in reducing adolescent engagement in high-risk behaviors. Prevention sci-

ence espouses a framework for conceptualizing the development and implementation of universal, selected, and targeted interventions that seek to promote resiliency and youth competencies across social, emotional, cognitive, and behavioral domains. This body of literature offers explanations and important insights into understanding stealing and associated problem behaviors among adolescents.

For many youth, school success is often hampered by a myriad of personal, social, familial, economic, and health-related hardships that place them at increased risk of school failure and involvement in negative health-risk behaviors.² Adolescents who engage in high-risk behaviors have difficulty with problem-solving, decision-making, and recognizing the consequences of their actions. Grant *et al.*¹ have reported that stealing is associated with multiple measures of adverse functioning, indicating that decision-making strategies of these adolescents are impaired across a variety of domains. Research conducted over the past few decades in the area of SEL has demonstrated empirical evidence for SEL programming in informing constructive decision-making, reducing problem behaviors, and promoting adaptive functioning.³

Social and emotional learning programs typically implemented in schools are designed to create safe, caring, well-managed classrooms that encourage cooperative learning and participation among students. SEL programs are manualized to provide instruction

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in areas of self-awareness, self-management, relationship skills, and responsible decision-making. When implemented with fidelity, these programs foster positive attachment to school and in turn reduce student engagement in high-risk behaviors and increase students' academic performance.⁴

Research has shown that thoughtful integration of competence-enhancing programs within the school setting provide a promising and cost-effective approach to improving academic performance outcomes and reducing student engagement in antisocial and health-risk behaviors.⁵ For example, Elias and colleagues⁶ found that elementary school students who had experienced two years of a social problem-solving program before their transition into middle school showed higher levels of positive pro-social behavior and lower levels of antisocial, self-destructive, and socially disordered behavior than did the controls. Hawkins *et al.*⁷ also found sustained positive effects, up to the age of 18, of a multiyear teacher training, parent education, and social competence promotion program designed to reduce health-risk behaviors in elementary school. Catalano *et al.*,⁸ in a review of positive youth development programs, reported that effective interventions generally are multiyear and are focused on teaching children skills, such as awareness of self and others, self-regulation, frustration tolerance, and life skills. Programs that emphasized the promotion of competence demonstrated continued long-term effects beyond elementary school, and those that promoted social and emotional competence in middle school preempted the onset and incidence of subsequent problem behaviors.^{8,9}

Further research in the area of social emotional learning indicates that attachment to school decreases the prevalence of high-risk behaviors, such as those reported by Grant *et al.*¹ When students are attached to school and to pro-social teachers and peers, they are more likely to behave in pro-social ways themselves and are more likely to avoid engaging in high-risk behaviors.^{10,11} Providing students with opportunities for participation in SEL programs may also increase their intrinsic motivation to behave in pro-social ways, thereby decreasing school crime and other forms of deviant behavior in school settings.^{12,13} A meta-analysis of 165 studies of school-based prevention activities showed that environmentally focused interventions significantly decreased the prevalence of delinquency, alcohol and drug use,

drop out or nonattendance, and conduct problems.¹⁴

As Grant *et al.*¹ propose, there is a bidirectional relationship between high-risk behaviors (e.g., stealing and substance use/abuse and smoking; stealing and violence) and poor academic performance. That is, poor academic performance is a risk factor for a variety of high-risk behaviors, while academic achievement serves as a protective factor.¹⁵ In a review of health-risk behavior, Symons and colleagues¹⁶ found student health risks such as intentional injuries, substance use, sexual behavior, and poor physical health were directly and negatively linked to educational outcomes, education behaviors, and student attitudes about education. Moreover, data from the National Longitudinal Study of Adolescent Health found that being at risk for academic failure is associated with every health-risk behavior (e.g., cigarette use, alcohol use, suicidal thoughts, weapon-related violence, and sexual intercourse) studied.¹⁷

The aforementioned investigations underscore the need to teach adolescents important social skills such as problem-solving and decision-making, which will deter their engagement in high-risk behaviors and encourage participation in pro-social activities that support positive youth development. A review of prevention studies from 1980 to 1990 found that among 12 categories of programs, comprehensive programs (i.e., those using several different prevention strategies, but all providing decision-making and resistance skills training) and social influence programs (i.e., programs teaching about and providing skills to resist social pressures) were more effective in preventing or delaying the onset of substance use.¹⁸ Reviews of the research on school-based substance abuse and violence prevention programs indicate that instruction and practice in social and emotional competencies is a critical element of effective programs.^{19,20} In addition, a meta-analysis of naturalistic studies on academic performance and delinquency found that high academic achievers are less likely to engage in delinquent acts than their low-achieving peers. Furthermore, academic performance negatively predicted delinquency, independent of socioeconomic status.²¹ Therefore, academic performance indicators (e.g., poor grades and truancy) may serve as important early predictors of more severe antisocial behaviors such as stealing, substance use/abuse, and violence.

While the authors cite the role of parent-child discord, negative peer influence, and school failure in stealing behavior among adolescents, ecological and developmental frameworks have been shown to explain engagement in high-risk behaviors among adolescents where culture and local community environments are primary factors.^{22–24} Molnar *et al.*²⁵ investigated neighborhood-level resources and their association with rates of aggression and delinquency among 9- to 15-year-olds. Their study targeted approximately 2,200 youth, their caregivers, and the neighborhoods in which they resided. Findings revealed that youths living in neighborhoods with higher concentrations of youth-serving organizations presented lower levels of aggression and delinquency. Similarly, in a study that examined social processes unique to economically depressed areas, Kingston *et al.*²⁶ found that the most consistent predictor of problem behavior among youths is their perception of limited opportunities for the future.

Understanding the cultural and contextual factors that influence the constellation of adolescent health-risk behaviors will aid forensic psychiatrists in their ability to diagnose and treat problem behaviors. Consultation with school and community service providers can inform the identification of culturally responsive and relevant treatment and preventive interventions prescribed by forensic psychiatrists. Many adolescents who engage in high-risk behavior do not receive psychological assessment until their admittance into the juvenile justice system; however, heightened awareness of ecological variables that influence adolescent antisocial behaviors can provide psychiatrists with more timely behavioral health screenings and assessments that are the necessary first steps to providing effective treatments that can help reduce adolescents' repeated and escalating problems with the law.²⁷

Conclusions

Prevention science offers a unique perspective on adolescent health-risk behavior and provides a framework for structuring universal, selected, and targeted interventions that promote adaptive function and resilience and reduce negative developmental outcomes among youths.

Evidence-based interventions in the area of social emotional learning have demonstrated efficacy in reducing adolescent engagement in high-risk behaviors in the school setting. Poor academic performance

correlates with an array of health-risk behaviors such as stealing and associated problem behaviors. Forensic psychiatrists are uniquely positioned to understand the clinical and legal implications of adolescent engagement in various health-risk activities. Utilizing an ecological and cultural model to understand problem behavior provides practitioners with a more complete picture of the adolescents' specific needs and strengths. Psychiatrists' consultation and collaboration with school and community service providers can more accurately inform the early detection, diagnosis, and treatment of youths placed at high risk for school failure and antisocial behavior. School-based social emotional interventions, coupled with comprehensive and timely behavioral health screening and assessment by forensic psychiatrists, can positively alter the trajectory of youths' psychosocial and behavioral outcomes and deter their involvement in the juvenile justice system.

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